



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
 1625 N. Market Blvd., Ste N-327, Sacramento, CA 95834
 P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov



SPECIAL REPORT

(use for changes to an existing Chiropractic Corporation)

Pursuant to California Code of Regulations section 367.10(b), each chiropractic corporation shall file a special report within 30 days of any change of the corporate officers/directors, shareholders, employees rendering professional services, and articles of incorporation. Include corporation name change (not change of ownership) or change of corporate practice address on this form. Each special report filed must be accompanied by a **filing fee of \$31.00 in a check or money order made payable to "BOCE"**.

Check all that apply and complete the appropriate section below:

| | |
|--|---|
| <input type="checkbox"/> Change of corporate officers | <input type="checkbox"/> Corporation name change (not ownership) (Attach a copy of the endorsed Articles of Incorporation) |
| <input type="checkbox"/> Change of corporate directors | <input type="checkbox"/> Change of shareholder(s) |
| <input type="checkbox"/> Change of employees rendering professional services | <input type="checkbox"/> Change of corporate practice address |

PRINT IN INK OR TYPE

| | |
|---|--|
| Current Name of Corporation | CORP #: |
| New Corporation Name (if changing) | |
| Current Corporation Practice Address | Number Street City, State Zip |
| New Corporation Practice Address (if changing) | Number Street City, State Zip |
| Contact Person Name and Telephone Number | |

CORPORATE OFFICERS / DIRECTORS (Positions of President and Treasurer **are required**. Positions must be held by a licensed-person. Please reference **California Corporation Code § 13401.5**. The positions of Vice-President and Secretary can be held by non-licensed persons.)

| Title and Name | DC License # | ADD | REMOVE |
|------------------------|--------------|-----|--------|
| PRESIDENT Name | | | |
| PRESIDENT Name | | | |
| VICE-PRESIDENT Name | | | |
| VICE-PRESIDENT Name | | | |
| SECRETARY Name | | | |
| SECRETARY Name | | | |
| TREASURER Name | | | |
| TREASURER Name | | | |

SHAREHOLDER(S) (Shareholders must be a licensed person. Please reference **California Corporation Code § 13401.5 and § 13403**. At least one shareholder is required. Total of all shares must equal 100%.)

| Title and Name | % of shares | DC License # | ADD | REMOVE |
|----------------|-------------|--------------|-----|--------|
| Name | | | | |
| Name | | | | |
| Name | | | | |
| Name | | | | |

EMPLOYEES - List all licenses who will render professional services (even if they are listed as officers or shareholders, they must be listed).

| NAME | DC License # | ADD | REMOVE |
|------|--------------|-----|--------|
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |

DECLARATION OF APPLICANT

I am an officer of _____ Corporation and as such make
(name of corporation)
 this declaration on behalf of said corporation. I hereby certify that the information provided is true, correct and complete to the best of my knowledge. I also certify that I personally read and completed this application and have read the instructions.

Executed at _____, California, this _____ day of _____, 20____.
(City)

NOTE: Must be executed by an officer
 Who is a licensed chiropractor.

By _____
Print Name

Signature

Title