Print Form

APPLICATION FOR PHYSICAL THERAPY PROFESSIONAL SERVICE CORPORATION NAME APPROVAL

Maryland State Board of Physical Therapy
4201 Patterson Avenue - Baltimore MD 21215-2299

Please print all information - use black/blue ink only.

Stockholders' personal information:

List the names of all individual stockholders with the percentage of ownership (percentage ownership must equal 100%). If needed, use reverse side.

Name	PT License #	% Ownership

Professional service corporation information:

Proposed Name: _____

Corporation Address: _____

City/State: _____ **Zip** _____

Phone _____ **E-mail address:** _____

Reasons for adopting the proposed name:

_____

_____

_____

_____ _____
Signature of corporation's representative **Date**

_____
Printed name

Approved: _____ _____
Chairperson **Date**

Last updated 7/2/09