



**ARKANSAS STATE BOARD  
OF DENTAL EXAMINERS**

101 EAST CAPITOL AVENUE, SUITE 111  
LITTLE ROCK, AR 72201  
PHONE: 501-682-2085 FAX: 501-682-3543

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

Complete the following:

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

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 \$25.00 (check or money order)