

CERTIFICATE OF INCORPORATOR(S)
AND
APPLICATION FOR A CERTIFICATE OF REGISTRATION
FOR A PROFESSIONAL CORPORATION FOR THE PRACTICE OF NURSING

The undersigned, being the incorporators of _____, a professional corporation about to be incorporated under the laws of North Carolina for the purpose of providing nursing and related services, hereby certify to the North Carolina Board of Nursing:

1. Those registered nurses who are incorporators and who, to the best of our knowledge and belief, will be original shareholders or who will be employed by said corporation to practice those services outlined in G.S. 55B-14(c)(2), (5-6), for said corporation, are duly licensed to practice nursing in North Carolina. The names, addresses, telephone numbers and license numbers of all such persons are:

NAME _____

RN LICENSE # _____ Telephone # _____

ADDRESS _____

NAME _____

RN LICENSE # _____ Telephone # _____

ADDRESS _____

If more than two owners please provide information on additional page.

2. To the best of our knowledge and belief, no disciplinary action is pending, or has been taken in any jurisdiction against any of the person(s) listed above.

3. We represent that the corporation will be conducted in compliance with the Professional Corporation Act and with the Regulations of the North Carolina Board of Nursing.

4. Provide description of services this entity will offer: _____

5. Application is hereby made for a Certificate of Registration to become effective when the Articles of Incorporation are filed with the Secretary of State. Attached hereto is a check for \$50.00 for the registration fee.

6. Provide email address if you would like an electronic copy of the Certificate of Registration:

EMAIL ADDRESS: (Print Clearly) _____

Incorporator

Incorporator

Incorporator

NORTH CAROLINA

_____ COUNTY

I HEREBY CERTIFY THAT _____,
and _____ being the incorporators of _____
personally appeared before me this day and stated they have read the foregoing Certificate of Incorporators and Application for Certificate of Registration and that the statements contained therein are true.

Witness my hand and seal, this _____ day of _____, 20__.

Notary Public

SEAL

My Commission expires: _____.