



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

## FICTITIOUS NAME PERMIT NOTIFICATION OF SHAREHOLDER CHANGE

**Fictitious Name:**

**FNP #:**

**Current Physical  
Practice Address:  
(No PO Box)**

**Phone #:**

**Business Type: CORPORATION**

If you wish to add or delete shareholders, please provide the following information in the table below. Signatures are required to associate or disassociate shareholders, and must also include a signature at the bottom signed by a current shareholder.

<u>Doctor's Name (print or type)</u>	<u>License #</u>	<u>Association Date</u>	<u>Disassociation Date</u>	<u>Signature</u>

I certify, under penalty of perjury and the laws of the State of California, that the information provided in this "Notification of Shareholder Change" form, including any supporting documents, are true and correct. I further certify, that I am a shareholder authorized to act on behalf of the above- stated entity, and the information contained herein is true and correct.

\_\_\_\_\_  
*Print or Type Name*

\_\_\_\_\_  
*Shareholder's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*License #*