

NORTH CAROLINA VETERINARY MEDICAL BOARD



For: The Incorporators of a Foreign Professional Corporation: Certificate of Authority

From: The North Carolina Veterinary Medical Board

The North Carolina Veterinary Medical Board must certify to the Secretary of State of North Carolina that the ownership of all shares of stock in a foreign professional corporation is in compliance with the requirements of the Professional Corporation Act, Chapter 55B, and must officially state that all shareholder(s) are licensed to practice veterinary medicine in North Carolina. The procedure is as follows:

FOREIGN PROFESSIONAL CORPORATION PROCESS

Attached is the application form to be completed and returned to the NC Veterinary Medical Board. This form requires the listing of all names of shareholders and the selection of a company name, physical address and mailing address located in North Carolina.

Return this form along with a copy of the Certificate of Existence required from your home State's Corporation Division. Copy of the Certificate of Existence and fee of \$160 must be submitted to the North Carolina Veterinary Medical Board before the Board office can issue a Certification Letter. Upon receipt and review, the Board will issue a Letter of Certification, which must be affixed to another copy of Certificate of Existence and filed with the Secretary of State by the incorporator as a foreign professional corporation.

Please note that forming a corporation is not the same process as the practice facility name approval. These are two separate issues that need to be addressed before providing veterinary services to the public. The Secretary of State approves corporation names only. These names can be different from the facility providing veterinary services. Failure to obtain a veterinary practice facility name approval and inspection from the Board could be a violation of the North Carolina Veterinary Practice Act.

(1) List proposed name for the Foreign Professional Corporation

Name must include one of the following: PC, PA, PLLC or Inc.

(2) Address for the Foreign Professional Corporation

Physical Address

()	City	Zip Code	County
	-		

Telephone Number

Mailing Address

()	City	Zip Code	County
	-		

Telephone Number

(3) List name, address and NC license number for all shareholders of Foreign Professional Corporation

Name License Number

Address City Zip Code

Name License Number

Address City Zip Code

Name License Number

Address City Zip Code

Name License Number

Address City Zip Code

Name License Number

Address City Zip Code

Name License Number

Address City Zip Code

(4) List names(s) of officer(s) responsible for this Foreign Professional Corporation, if applicable.

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

(5) Please note the following:

- Submit copy of the Certificate of Existence - do not send originals to Board office.
- Submit fee of \$160.00 made payable to the North Carolina Veterinary Medical Board.
- Foreign Professional Corporations are renewed in December of each year through NCVMB. Renewal fee is \$160.00.

Mail To: NCVMB, 1611 Jones Franklin Rd., Suite 106, Raleigh, NC 27606

FORM IS REQUIRED TO BE NOTARIZED

The undersigned certifies that he/she is a stockholder of named foreign professional corporation and statements made in this form are true and accurate. The stockholder(s) are responsible for securing prior Board approval for amendments made to original Foreign Incorporation. Stockholder(s) of above corporation understand that the foreign professional corporation process does not constitute a veterinary practice facility name approval. A veterinary practice cannot open nor provide services to the public until the practice has had prior Board approval for use of a name and the required Board inspection has been completed. Foreign Professional Corporation registration is valid until December 31st of each year upon renewal.

Signature of NC Licensed Officer	Date
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Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public

SEAL

My Commission Expires: _____