

Schedules NPD, NonCS, 2, 2n, 3, 3n, 4, 5 STATE OF KANSAS
STATE BOARD OF PHARMACY

N^o 5-31149

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed
Annually by **June 30th.**

PHARMALINK, INC

That _____
has complied with the Pharmacy Act of the State of Kansas providing for the registration of **Wholesale Distributors**
within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas
under the name of

PHARMALINK, INC

at **8285 BRYAN DAIRY RD #160** **LARGO** **FLORIDA**

from this date until **6/30/2020**, unless this registration is surrendered, or revoked or suspended by the Kansas State
Board of Pharmacy.

*This registration issued **June 3, 2014.***



KANSAS STATE BOARD OF PHARMACY

By *Allyson*

Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge