

Newfoundland & Labrador Dental Board Office of the Registrar

Suite 204, 49-55 Elizabeth Avenue
St. Johns, NL A1A 1W9

Telephone: (709) 579-2391
Fax: (709) 579-2392



NOTICE OF CHANGE

PROFESSIONAL DENTAL CORPORATION

Instructions/Recommendations for completion:

1. It is recommended that any intended changes that may affect the Corporation's eligibility for registration and licensure as a professional dental corporation be submitted for pre-approval by the Newfoundland Dental Board.
2. Any changes from the last filed application for corporate license, application for renewal of corporate license or notice of change must be disclosed to the Newfoundland Dental Board within fifteen (15) days of the change.
3. Where documents submitted with the last filed application for corporate license, application for renewal of corporate license or notice of change have been superseded, replaced or amended, you must include a true and complete copy of the new or amended document with this notice.
4. Complete the attached Notice of Change, including the submission of copies of any required documents, and have the Notice of Change signed and sworn by each dental practitioner who is a director or who holds shares in the corporation.
5. A corporation will have to pay the registration fee of \$300.00 and the annual fee of \$100.00. The fee for filing a Notice of Change is \$100.00. All fees are subject to change from time to time as determined by the Newfoundland & Labrador Dental Board.
6. Please type or print legibly all entries; Notices with illegible entries may be rejected.

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NOTICE OF CHANGE

**PROFESSIONAL DENTAL CORPORATION
(the “Corporation”)**

1. Corporation Name: _____
Corporation Number: _____

(insert Corporation Name and Corporation Number as appear on the Certificate of Incorporation) hereby gives notice of change in the information last provided to the Newfoundland Dental Board in respect of the Corporation, pursuant to the Dental Act (Newfoundland) and the Dental Board Regulations (Newfoundland).

2. The mailing address and contact information for the Corporation and the street address(es) of the dental offices (if different from the mailing address) of the Corporation is/are as follows:

Mailing Address for Corporation : _____

Tel. # _____ - _____ - _____
Fax # _____ - _____ - _____

Primary Contact Person for Corporation: _____

Street Address(es) for dental office(s): _____

Tel. # _____ - _____ - _____
Fax # _____ - _____ - _____

3. **The Corporation hereby gives notice that there has been a change in or in respect of the following: (Circle (a), (b), (c), etc. as appropriate)**

- (a) The Articles of Incorporation of the Corporation.

Effective Date of Change: _____

- (b) Any of the terms, conditions or restrictions applicable to any of the shares or to holders of shares of the Corporation.

Effective Date of Change: _____

- (c) Any agreement restricting the powers of the directors to manage the business and affairs of the Corporation.

Effective Date of Change: _____

- (d) Any agreement by which a person who is not a shareholder of the Corporation has obtained or could obtain an interest in any shares of the Corporation.

Effective Date of Change: _____

- (e) The persons who beneficially own and in whose name are registered the voting shares of the Corporation (including whether any such person is deceased or no longer holds a current license with the Newfoundland Dental Board), or the number and class of voting shares held by each such person, or the residential or mailing addresses of each such person.

Effective Date of Change: _____

- (f) The persons in whose name non-voting shares of the Corporation are registered, the number and class of non-voting shares held by each such person, or the beneficial owner of such shares if different from the registered owner.

Effective Date of Change: _____

- (g) The directors of the Corporation, the corporate office held by a director, or the residential or mailing address of a director.

Effective Date of Change: _____

- (h) The dental practitioners whose services will be provided by the Corporation, or their residential or mailing address.

Effective Date of Change: _____

- (i) The mailing address, telephone number or facsimile number for the Corporation.

Effective Date of Change: _____

- (j) The address (es) of the dental offices of the Corporation.

Effective Date of Change: _____

- (k) The primary contact person for the Corporation.

Effective Date of Change: _____

Full particulars of such change(s) are noted on the attached Schedule “A”, including a Registrar of Companies certified copy of any Articles of Amendment, Notice of Directors or Notice Registered Office filed with the Registry of Companies in relation to the above change(s) and true and complete copies of any replacement of or an amendment to any documents previously submitted to the Newfoundland Dental Board.

- 4. The undersigned hereby confirm that there has been no other change in the information or documents submitted by the Corporation to the Newfoundland and Labrador Dental Board, except as previously disclosed by the Corporation pursuant to an application for renewal of corporate license or a previous notice of change.

CERTIFICATION

The following certification must be sworn by each dental practitioner who is a director or shareholder of the Corporation.

I/We certify that:

- 1. The information provided in this Notice and the copies of documents provided with this Notice are true and complete.
- 2. Each person signing this Notice is familiar with the provisions of the Dental Act relating to professional incorporation and the Dental Board Regulations relating to professional incorporation.
- 3. Each person signing this Notice undertakes that he/she will notify the Newfoundland Dental Board if she/he becomes aware that the Corporation does not comply with provision of the Dental Act or Dental Board Regulations relating to professional incorporation, or if it subsequently appears that the Corporation has, by omission or commission, give false, misleading, or ambiguous information in or with or in relation to this Notice.

SWORN TO at _____, in the Province of _____, this _____ day of _____, A.D., 200____, before me:

A Barrister, Notary Public
Or Commissioner of Oaths

Signature
Print Name: _____
License Number: _____

SWORN TO at _____, in the Province of _____, this _____ day of _____, A.D., 200____, before me:

A Barrister, Notary Public
Or Commissioner of Oaths

Signature
Print Name: _____
License Number: _____

SWORN TO at _____, in the Province of _____, this _____ day of _____, A.D., 200____, before me:

A Barrister, Notary Public
Or Commissioner of Oaths

Signature
Print Name: _____
License Number: _____

(Note to Applicants: Add as many signature lines as necessary)

SCHEDULE "A"
TO NOTICE OF CHANGE