

**NCMB Professional
Corporation/Limited Liability Company
Address Form**

Professional

Corp./LLC Name: _____

The information below is used for mailing Professional Corporation/LLC registration renewal notices and other communications, as necessary, from the North Carolina Medical Board. Please remember to update this information when there are any changes.

(Street 1) _____

(Street 2) _____

(Street 3) _____

(City) _____ (State) _____

(Zip) _____ (County) _____

(Phone) _____ (Fax) _____

(Email) _____

- New PCs or PLLCs: please mail, with your registration & certification packet.
- Change of address: please mail, fax or email this form to the Corporations Department

Mailing Address

North Carolina Medical Board
Attn: Corporations
P.O. Box 20007
Raleigh, NC 27619-0007

Fax

919-326-1131
Attn: Corporations Department

Physical/Delivery Address

North Carolina Medical Board
Attn: Corporations
1203 Front Street
Raleigh, NC 27609-7533

Email

Corporations@ncmedboard.org

Date: _____

PC/PLLC Certificate #: _____

- To request a new registration certificate email: Corporations@ncmedboard.org