

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of Corporation _____
(must be the **exact** name as designated in the articles of incorporation)

Principal Place of Business _____
Street Address City State Zip

Practice of _____
(Please name profession corporation is engaged in)

Check here if this is the first filing for a new professional corporation

OFFICERS OF CORPORATION

This section must be completed. All officers of the corporation except secretary and asst. secretary must be licensed in Nebraska to render the professional service for which the professional corporation is organized.

President (Full Name & License #)

Street Address, City, State, Zip

Vice-President (Full Name & License #)

Street Address, City, State, Zip

Secretary (Full Name & License #)

Street Address, City, State, Zip

Asst. Secretary (Full Name & License #)

Street Address, City, State, Zip

Treasurer (Full Name & License #)

Street Address, City, State, Zip

(please complete both pages)

DIRECTORS

This section must be completed. All directors must be licensed in Nebraska to practice in the profession for which the corporation was organized. (use additional sheets if needed)

Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip

SHAREHOLDERS

This section must be completed. All shareholders must be licensed in Nebraska to practice in the profession for which the corporation was organized. (use additional sheets if needed)

Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip

PROFESSIONAL EMPLOYEES

Professional employees must be licensed in Nebraska to practice the profession for which the corporation was organized, or, in a profession that is ancillary to such profession. List all employees of the corporation who are required by the State of Nebraska to be licensed or certified. **Do not** list officers, directors, or shareholders. (use additional sheets if needed)

Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip
Full Name & License #	Street Address, City , State, Zip

SIGNATURE OF OFFICER _____ Date _____

NAME & TITLE OF OFFICER _____

Please Print or Type

FILING FEE: \$55.00

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