



**ARKANSAS STATE BOARD
OF DENTAL EXAMINERS**

101 East Capitol Avenue, Suite 111
Little Rock, Arkansas 72201 Phone: 501-682-2085
Web: healthy.arkansas.gov Email: asbde@arkansas.gov

FOR BOARD USE ONLY Corp. # _____ Date Issued _____
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DENTAL CORPORATION/LIMITED LIABILITY COMPANY REGISTRATION FORM

Complete the following:

Name of Corporation/Limited Liability Company:
Incorporators or Members (list name, address, and dental license #):
Officers (name and office held):
Directors (name and license #):
Shareholders (name, address, and license #):

The above information is true as of _____.
(date)

Signed _____

With this registration form, enclose the following:

- Copy of the cover sheet provided by the Secretary of State showing the name and date of registry with that office
- Copy of the pages which form the Articles of Incorporation or Articles of Organization
- Registration fee of \$1.00