

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 practice 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 practice address.

Practice Address: The practice 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. **DO NOT PROVIDE A RESIDENTIAL ADDRESS IN THIS SECTION**

CORPORATION NAME		
PHYSICIAN SHAREHOLDER SURNAME	GIVEN NAMES	CPSO REGISTRATION NO.

REGISTERED OFFICE ADDRESS		PRACTICE ADDRESS	
	POSTAL CODE		POSTAL CODE
AREA CODE + PHONE NUMBER _____		AREA CODE + PHONE NUMBER _____	
AREA CODE + FAX NUMBER _____		AREA CODE + FAX NUMBER _____	

EMAIL ADDRESS:	
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EFFECTIVE DATE:	PHYSICIAN SHAREHOLDER SIGNATURE:
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Please mail or fax this form to:
Corporations Unit
College of Physicians & Surgeons of Ontario
80 College Street Toronto ON M5G 2E2
Fax: (416) 967-2659