To Whom It May Concern:

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

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.

If you have any questions regarding this application, 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.

________________________________________________________________________

(b) Officers:

Name    Address    License No.

________________________________________________________________________

(c) Directors:

Name    Address    License No.

________________________________________________________________________

(d) Shareholders:

Name    Address    License No.

________________________________________________________________________
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 __________.

   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
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:
       Name    Address                     License No.
       ___________________________________________________________
       ___________________________________________________________
       ___________________________________________________________
   (b) Officers:
       Name    Address                     License No.
       ___________________________________________________________
       ___________________________________________________________
   (c) Directors:
       Name    Address                     License No.
       ___________________________________________________________
       ___________________________________________________________
   (d) Shareholders:
       Name    Address                     License No.
       ___________________________________________________________
       ___________________________________________________________
3. Address of proposed foreign medical corporation:

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<th>State</th>
<th>Zip</th>
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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 __________________________

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

Rev. 6/20/2011 LJM   Form may be copied; Rev. 12/31/13 BLE; Rev. 10/8/15 BLE
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):

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3. Address of proposed registered limited liability company:

___________________________________________________________________________________________________________

Street                                                                           City                                                                   State                                          Zip
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 __________________________ NOTARY COMMISSION EXPIRES:

COUNTY OF ___________________________ Notary Seal is Registered__________

Notary Commission Expires

Month/Day/Year

Subscribed and sworn to before me on ________________________, 20_________.

Month/Day Year

__________________________________________

Signature of Notary Public

10-8-15 BLE