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Do Not  
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**KANSAS SECRETARY OF STATE**  
**Kansas Professional Corporation**  
**Annual Report**  
Instructions

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your annual report online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	<b>The filing fee for the annual report is \$55.</b> If you are filing this annual report as part of a reinstatement due to forfeiture, you may owe a different fee (fees are listed with the reinstatement form). For more information, please call (785) 296-4564.
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. <b>Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Mailing address</b>	This is the address where you would like to receive official mail from the Secretary of State's office. If your address has changed, check the box on the form, so that we may update our records with your new address.
<input type="checkbox"/> <b>Due date</b>	Annual reports are due on the 15th day of the fourth month following the tax closing month. <b>EXAMPLE:</b> If the tax closing month is December, the due date is April 15 of the following year. The annual report may be filed as early as January 1.
<input type="checkbox"/> <b>Forfeiture date</b>	If the annual report is not filed and the appropriate fee is not paid within 90 days following the due date, the business will be forfeited in Kansas. If the forfeited business wishes to return to active and good standing status, a reinstatement process is required and penalties will be assessed. <b>EXAMPLE:</b> If the tax closing month is December, the due date is April 15, and the forfeiture date is July 15. A business must file the annual report and pay the annual report fee on or before the forfeiture date to avoid forfeiture.
<input type="checkbox"/> <b>Corrected annual report</b>	If you wish to correct information that was erroneously provided on a previously filed annual report, you may file a Corrected Document form (form COR). Complete the form and attach a complete and correct new Annual Report (form PA) and submit with a \$55 filing fee.
<input type="checkbox"/> <b>Additional information</b>	If additional space is needed, please provide an attachment.

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THIS SPACE FOR OFFICE USE ONLY.

**1. Business entity ID number**

This is not the Federal Employer ID Number (FEIN).

[Empty box for Business entity ID number]

**2. Name of corporation**

Must match name on record with Kansas Secretary of State.

[Empty box for Name of corporation]

**3. Mailing address**

Address will be used to send official mail from the Secretary of State's Office.  
Do not leave blank.

Attention Name		Address		
City	State	Zip	Country	
<input type="checkbox"/> Check this box if this is a new address. Our records will be updated <b>only</b> if this box is checked.				

**4. Tax closing date**

Month	Year
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**5. Federal Employer ID Number (FEIN)**

[Empty box for Federal Employer ID Number (FEIN)]

**6. Total number of shares of capital stock issued**

[Empty box for Total number of shares of capital stock issued]

**7. Name, title, and address of each officer of corporation**

If additional space is needed, please provide attachment.  
Do not leave blank.

Name		Title		
Address				
City	State	Zip	Country	
Name		Title		
Address				
City	State	Zip	Country	
Name		Title		
Address				
City	State	Zip	Country	

**8. Name and address of each member of board of directors of corporation**

If additional space is needed, please provide attachment.  
Do not leave blank.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

**9. Name and address of each shareholder**

If additional space is needed, please provide attachment.  
Do not leave blank.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

**10a. Is each officer, director, and shareholder listed above a qualified person as defined by law (K.S.A. 17-2707)?**

Only a qualified person may be a shareholder of a professional corporation (K.S.A. 17-2712). *Exception: A certified public accountant (K.S.A. 1-308).* No person may be a director or officer, other than the secretary, of a professional corporation unless that person is a shareholder (K.S.A. 17-2713).

Yes (Skip to 10c.)  No (Proceed to 10b.)

**10b. List those persons who are not qualified as defined by law.**

**10c. If any shares are owned by a nonqualified person, give the dates on which any shares were owned by a nonqualified person:**

**11. Indicate the types of professionals practicing through the corporation.**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Architect                        | <input type="checkbox"/> Veterinarian                              | <input type="checkbox"/> Licensed Physical Therapist       | <input type="checkbox"/> Certified Public Accountant            |
| <input type="checkbox"/> Attorney-at-Law                  | <input type="checkbox"/> Podiatrist                                | <input type="checkbox"/> Landscape Architect               | <input type="checkbox"/> Licensed Physician Assistant           |
| <input type="checkbox"/> Chiropractor                     | <input type="checkbox"/> Pharmacist                                | <input type="checkbox"/> Registered Professional Nurse     | <input type="checkbox"/> Licensed Occupational Therapist        |
| <input type="checkbox"/> Dentist                          | <input type="checkbox"/> Land Surveyor                             | <input type="checkbox"/> Clinical Professional Counselor   | <input type="checkbox"/> Licensed Audiologist                   |
| <input type="checkbox"/> Engineer                         | <input type="checkbox"/> Licensed Psychologist                     | <input type="checkbox"/> Geologist                         | <input type="checkbox"/> Licensed Speech Pathologist            |
| <input type="checkbox"/> Optometrist                      | <input type="checkbox"/> Specialist in Clinical Social Work        | <input type="checkbox"/> Clinical Psychotherapist          | <input type="checkbox"/> Licensed Naturopathic Doctor           |
| <input type="checkbox"/> Osteopathic Physician or Surgeon | <input type="checkbox"/> Physician, Surgeon, or Doctor of Medicine | <input type="checkbox"/> Real Estate Broker or Salesperson | <input type="checkbox"/> Clinical Marriage and Family Therapist |

**12. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

Signature of Authorized Officer

X

Name of Signer (printed or typed)	Title/Position	Phone Number
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