

Change of Address Notification for Professional Corporations

This form is provided for Professional Corporations to notify the College of any change in their registered office address or business address.

Registered Office Address: The corporation's registered office address is used as the official mailing address for corporations-related communications from the College. The registered office address will not be made available to the public, unless it is the same as the business (practice) address.

Business Address: The business address is mandatory and must be the address where the corporation carries out the practice of medicine. Addresses provided in this section will be made available to the public on the College's website. If the corporation has two or more business addresses already on file with the College, include an explanatory note with this form. **DO NOT PROVIDE A RESIDENTIAL ADDRESS IN THIS SECTION**

CORPORATION NAME		
PHYSICIAN SHAREHOLDER SURNAME	GIVEN NAMES	CPSO REGISTRATION NO.

REGISTERED OFFICE ADDRESS		BUSINESS ADDRESS	
	POSTAL CODE		POSTAL CODE
AREA CODE + PHONE NUMBER		AREA CODE + PHONE NUMBER	
AREA CODE + FAX NUMBER		AREA CODE + FAX NUMBER	
EMAIL ADDRESS:		EMAIL ADDRESS:	

EFFECTIVE DATE:	PHYSICIAN SHAREHOLDER SIGNATURE:
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Please mail or fax this form to:

Corporations Unit
College of Physicians and Surgeons of Ontario
80 College Street Toronto ON M5G 2E2

Fax: 416-967-2659

CPSO November 2012



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO