

STATE OF NORTH CAROLINA
COUNTY OF _____

APPLICATION FOR CERTIFICATE OF REGISTRATION OF
PROFESSIONAL CORPORATION/PROFESSIONAL ASSOCIATION
TO ENGAGE IN PRACTICE OF DENTISTRY

The undersigned officers of

a professional corporation, organized under the provisions of Chapter 55B of the General Statutes of North Carolina to practice dentistry in the State of North Carolina, do hereby submit the following information to the North Carolina State Board of Dental Examiners to the end that the Certificate of Registration required by Section 55B-10 might be issued:

1. Name of corporation/association:

2. Post office or mailing address of corporation/association:

3. Street address of the principal place of business of the corporation/association:

4. Primary e-mail address of the corporation/association:

5. Name, address, and dental license number of all shareholders:

| NAME | ADDRESS | N.C. DENTAL LICENSE NUMBER |
|-------|---------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Submitted this _____ day of _____, 20____.

(Name of Corporation)

By _____
(Name)

(Title)

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, _____, certify that
_____, personally came before me this day and acknowledged the he (or
she) is _____ of _____,
a corporation, and that he (or she), as _____, being authorized to do so,
executed the foregoing on behalf of the corporation.

Witness my hand and official seal, this the _____ day of _____, _____.

(Official Seal) _____

My commission expires _____