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 <u>Secretary of State</u>):							
Incorporation Date:			Place of Incorporation:				
Chief Executiv	e Officer:						
Principal Office of Business Address:				City:		Zip Code:	
Contact Person:			Title:	Title: Telephone:			
Names and addresses of all persons who own ten percent (10%) or more of stock in corporation:						tion:	
Name			Address				
Governing Board of Directors:							
Number of Board Members:			Term of Office:				
Frequency of Meetings:			Method of Selection:				
Board Officers and Members							
Office	Name	Bu	siness Addı Zip Co	ress, City & ode		phone mber	Term Expire Date
President							
Vice President							
Secretary							
Treasurer							
Other							
Other							
Other							