



1000 – 1661 Portage Avenue
 Winnipeg, Manitoba R3J 3T7
 Tel: (204) 774-4344 Fax: (204) 774-0750

**STATEMENT OF PARTICULARS TO UPDATE OR RENEW
 LICENCE TO PRACTISE MEDICINE AS A PROFESSIONAL CORPORATION**

1. NAME OF PHYSICIAN: _____
 NAME OF MEDICAL CORPORATION: _____
 MAILING ADDRESS OF CORPORATION (please indicate if any changes):

(Note – All correspondence regarding medical corporations will be sent to the above address)

2. ADDRESS OF PRACTISE: _____
 TELEPHONE NUMBER OF PHYSICIAN: _____
 FAX NUMBER FOR PHYSICIAN: _____
 EMAIL ADDRESS FOR PHYSICIAN: _____

3. The corporation is in good standing with the Director as defined in *The Corporations Act* of Manitoba.
- (a) _____ The Articles of Incorporation have not been amended since the last Statement of Particulars was filed with the Registrar;
- OR
- (b) _____ Attached to this Statement of Particulars are those amendments to the Articles of Incorporation which have been made since the last Statement of Particulars was filed with the Registrar.

NOTE: Complete 4, 5, 6 and 7 only if there is a change from that previously submitted.

4. All of the persons or medical corporations who own voting shares in the corporation, each of whom is a licensed member in good standing of The College of Physicians & Surgeons of Manitoba or a medical corporation, are:

Name	CPSM Registration #	Address	Number and Class of Shares

(Please submit with \$150.00 renewal fee)



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5. The President of the corporation, who is a licensed member of The College of Physicians & Surgeons of Manitoba, is:

Name	CPSM Registration #	Address	Number and Class of Shares

6. All of the persons who are directors of the corporation, each of whom is a licensed member of The College of Physicians & Surgeons of Manitoba, are:

Name	CPSM Registration #	Address	Number and Class of Shares

7. All of the persons who own non-voting shares and who are either licensed members of The College of Physicians & Surgeons of Manitoba, the spouse or child of a licensed member, within the meaning of Section 252 of the *Income Tax Act* (Canada), or a corporation, each share of which is owned by a licensed member of The College of Physicians & Surgeons of Manitoba, or the spouse or child of a licensed member, are:

Name	Complete if not a licensed member		Number and Class of Shares
	Relationship to Member	CPSM # of Member	

8. Each person who will carry on the practise of medicine for or on behalf of the corporation is a licensed member of The College of Physicians & Surgeons of Manitoba.

9. The corporation undertakes that it will at all times, keep, perform and abide by all of its obligations in the practise of medicine and all of the rules and requirements of The College of Physicians & Surgeons of Manitoba while it is the holder of a licence to practise as a corporation.



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CERTIFICATE OF MEMBER

I, _____, a currently licensed member of The College of Physicians & Surgeons of Manitoba in good standing and a voting shareholder and a director of the corporation, hereby certify to The College of Physicians & Surgeons of Manitoba:

- a) That the information and particulars contained in the Statement of Particulars are true and complete;
- b) That I have read the sections in *The Medical Act* pertaining to professional corporations and the incorporation bylaw of The College of Physicians & Surgeons of Manitoba and am familiar with all of the rules pertaining to the practise of medicine by a corporation;
- c) That my relationship to the professional corporation, whether as a shareholder, director, officer or employee, does not affect, modify or diminish the application to me personally of the provisions of *The Medical Act*, the Regulations and the bylaws of The College of Physicians & Surgeons of Manitoba.

DATE

SIGNATURE OF MEMBER

PRINT NAME

NOTE: If there is more than one licensed member practicing medicine through the Medical Corporation each licensed member must sign an individual Certificate of Member form and submit with the renewal. If more than one form is required please copy the required number of forms for signature.