



\*\*\*Corporation Name changes required Amended Articles and a new registration form completed.  
 \*\*Additional offices require a DBA form from the County Register of Deeds.

**NC Board of Podiatry Examiners**  
**1500 Sunday Drive**  
**Suite 102**  
**Raleigh, NC 27607-5151**

**ADDITIONAL OFFICE Application**  
**for Professional Corporation/PLLC**  
**in the Practice of Podiatry**  
*This Form May be Duplicated for*  
*Additional Offices*

Primary Corporation Name: \_\_\_\_\_  
 DBA Name (if applicable): \_\_\_\_\_  
 Primary Corporation Address: \_\_\_\_\_  
 Primary Corporation City, State, Zip: \_\_\_\_\_  
 Primary Corporation Phone: \_\_\_\_\_

*We have opened up an additional podiatry practice location at the following address::*

Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned, being the principal officers and only stockholders of the above-named Primary Corporation, a professional corporation/PLLC that is incorporated/organized under the laws of North Carolina for the purpose of practicing podiatry, hereby certify to the Board of Podiatry Examiners of the State of North Carolina that:

All persons who are, to the best of our knowledge and belief, or will be shareholders/members and employees who will practice podiatry for the said corporation are duly licensed to practice podiatry in North Carolina. The names and license numbers of all such person/s are:

Name	License Number
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Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

Please complete and return with payment of \$25.00 for EACH podiatry OFFICE LOCATION to:  
 North Carolina Board of Podiatry Examiners, 1500 Sunday Dr., Suite 102, Raleigh, NC 27607-5181  
 Phone: (919) 861-5583 Fax: (919) 787-4916 Email: [info@ncbpe.org](mailto:info@ncbpe.org) Web site: [www.ncbpe.org](http://www.ncbpe.org)

*Faxed forms will NOT be accepted as payment must accompany your application.*