

INFORMATION CONCERNING FORMATION OF A DENTAL CORPORATION

1. The attached application to form a dental corporation shall be completed.
2. Only duly licensed dentists shall incorporate or become incorporators for a dental corporation.
3. All dental corporations shall be in the name of the individual licensed dentist and/or licensed dentists only. (ie. Dr. John B. Doe, Inc.; John B. Doe, DDS, Inc.; Drs. Doe and Smith, Inc.; or Doe and Smith, DDS, Inc.)
DO NOT ADD DESCRIPTIVE WORDS IF APPROVAL IS DESIRED.
4. All applications to form a dental corporation shall have two original copies of the Articles of Incorporation attached.
5. Fee of \$200.00 payable to the West Virginia Board of Dental Examiners must accompany application.
6. Annually, each corporation shall register on a form provided by the West Virginia Board of Dental Examiners and pay an annual registration fee of \$150.00.

APPLICATION TO FORM DENTAL CORPORATION

NAME OR NAMES OF DULY LICENSED DENTISTS	WEST VIRGINIA LICENSE NO.	DATE ISSUED
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(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

If there are more than five applicants, please use reverse side of application.

The above named applicants hereby certify that they are duly licensed to practice dentistry in the State of West Virginia and desire to form a dental corporation.

(Above personal signatures of applicants are to be certified by a notary public.)

Taken, subscribed, and sworn to before the undersigned this _____ day of _____, 20_____.

My commission expires _____.

NOTARY PUBLIC

Two original copies of the Articles of Incorporation shall be attached to and made a part of this application. Further, please enclose a check or money order in the amount of \$200.00 payable to the West Virginia Board of Dental Examiners, no part of which is refundable. Also enclose the check made payable to the Secretary of State's office unless it has already been paid to the Secretary of State. Please return application and necessary papers to Susan Combs, Assistant Executive Secretary, West Virginia Board of Dental Examiners, PO Box 1447, Crab Orchard, WV 25827