



PMC - Notice of Change Form

INSTRUCTIONS FOR COMPLETION

1. It is recommended that any intended changes that may affect the corporation's eligibility for registration and licensure as a Professional Medical Corporation be submitted for pre-approval by the College of Physicians and Surgeons of Newfoundland and Labrador.
2. Any change from the last filed application for corporation licensure, application for renewal of corporate licensure or notice of change must be disclosed to the College within fifteen (15) days of the change, by filing a Notice of Change in this prescribed form.
3. Where documents submitted with the last filed application for corporate licence, application for renewal of corporate licence or notice of change have been superseded, replaced or amended, you must include a true and complete copy of the new or amended document with the filing of this Notice of Change.



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4. Corporation Name:

(as it appears on the Certificate of Incorporation)

5. Corporation Number:

(as it appears on the Certificate of Incorporation)

hereby gives notice of change in the information last provided to the College of Physicians and Surgeons of Newfoundland and Labrador (the "College") in respect of the corporation, pursuant to the *Medical Act, 2011* and the *Medical Regulations*.

6. Preferred Mailing Address:

Preferred Telephone:

Preferred Email:

Primary Contact:

NOTICE OF CHANGES:

Please note, a true and complete copy of the new or amended document must be included with the Notice of Change Form.

The Articles of Incorporation

Effective date of the change: _____

Articles of Amendment attached

Any trust agreement or any other agreement, indenture or instrument in relation to the corporation previously disclosed to the College

Effective date of the change: _____

Trust Agreement, or other Agreement attached



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- The persons who beneficially own voting shares of the corporation who are qualified medical practitioners under the *Medical Act, 2011***

Effective date of the change: _____

Updated voting shareholder schedule attached

- The persons who beneficially own non-voting shares of the corporation, or for whom any shares of the corporation are held in trust, and the trustee, if any.**

Effective date of the change: _____

Updated non-voting shareholder schedule attached

- The directors of the corporation**

Effective date of the change: _____

Notice of Directors attached

- The medical practitioners whose services will be provided by the corporation**

Effective date of the change: _____

Medical Practitioner(s)
(including licence number) _____

- The residential address or mailing address of any voting shareholder(s), non-voting shareholder(s), medical practitioner(s), or director(s) of the corporation**

Effective date of the change: _____

Please select all that apply:

- Voting Shareholder(s)
 Non-Voting Shareholder(s)
 Medical Practitioner(s)
 Director(s)

Updated address: _____



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- The registered office address with the Registry of Companies for the Province of Newfoundland and Labrador**

Effective date of the change: _____

Notice of Registered Office attached

- The medical office address**

Effective date of the change: _____

Updated address:

- The primary contact for the corporation**

Effective date of the change: _____

Updated primary contact: _____

CERTIFICATION

I/We certify that:

1. The information provided in this Notice of Change and the copies of documents provided are true and complete.
2. Each person signing this Notice of Change is familiar with the provisions of the Medical Act, 2011 and the Medical Regulations relating to professional incorporation.
3. Each person signing this Notice of Change undertakes that he/she will notify the College if he/she becomes aware that the corporation does not comply with the provisions of the *Medical Act, 2011* or *Medical Regulations* relating to professional incorporation, or if it subsequently appears that the corporation has, by omission or commission, given false, misleading, or ambiguous information in or with or in relation to this Notice of Change.

Signature: _____

Date: _____

Print Name: _____

Licence Number: _____



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Signature: _____

Date: _____

Print Name: _____

Licence Number: _____



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Appendix

Shareholder Schedules



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1. The updated persons who beneficially own voting shares of the corporation who are qualified medical practitioners under the *Medical Act, 2011* and *Medical Regulations*

Name / Licence Number	# of Shares	Class of Shares	Residential Address	Mailing Address (if different from residential address)



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2. The updated persons who beneficially own non-voting shares of the corporation, or for whom any shares of the corporation are held in trust, and the trustee, if any are as follows:

Name of Registered Owner	Beneficial Owner (if different from Registered Owner)	# of Shares	Class of Shares	Residential Address	Mailing Address (if different from residential address)