

APPLICATION FOR REGISTRATION AS A FOREIGN PROFESSIONAL CORPORATION

TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

Name of Corporation _____
(must be the **exact** name as designated in the articles of incorporation)

Principal Place of Business _____
Street Address City State Zip

Practice of _____
(Please name profession corporation is engaged in)

Telephone Number () _____

_____ Check here if this is the first filing for a new foreign professional corporation

PERSONNEL OF THE CORPORATION WHO WILL BE RENDERING PROFESSIONAL SERVICES IN NEBRASKA AND/OR ARE LICENSED IN NEBRASKA

Full Name & Nebraska License # Residence Street Address, City, State, Zip

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Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

FEE: \$50.00
(please complete reverse side)

PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA

(continued)

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

**OFFICERS SHAREHOLDERS AND DIRECTORS OF THE CORPORATION
WHO ARE NOT LICENSED IN NEBRASKA**

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

SIGNATURE OF OFFICER _____ Date _____

NAME & TITLE OF OFFICER _____

Please Print or Type