

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

The undersigned, being all of the incorporators of _____ a professional corporation about to be 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 incorporators and all persons who, to the best of our knowledge and belief, will be original shareholders or who will be 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	P.O. BOX or STREET	CITY, STATE, ZIP CODE

1. 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.
2. 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.
3. Application is hereby made for a Certificate of Registration to become effective when the Articles of Incorporation are filed with the Secretary of State.

Incorporating Shareholder

Incorporating Shareholder

Incorporating Shareholder

Incorporating Shareholder

Incorporating 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: _____.