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**THE BOARD OF PODIATRY EXAMINERS  
OF THE STATE OF NORTH CAROLINA**

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**APPLICATION FOR CERTIFICATE OF REGISTRATION  
FOR PROFESSIONAL CORPORATIONS/PLLCs IN THE PRACTICE OF PODIATRY**

The undersigned, being the principal officers and only stockholders of \_\_\_\_\_

\_\_\_\_\_, a (professional corporation/PLLC)

(incorporated/organized) under the laws of North Carolina for the purpose of practicing podiatry, hereby certify to the Board of Podiatry Examiners of the State of North Carolina:

1. All persons, who are, to the best of our knowledge and belief, will be (shareholders/members) and employees who will practice podiatry for said corporation are duly licensed to practice podiatry in North Carolina. The names and addresses of all such persons are:

Name

Address and Telephone

(a) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any persons listed above.
3. We represent that the corporation/PLLC has been and will be conducted in compliance with the Professional Corporation Act and with the Regulations of the Board of Podiatry Examiners of the State of North Carolina.
4. Application is hereby made for a renewal of the Certificate of Registration pursuant to the provisions of NC G.S. 55B-11. **Attached hereto is a check for \$50.00 for the registration fee and a copy of the Articles of Incorporation.**

\_\_\_\_\_  
(Corporation/PLLC Name)

BY: \_\_\_\_\_  
(Title)

DATE: \_\_\_\_\_

**Please indicate your corporation/PLLC mailing address if different from listing in Item 1.  
Be very specific when listing the registered name of the corporation/PLLC. Punctuation and abbreviations are very important.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_