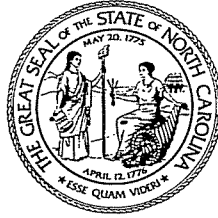


NC Board of Podiatry Examiners  
1500 Sunday Drive  
Suite 102  
Raleigh, NC 27607-5151



**Application for 2008 Renewal of  
Certificate of Registration for  
Professional Corporations/PLLCs in the  
Practice of Podiatry**

DPM Owner:  
Corporate Name:  
Street Address:  
Mailing Address:  
City, State, Zip:

Office Phone:

Fax:

*To avoid \$10.00 late fee penalty, please  
return form and \$25.00 renewal fee no later  
than 1/31/08.*

Please complete and return with payment of \$25.00 for EACH podiatry OFFICE LOCATION to:  
North Carolina Board of Podiatry Examiners, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607-5151  
Phone: (919) 861-5583 Fax: (919) 787-4916 Email: info@ncbpe.org Web site: www.ncbpe.org

Faxed renewal forms will NOT be accepted as payment must accompany your renewal.

Corporation/PLLC Name:

Please note any changes to the name or address listed above

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

**\*\*Name changes require Amended  
Articles and a new registration form  
completed.  
\*\*Additional offices require DBA from  
county Register of Deeds.**

The undersigned, being the principal officers and only stockholders of Family Foot Care, P.C.a Professional corporation /PLLC that is 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 that:

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

Name	License Number
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**Please update list with any new additions.**

Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

For office use only: Ck# \_\_\_\_\_ Amt. Pd.\$ \_\_\_\_\_

Customer ID:

Order ID: