

## ADMINISTRATIVE ORGANIZATION

*This side is for corporations only. See reverse for other organizations.*

### CORPORATION

|  |                  |
|--|------------------|
| 1. Name (as filed with Secretary of State) | 2. Administrator |
|--|------------------|

|                       |                           |
|-----------------------|---------------------------|
| 3. Incorporation date | 4. Place of incorporation |
|-----------------------|---------------------------|

5. Please attach (1) a copy of Articles of Incorporation and any amendments, (2) a copy of by-laws and any amendments, (3) a copy of resolution authorizing the filing of this application.

6. Principal Office of Business

|         |      |          |        |              |
|---------|------|----------|--------|--------------|
| Address | City | ZIP code | County | Phone number |
|---------|------|----------|--------|--------------|

7. Foreign (out-of-state) applicants complete the following:

a. Name of California Representative

|         |      |          |              |
|---------|------|----------|--------------|
| Address | City | ZIP code | Phone number |
|---------|------|----------|--------------|

b. Please attach a copy of authorization of a foreign corporation to do business in California.

8. If applicant has ever owned or operated a facility, please list the name of each facility, address, size, type of care provided, and the dates and duration of ownership or operation. (if more space is needed, please attach a separate list.)

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9. Governing Board of Directors

|               |                |                       |                     |
|---------------|----------------|-----------------------|---------------------|
| Size of Board | Term of office | Frequency of meetings | Method of selection |
|---------------|----------------|-----------------------|---------------------|

10. Board Officers

| Office | Name | Term Expires |
|--------|------|--------------|
|        |      |              |
|        |      |              |
|        |      |              |
|        |      |              |

### RELEASE OF INFORMATION STATEMENT

The information provided on this form is mandatory and is necessary for licensure approval. It will be used to determine individual applicants or applicant facility's ability to provide health services. The information is requested by the Department of Public Health, Licensing and Certification, in accordance with Health and Safety Code, Sections 1212, 1253, 1265, 1267.5, and 1728, and California Code of Regulations (CCR), Title 22, Sections 70107, 71107, 73205, 74105, 76205, and 78205.

Failure to provide the information as requested may result in nonissuance of a license or license revocation. The information is considered public information and will be made available to the public upon request. The information shall be included and maintained in the individual facility's public files located in Licensing and Certification district offices.

