



The College of  
Physicians and Surgeons  
of Newfoundland and Labrador

**NOTICE OF CHANGE**

**PROFESSIONAL MEDICAL CORPORATION**

**Instructions:**

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 (the "College").
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 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filed application for corporate license, application for renewal of corporate license or notice of change have been superseded, replaced or amended, you must include a true and complete copy of the new or amended document with the filing of the Notice of Change.
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 to by each medical practitioner who is a director or who holds shares in the Corporation.
5. The fee for the due filing of a Notice of Change for a Schedule A Change (i.e. subsection 3(a), (b), (c) or (d) of this Form) is **\$175.00**. There is no fee for the due filing of a Notice of Change for a Schedule B Change (i.e. subsection 3(e), (f), (g), (h), (i), (j) or (k) of this Form). If the Notice of Change is not duly filed within fifteen (15) days of the change, the College may impose a further fee of **\$75.00** for late filing. All fees are subject to change from time to time as determined by the College.
6. Please type or print legibly all entries; Notices with illegible entries may be rejected.

## Notice of Change – Professional Medical Corporation

1. Corporation Name: \_\_\_\_\_

Corporation Number: \_\_\_\_\_

(insert Corporation Name and Corporation Number as 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*.

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

Mailing Address for Corporation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

## Notice of Change – Professional Medical Corporation

Street Address for medical office):

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Telephone

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Fax

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Email

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## Notice of Change – Professional Medical Corporation

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

### SCHEDULE A CHANGE (\$175 FEE):

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

Effective Date of Change: \_\_\_\_\_

- (b) Any trust agreement or any other agreement, indenture or instrument in relation to the Corporation previously disclosed to the College.

Effective Date of Change: \_\_\_\_\_

- (c) 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 College), or the number and class of voting shares held by each such person.

Effective Date of Change: \_\_\_\_\_

- (d) 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: \_\_\_\_\_

## Notice of Change – Professional Medical Corporation

### SCHEDULE B CHANGE (NO FEE):

- (e) The directors of the Corporation.

Effective Date of Change: \_\_\_\_\_

- (f) The medical practitioners whose services will be provided by the Corporation.

Effective Date of Change: \_\_\_\_\_

- (g) The residential address or mailing address of any person referred to in 3(c), (d), (e) or (f) above.

Effective Date of Change: \_\_\_\_\_

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

Effective Date of Change: \_\_\_\_\_

- (i) The address(es) of the medical offices of the Corporation.

Effective Date of Change: \_\_\_\_\_

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

Effective Date of Change: \_\_\_\_\_

**NOTE: Full particulars of any change(s) noted above must be submitted with this Notice of Change, including a Registry of Companies certified copy of any Articles of Amendment, Notice of Directors or Notice of 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 amendment to any documents previously submitted to the College.**

4. The undersigned hereby confirm(s) that there has been no other change in the information or documents submitted by the Corporation to the College, except as previously disclosed by the Corporation pursuant to an application for renewal of corporate license or a previous notice of change, or as disclosed by this Notice of Change.

## **Notice of Change – Professional Medical Corporation**

### **CERTIFICATION**

The following certification must be sworn by each medical practitioner who is a director or voting 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 *Medical Act, 2011* relating to professional incorporation and the *Medical Regulations* relating to professional incorporation.
3. Each person signing this Notice undertakes that he/she will notify the College if she/he 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.

**Notice of Change – Professional Medical Corporation**

**SWORN TO** at \_\_\_\_\_, in the  
Province of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, A.D., 20\_\_\_\_  
before me:

\_\_\_\_\_  
A Barrister, Notary Public  
or Commissioner for Oaths

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

**SWORN TO** at \_\_\_\_\_, in the  
Province of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, A.D., 20\_\_\_\_,  
before me:

\_\_\_\_\_  
A Barrister, Notary Public  
or Commissioner for Oaths

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

**SWORN TO** at \_\_\_\_\_, in the  
Province of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, A.D., 20\_\_\_\_,  
before me:

\_\_\_\_\_  
A Barrister, Notary Public  
or Commissioner for Oaths

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

## Notice of Change – Professional Medical Corporation

**SWORN TO** at \_\_\_\_\_, in the  
Province of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, A.D., 20\_\_\_\_,  
before me:

\_\_\_\_\_  
A Barrister, Notary Public  
or Commissioner for Oaths

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

*[Note to Applicants: Add as many signature lines as necessary]*



**Full Particulars to Notice of Change  
(section 3, Note of Notice of Change)**