

# Application for Non-Profit Corporation



**Board of Dentistry**  
**4052 Bald Cypress Way, Bin C-04**  
**Tallahassee, FL 32314-6330**  
**Website: [www.floridasdentistry.gov](http://www.floridasdentistry.gov)**  
**Email: [MQA.Dentistry@flhealth.gov](mailto:MQA.Dentistry@flhealth.gov)**  
**Phone: (850) 245-4474**  
**FAX: (850) 921-5389**





# Application for Non-Profit Corporation

Board of Dentistry  
4052 Bald Cypress Way, Bin C-04  
Tallahassee, FL 32399-3258  
Fax: (850) 921-5389  
Email: MQA.Dentistry@flhealth.gov



**Applications will only be accepted if completed by an officer of the non-profit organization.**

Non-profit permit holders are required to operate as specified in section (s.) 466.025(3), Florida Statutes, and Rule 64B5-7.006, Florida Administrative Code (F.A.C.).

## 1. BUSINESS INFORMATION

**Non-Profit Corporation Name:** \_\_\_\_\_

**Name and Title of Officer:** \_\_\_\_\_

**Mailing Address:** (The address where mail and your permit should be sent)

\_\_\_\_\_  
Street/P.O. Box Suite No. City

\_\_\_\_\_  
State ZIP Country

**Physical Address:**

\_\_\_\_\_  
Street/P.O. Box Suite No. City

\_\_\_\_\_  
State ZIP Country

\_\_\_\_\_  
Primary Telephone Secondary Telephone

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SIGNATURE OF DIRECTOR

I state under the penalty of perjury that the answers provided on this application are true and accurate. Furthermore, I certify on behalf of this non-profit organization that all copies are true reproductions of the original documents.

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY

## 3. REQUIRED DOCUMENTATION

Certified copy of your 501(c)(3) Registration with the Internal Revenue Service, per Rule 64B5-7.006, F.A.C.

**Non-profit corporations providing care to the indigent must also provide the following:**

Statistics establishing only the treatment of indigent patients **AND/OR** admission criteria for indigent patients treated.

Description of the physical plant, available equipment, and resources establishing the practice of minimum standard of dentistry at the facility (i.e. floor space, number operatories, dental chairs, etc.).

*Individuals meeting the definition of "low income" found in s. 766.1115(3)(e), Florida Statutes, are considered indigent for the purposes of this application.*