

State of Ohio
STATE BOARD OF PHARMACY

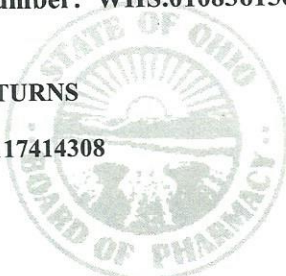
77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of June 30, 2018.

Identification Number: WHS.010836150-03

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS
RESPONSIBLE PERSON:
TONI ANN MEADOWS VP

GUARANTEED RETURNS
100 COLIN DRIVE
HOLBROOK, NY 117414308



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Toni Ann Meadows

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 10 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy. (see below)

CLASS: Wholesaler/Manufacturer - Category Three
BUSINESS TYPE: OD - Out of State RX Disposal