To Whom It May Concern:

The following is a list of requirements to submit an application for a Medical Corporation/Medical Limited Liability Company/Foreign Medical Corporation/Foreign Medical Limited Liability Company to the Arkansas State Medical Board:

1. A completed and notarized “Application for Registration”.
2. A certified copy of the “Articles of Incorporation”, an “Application for Certificate of Authority”, or “Articles of Organization”.
3. A registration fee of $25.00.

NOTE: All Officers, Directors and Shareholders of an Arkansas Medical Corporation must hold and maintain a permanent Arkansas Medical License.

If you are applying for a Foreign Medical Corporation, all Officers, Directors and Shareholders must hold and maintain a permanent medical license in the state in which the corporation was incorporated. Physicians who are affiliated with a foreign medical corporation must obtain an Arkansas medical license before practicing medicine in Arkansas.

A license verification will be required and Board staff will obtain those for you online. However, in the event a state does not offer the license verification online, if there is a fee, or the website has not been updated, the applicant will be responsible for requesting and paying any fees.

Beginning in 2019, all annual Medical Corporation renewals will have a renewal deadline of May 1. For any Medical Corporation submitting an application from November 1, 2017 until December 31, 2018, the first renewal deadline will be May 1, 2019. The 2019 renewal notice will be sent on March 1, 2019.

If you have any questions regarding this application or renewal process, please contact this office at the number listed above.

Sincerely,

Karen D. Whatley
Karen D. Whatley
Executive Director
APPLICATION FOR REGISTRATION OF MEDICAL CORPORATION

The undersigned, pursuant to the provisions of Act 179 of 1961 as amended, Acts of Arkansas, propose to form a medical corporation, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submit the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of corporation:

2. Name(s), address(s), and Arkansas state medical license(s) numbers of incorporators, officers, directors, and shareholders.

   (a) Incorporators:

   Name | Address | License No.

   ____________________________

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   (b) Officers:

   Name | Address | License No.

   ____________________________

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   (c) Directors:

   Name | Address | License No.

   ____________________________

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   (d) Shareholders:

   Name | Address | License No.

   ____________________________

   ____________________________

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   ____________________________
3. Address of proposed medical corporation:

Street
City State Zip

4. Attach a certified copy of the Articles of Incorporation and a check for $25.00.

5. The said medical corporation, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, by-laws, copies of any and all minutes of directors and shareholders, stock book, and any and every other information which may be called for by the Board.

The undersigned, as one of the incorporators of the above identified medical corporation, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board against any individual above named; and state that said medical corporation, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at ______________, __________, this ______________ day of ____________________________, 20 __________.

City State Day Month Year

(SIGNATURE)

STATE OF ____________________________ NOTARY COMMISSION EXPIRES: 

COUNTY OF ____________________________  

Notary Seal is Registered Month/Day/Year Notary Commission Expires

Subscribed and sworn to before me on ______________, __________, 20 __________.

Month/Day Year

Signature of Notary Public
APPLICATION FOR REGISTRATION OF MEDICAL LIMITED LIABILITY COMPANY

The undersigned, pursuant to the provisions of Arkansas Code Annotated §4-32-101 et seq., proposes to form a medical limited liability company, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submits the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of limited liability company:

2. Name(s), address(s), and Arkansas state medical license(s) numbers of organizer(s), manager(s) and member(s): .
   (a) Organizer(s):
   
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   (b) Manager(s):
   
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   (c) Member(s):
   
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3. Address of proposed registered limited liability company:

   Street          City          State          Zip

4. Attach a certified copy of the Articles of Organization and a check for $25.00.
5. The said limited liability company, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, operating agreements, copies of any and all minutes of managers and members, membership records, and any and every other information which may be called for by the Board.

The undersigned, as one of the organizers of the above identified medical limited liability company, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board against any individual above named; and state that said limited liability company, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at __________, __________, this __________ day of ________________, 20 __________.

__________________________
(SIGNATURE)

STATE OF ____________________

COUNTY OF ____________________

__________________________
Notary Seal is Registered Month/Day/Year Notary Commission Expires

Subscribed and sworn to before me on ________________, 20 __________.

__________________________
Signature of Notary Public
APPLICATION FOR REGISTRATION OF FOREIGN MEDICAL CORPORATION

The undersigned, pursuant to the provisions of Act 135 OF 2013 as amended, Acts of Arkansas, propose to form a foreign medical corporation, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submit the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS). ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of corporation and original state of incorporation:

2. Name(s), address(s), and Arkansas state medical license number(s) of incorporators, officers, directors, and shareholders where it was incorporated.

   (a) Incorporators:

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   (b) Officers:

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   (c) Directors:

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   (d) Shareholders:

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Rev. 6/20/2011 LJM   Form may be copied; Rev. 12/31/13 BLE; Rev. 10/8/15 BLE
3. Address of proposed foreign medical corporation:

Street  
City  
State  
Zip  

4. Attach certified copies of Arkansas Application for Certificate of Authority and Articles of Incorporation from the home state and a check for $25.00.

5. The said foreign medical corporation, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, by-laws, copies of any and all minutes of directors and shareholders, stock book, and any and every other information which may be called for by the Board.

The undersigned, as one of the incorporators of the above identified foreign medical corporation, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board(s) against any individual above named; and state that said foreign medical corporation, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at________________, __________________, this __________________ day of __________________, 20_________.

City  
State  
Day  
Month  

(SIGNATURE)

STATE OF ___________________  
COUNTY OF ___________________

Notary Seal is Registered  
Month/Day/Year Notary Commission Expires

Subscribed and sworn to before me on________________, 20_________.

Month/Day  
Year

Signature of Notary Public
ARKANSAS STATE MEDICAL BOARD
www.armedicalboard.org

APPLICATION FOR REGISTRATION OF
FOREIGN MEDICAL LIMITED LIABILITY COMPANY

The undersigned, pursuant to the provisions of Act 135 of 2013, Acts of Arkansas, propose to form a foreign medical limited liability company, and hereby make application for a certificate of registration from the Arkansas State Medical Board, and submits the following information in support thereof (LEGIBLY PRINT IN INK OR TYPE – DO NOT USE SIGNATURE STAMPS).

ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

1. Proposed name of limited liability company and original state of organization:

2. Name(s), address(s), and Arkansas state medical license number(s) of organizer(s), manager(s) and member(s) where it was organized.
   (a) Organizer(s):

   NAME  ADDRESS  LICENSE NUMBER

   (b) Manager(s):

   NAME  ADDRESS  LICENSE NUMBER

   (c) Member(s):

   NAME  ADDRESS  LICENSE NUMBER

3. Address of proposed registered limited liability company:

   Street  City  State  Zip

10-8-15 BLE
4. Attach certified copies of Arkansas Application for Certificate of Authority and Articles of Organization from the home state and a check for $25.00.

5. The said foreign limited liability company, as a condition of registration, states that it will, at any time it holds a certificate of registration of this Board, furnish to the Board any and all information requested, including but not limited to, operating agreements, copies of any and all minutes of managers and members, membership records, and any and every other information which may be called for by the Board.

The undersigned, as one of the organizers of the above identified foreign medical limited liability company, state on oath that the information herein contained is true, correct and complete; that there is no disciplinary action now pending before said Board(s) against any individual above named; and state that said foreign limited liability company, if registered, will abide by and be conducted in compliance with law and the regulations of the Board.

SIGNED at______________, ______________, this_____________day of__________________________, 20______________.

City State Day Month Year

______________________________________________________________
(SIGNATURE)

STATE OF ________________________

COUNTY OF ________________________

Notary Seal is Registered

Month/Day/Year Notary Commission Expires

Subscribed and sworn to before me on__________________________, 20______________.

Month/Day Year

______________________________________________________________
Signature of Notary Public