



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
BUSINESS ORGANIZATIONAL STRUCTURE

PLEASE TYPE OR PRINT CLEARLY

LEGAL PROVIDER NAME AS FILED WITH THE SECRETARY OF STATE, INCLUDING DBA NAME (SOLE PROPRIETORS, INCLUDE NAME AND DBA NAME)

- Complete only one of the following sections (I, II, III, IV or V)
- Attach the documents as indicated for the completed section
- Attach additional sheets, if necessary
- Signature required on page 2

SECTION I: SOLE PROPRIETOR

OWNER'S NAME

📎 Attach Registration of Fictitious Name

SECTION II: CORPORATION

☐ For Profit ☐ Not For Profit

📎 Attach the following:

- Articles of Incorporation;
- Current Certificate of Good Standing; and
- Registration of Fictitious Name (if applicable)

PART I - OFFICERS

PRESIDENT	VICE PRESIDENT
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
SECRETARY	TREASURER
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

PART II - DIRECTORS

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

PART III - STOCKHOLDERS

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
Percentage of Stock Held %	Percentage of Stock Held %
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
Percentage of Stock Held %	Percentage of Stock Held %

SECTION III: LIMITED LIABILITY COMPANY

Check the LLC's federal income tax reporting status: ☐ SOLE OWNER ☐ PARTNERSHIP ☐ CORPORATION

📎 Attach the following:

- Current Certificate of Good Standing;
- Articles of Organization;
- Operating Agreement;
- Management Agreement (if applicable); and
- Registration of Fictitious Name (if applicable)

PART I - MANAGERS

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

PART II - MEMBERS

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

SECTION IV: PARTNERSHIP

📎 Attach Registration of Fictitious Name (if applicable)

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
General interest in partnership %	General interest in partnership %
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
General interest in partnership %	General interest in partnership %

SECTION V: OTHER

Type:

📎 Attach an explanation and verification

SIGNATURE

AUTHORIZED SIGNATURE (form will not be accepted without signature)

DATE

