



# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802

[www.armedicalboard.org](http://www.armedicalboard.org)

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 \$1 (one). Check or money order only made payable to ASMB. **Do not send cash.**

*NOTE: All Officers, Directors and Shareholders 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 where the medical corporation was incorporated.*

*Verification of the medical license 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,

A handwritten signature in black ink that reads "Amy E. Embry".

Amy E. Embry  
Executive Director



# ARKANSAS STATE MEDICAL BOARD

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## Application For Registration Of Medical Corporation

The undersigned, pursuant to the provisions of the Arkansas Medical Corporation Act, 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.

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(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:

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

(a) Incorporators:

Name

Address

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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 \$1 (one). **Do not send cash**

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.

\_\_\_\_\_  
Print Full Name (First Middle Last, Suffix, Degree)

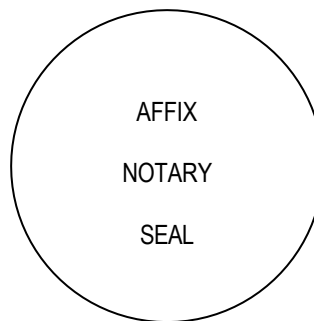
\_\_\_\_\_  
Signature (no rubber stamps)

\_\_\_\_\_  
Date Signed

State Of: \_\_\_\_\_

County Of: \_\_\_\_\_  
County Notary Seal is Registered

\_\_\_\_\_  
Date Notary Commission Expires



Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public



# ARKANSAS STATE MEDICAL BOARD

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## Application For Registration Of Medical Limited Liability Company

The undersigned, pursuant to the provisions of the Arkansas Uniform Liability Company Act, 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:

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2. Name(s), address(s), and Arkansas state medical license(s) numbers of organizer(s), manager(s) and member(s):

Name

Address

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(a) Manager(s):

Name

Address

License No.

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(b) Member(s):

Name

Address

License No.

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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 \$1 (one). **Do not send cash**
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.

\_\_\_\_\_  
Print Full Name (First Middle Last, Suffix, Degree)

\_\_\_\_\_  
Signature (no rubber stamps)

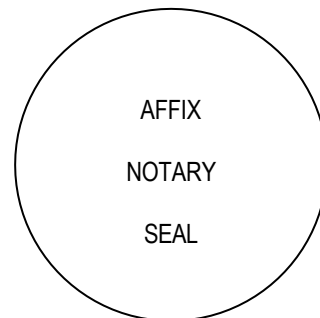
\_\_\_\_\_  
Date Signed

State Of: \_\_\_\_\_

County Of: \_\_\_\_\_

\_\_\_\_\_  
County Notary Seal is Registered

\_\_\_\_\_  
Date Notary Commission Expires



Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public



# ARKANSAS STATE MEDICAL BOARD

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## 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 state medical license number(s) of incorporators, officers, directors, and shareholders where it was incorporated.

- (a) Incorporators:

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (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:

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 \$1 (one). **Do not send cash**
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 Year

\_\_\_\_\_  
(SIGNATURE)

STATE OF \_\_\_\_\_

NOTARY COMMISSION EXPIRES:

COUNTY OF \_\_\_\_\_  
Notary Seal is Registered

}

\_\_\_\_\_  
Month/Day/Year Notary Commission Expires

AFFIX  
NOTARY  
SEAL

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_  
Month/Day Year

\_\_\_\_\_  
Signature of Notary Public



# ARKANSAS STATE MEDICAL BOARD

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## 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:

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

(a) Organizer(s):

Name

Address

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(b) Manager(s):

Name

Address

License No.

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(c) Member(s):

Name

Address

License No.

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3. Address of proposed Medical Corporation:

---

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 \$1 (one). **Do not send cash**
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.

\_\_\_\_\_  
Print Full Name (First Middle Last, Suffix, Degree)

\_\_\_\_\_  
Signature (no rubber stamps)

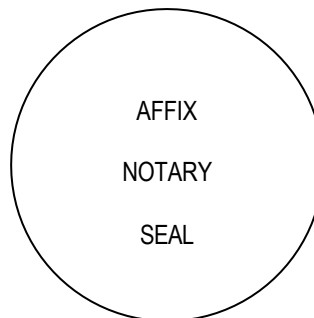
\_\_\_\_\_  
Date Signed

State Of: \_\_\_\_\_

County Of: \_\_\_\_\_

\_\_\_\_\_  
County Notary Seal is Registered

\_\_\_\_\_  
Date Notary Commission Expires



Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public