APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

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

Name of Corporation	
(must be the exact	et name as designated in the articles of incorporation)
Principal Place of Business	
Street Address	City State Zip
Practice of	
(Please name profe	ession corporation is engaged in)
Check here if this is the first filing fo	or a new professional corporation F CORPORATION
This section must be completed. All officers secretary must be licensed in Nebraska to rend professional corporation is organized.	of the corporation except secretary and asst.
President (Full Name & License #)	Residence Street Address, City, State, Zip
Vice-President (Full Name & License #)	Residence Street Address, City, State, Zip
Secretary (Full Name & License #)	Residence Street Address, City, State, Zip
Asst. Secretary (Full Name & License #)	Residence Street Address, City, State, Zip
Treasurer (Full Name & License #)	Residence 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 #	Residence Street Address, City, State, Zip	
Full Name & License #	Residence Street Address, City, State, Zip	
Full Name & License #	Residence Street Address, City, State, Zip	
Full Name & License #	Residence Street Address, City, State, Zip	
<u>SHAREHOLDERS</u>		
This section must be completed. All shareholder the profession for which the corporation was organized to the profession for which the corporation was organized to the corporation which was organized to the corporation was observed to the corporation was ob	•	
Full Name & License #	Residence Street Address, City, State, Zip	
Full Name & License #	Residence Street Address, City , State, Zip	
Full Name & License #	Residence Street Address, City , State, Zip	
Full Name & License #	Residence Street Address, City , State, Zip	
PROFESSIONAL EMPLOYEES		
Professional employees must be licensed in Nebraska to practice the profession for which the corporation was organized, <u>or</u> , 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. <u>Do not</u> list officers, directors, or shareholders. (use additional sheets if needed)		
Full Name & License #	Residence Street Address, City, State, Zip	
Full Name & License #	Residence Street Address, City , State, Zip	
Full Name & License #	Residence Street Address, City , State, Zip	
Full Name & License #	Residence Street Address, City, State, Zip	

FILING FEE: \$55.00

NAME & TITLE OF OFFICER_____

Revised 07/01/2021 Neb. Rev. Stat. 21-2216

SIGNATURE OF OFFICER ______ Date _____

Please Print or Type