

STATE OF NORTH CAROLINA
COUNTY OF _____

APPLICATION FOR CERTIFICATE OF
REGISTRATION OF PROFESSIONAL LIMITED LIABILITY COMPANY
TO ENGAGE IN PRACTICE OF DENTISTRY

The undersigned officers of

a professional limited liability company, organized under the provisions of Chapter 57D of the General Statutes of North Carolina to practice dentistry in the State of North Carolina, do hereby submit the following information to the North Carolina State Board of Dental Examiners to the end that the Certificate of Registration required by Section 55B-10 might be issued:

1. Name of company:

2. Post office or mailing address of company:

3. Street address of the principal place of business of the company:

4. Primary e-mail address of the company:

5. Name, address, and dental license number of all members:

NAME	ADDRESS	N.C. DENTAL LICENSE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Name, address, and occupation of all managers of the company:

NAME	ADDRESS	OCCUPATION	LICENSE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Name, addresses, and license numbers of dentists to be employed by the company:

NAME	ADDRESS	N.C. DENTAL LICENSE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Names, addresses, functions, and duties of persons other than dentists employed or to be employed by the company:

NAME	ADDRESS	FUNCTION OR DUTY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted this _____ day of _____, 20____.

(Name of Company)

By _____
(Name)

(Title)

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, _____, certify that
_____, personally came before me this day and acknowledged the he (or
she) is _____ of _____,
a company, and that he (or she), as _____, being authorized to do so,
executed the foregoing on behalf of the company.

Witness my hand and official seal, this the _____ day of _____, _____.

(Official Seal) _____

My commission expires _____