

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS (FOREIGN CORPORATIONS)

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 registered with the Nebraska Secretary of State)

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 foreign professional corporation

PERSONNEL OF THE CORPORATION WHO WILL BE RENDERING PROFESSIONAL SERVICES IN NEBRASKA AND/OR ARE LICENSED IN NEBRASKA

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

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

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

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

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

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

(please complete both pages)

PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA

(continued)

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

**OFFICERS SHAREHOLDERS AND DIRECTORS OF THE CORPORATION
WHO ARE NOT LICENSED IN NEBRASKA**

_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)
_____ Full Name, License # and State of License	_____ Director, Shareholder, Officer (list office held)

SIGNATURE OF OFFICER OR INCORPORATOR _____ Date _____

SIGNATOR'S NAME & TITLE _____

Please Print or Type