

# APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

## TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

John A. Gale, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
www.sos.ne.gov

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 professional corporation

### OFFICERS OF CORPORATION

**This section must be completed.** All officers of the corporation except secretary and asst. secretary must be licensed in Nebraska to render the professional service for which the professional corporation is organized.

\_\_\_\_\_  
President (Full Name & License #) Residence Street Address, City, State, Zip

\_\_\_\_\_  
Vice-President (Full Name & License #) Residence Street Address, City, State, Zip

\_\_\_\_\_  
Secretary (Full Name & License #) Residence Street Address, City, State, Zip

\_\_\_\_\_  
Asst. Secretary (Full Name & License #) Residence Street Address, City, State, Zip

\_\_\_\_\_  
Treasurer (Full Name & License #) Residence Street Address, City, State, Zip

FEE: \$50.00  
(please complete reverse side)

**DIRECTORS**

**This section must be completed.** All directors must be licensed in Nebraska to practice in the profession for which the corporation was organized. (use additional sheets if needed)

Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip

**SHAREHOLDERS**

**This section must be completed.** All shareholders must be licensed in Nebraska to practice in the profession for which the corporation was organized. (use additional sheets if needed)

Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip

**PROFESSIONAL EMPLOYEES**

Professional employees must be licensed in Nebraska to practice the profession for which the corporation was organized, or, in a profession that is ancillary to such profession. List all employees of the corporation who are required by the State of Nebraska to be licensed or certified. **Do not** list officers, directors, or shareholders. (use additional sheets if needed)

Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip
Full Name & License #	<u>Residence</u> Street Address, City , State, Zip

SIGNATURE OF OFFICER \_\_\_\_\_ Date \_\_\_\_\_

NAME & TITLE OF OFFICER \_\_\_\_\_

Please Print or Type