

Suspension Reinstatement Packet

The North Carolina Medical Board (NCMB) is required by state statute to suspend professional corporations/LLCs who fail to renew registration or fail to comply with state statutory requirements. NCMB notifies the Secretary of State's Office of the suspension. If your corporation/LLC has been suspended for over 1 year, the NCMB Corporations Coordinator will have instructed you to use this packet and outlined the required the fees owed.

To reinstate the certification and registration of a NCMB suspended Corporation/LLC mail to NCMB's Corporations Coordinator.

1. The **Professional Corporation/LLC Address form**, updating contact information for all communications from the Medical Board concerning the business. (form available in Packet)
2. A check payable to the North Carolina Medical Board for the total amount due. The NCMB Corporations Coordinator will have informed you of the fees owed
3. The applicable form outlined below.

Professional Corporations

4. A signed and notarized **NCMB PC-01A** form, **Certificate of Shareholders and Application for a Certificate of Registration for a Professional Corporation.** (*form available in packet*)

Professional Limited Liability Companies

4. A signed and notarized **NCMB PLLC-01A** form, **Certificate of Members and Application for a Certificate of Registration for a Professional Limited Liability Company.** (*form available in packet*)

- ❖ If the registered agent of the business has changed you must notify the NC Department of the Secretary of State and the NC Medical Board of the change. The required form can be found at the Secretary of State web site:

<http://www.secretary.state.nc.us/ProfBus/ThePage.aspx> Choose from the Forms section *Business Miscellaneous Forms*. Print out form **BE-06, "Statement of Change of Registered Office and/or Registered Agent"**. Send the original to the Secretary of State along with their fee and send a copy of the form to the NC Medical Board.

Upon completion of the reactivation and reinstatement, you will receive a registration certificate from the Medical Board and the Secretary of State will be notified to lift the suspension.

Information concerning the North Carolina Medical Board's requirements and processes for Professional Corporations and Professional Limited Liability Companies is available in the "**Guide for Professional Corporations and Professional Limited Liabilities Companies**".

Other questions are answered at **Frequently Asked Questions** and **Licensing for Corporations and PLLCs** on the Board's website.

**CERTIFICATE OF SHAREHOLDERS AND
APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR A PROFESSIONAL
CORPORATION FOR THE PRACTICE OF MEDICINE**

The undersigned, being shareholders of _____
a professional corporation incorporated under the laws of North Carolina for the purpose of practicing medicine,
hereby certify to the North Carolina Medical Board:

1. All persons who are shareholders and all persons who, to the best of our knowledge and belief, are employed by said corporation to practice medicine for said corporation are duly licensed to practice medicine in North Carolina. The names and addresses of all shareholders are:

SHAREHOLDER, TITLE	P.O. BOX or STREET	CITY, STATE, ZIP CODE

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the persons listed above.
3. We represent that the corporation will be conducted in compliance with the Professional Corporation Act and with the Regulations of the North Carolina Medical Board.
4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Incorporation are reinstated with the Secretary of State.

Shareholder

Shareholder

Shareholder

Shareholder

Shareholder

State of _____ County of _____

I, _____, a Notary Public for the above named County and State, do hereby certify that _____, _____, _____, _____, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20_____

Notary Public

(Seal)

My Commission expires: _____.

**CERTIFICATE OF MEMBERS AND APPLICATION FOR ACERTIFICATE OF REGISTRATION
FOR A PROFESSIONAL LIMITED LIABILITY COMPANY FOR THE PRACTICE OF MEDICINE**

The undersigned being members of _____
a professional limited liability company organized under the laws of North Carolina for the purpose of practicing medicine hereby certify to the North Carolina Medical Board.

1. All persons who are members and all persons who, to the best of our knowledge and belief, who are employed by said professional limited liability company to practice medicine for said professional limited liability company are duly licensed to practice medicine in North Carolina. The names and addresses of all members are:

MEMBER, TITLE	P.O. BOX OR STREET	CITY, STATE, ZIP CODE

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction any of the persons listed above.
3. We represent that the professional limited liability company will be conducted in compliance with the Limited Liability Company Act and with the Regulations of the North Carolina Medical Board.
4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Organization are reinstated with the Secretary of State.

Member

Member

Member

Member

Member

State of _____ County of _____

I, _____, a Notary Public for the above named County and State, do hereby certify that _____, _____, _____, _____, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20_____

_____ Notary Public

(Seal)

My Commission expires: _____.

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

Professional

Corp./LLC Name: _____

Registered Agent: _____

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) _____

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: _____