

LICENSE NO. **A4-0001396**

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

NOT TRANSFERABLE

861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, DE 19904-2467

PROFESSION: **Pharmacy - Wholesale Drug Distributor**

EXPIRATION DATE: **09/30/2020**

ISSUED TO: **Rx Reverse Distributors, Inc.**

**Location: 9255 US Hwy 1 Sebastian FL
32958**

MAILING ADDRESS

**Rx Reverse Distributors, Inc.
9255 US Highway 1
Sebastian FL 32958**



PROFESSIONAL LICENSE

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE. THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE.

LICENSEE SIGNATURE

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REPORT - 1950

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