

Establishment Name: \_\_\_\_\_

## PART B: Change of Corporate Officers/Interested Parties

### 4. CHANGE OF CORPORATE OFFICERS, INTERESTED PARTIES

*If your license was issued to you as an individual (sole proprietor), partnership, or limited liability company, continue to “ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT.”*

*If your license is held by a corporation, complete this section.*

Select all that apply:

<input type="checkbox"/>	The corporate owners or officers <b>have not</b> changed.
<input type="checkbox"/>	One or more corporate owners or officers (or, for corporations over \$250,000, interested parties) have been <b>added</b> . <b>If you selected this option, submit:</b> <b>Part C</b> of this application for <b>each new corporate owner or officer</b> <b>A copy of your most recent filing</b> with the Division of Corporations showing the added owner(s) or officer(s).
<input type="checkbox"/>	One or more corporate officers have been <b>removed</b> . <b>If you selected this option, submit:</b> <b>A copy of your most recent filing</b> with the Division of Corporations showing the removed owner(s) or officer(s).
<input type="checkbox"/>	One or more interested parties has been <b>removed</b> . <b>List the interested parties to be removed below:</b>  _____  _____  _____

### 5. ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT

I certify that I am an owner of the establishment referred to in this application or otherwise authorized by the licensee to submit this application. I attest that the answers provided in the application and in support of it are true and correct. Should I furnish any false information on or in support of this application, I understand that such action may constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**Continue to “Part C: Establishment Owner Information”  
if you have added corporate owners, officers, or interested parties.**