



MEDICAL BOARD OF CALIFORNIA Licensing Program

Fictitious Name Permit Notification of Renewal/Hold Release

Fictitious Name: _____	FNP #: _____
Current Physical Practice Address: (No PO Box) _____	SS#/FEIN#: _____
_____	Phone #: _____
_____	Renewal Fee: \$ _____

Our records indicate that you are presently doing business as:

Corporation
 Partnership
 Individual (Sole Proprietor)

A hold **has** **has not** been placed on your Fictitious Name Permit. In order for the hold to be removed, this form must be completed in its entirety and signed by a current owner. Refer to the enclosed attachment indicating the current owner(s). *Note: A fictitious name permit is not transferable. If a medical practice is purchased by another physician, the former owner must submit an "Application for Cancellation of a Fictitious Name Permit" to cancel the permit and the new owner must submit a "Fictitious Name Permit Application." Both forms should be mailed at the same time to assure the name will be available to the new owner.*

If you are doing business as a corporation or as a partnership and wish to add/delete shareholders or partners, please provide the following information in the table below. Signatures are required to associate or disassociate shareholders or partners. A signature at the bottom of this form also is required to change the address or renew the permit. Refer to attachment for current owners.

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

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing notification and all attachments thereto and know the contents thereof. I have the legal authority to act on behalf of the above-stated entity and the information contained herein is true and correct.

Print or Type Name	Signature	Date	License #
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