

A-3A – ADMINISTRATIVE ORGANIZATION – CORPORATIONS

INSTRUCTIONS: Attach a copy of approved articles of incorporation papers from the Secretary of State. This form must be updated and submitted to the Department of Health Care Services each time there is a change in officers or change in the corporation.

CORPORATION

Name (as listed with the Secretary of State) Chief Executive Officer

Incorporation Date Place of Incorporation

Principal office of business:
 Address: _____ City: _____ Zip Code: _____ Phone: _____
 Contact Person: _____ Title: _____ Telephone: _____

Names and addresses of all persons who own ten percent (10%) or more of stock in corporation.

Governing Board of Directors:
 a. Number of Board Members: _____ b. Term of Office: _____
 c. Frequency of Meetings: _____ d. Method of Selection: _____

Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES

Office	Name	Business Address & City & Zip Code	Telephone Number	Term Expire Date
President				
Vice-President				
Secretary				
Treasurer				
Other				
Other				
Other				