STATE OF DELAWARE DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

PROFESSIONAL LICENSE

PROFESSION: Pharmacy

LICENSE TYPE: Pharmacy - Wholesale

LICENSE NUMBER: A4-0001396

LICENSE STATUS: Active

ISSUE DATE: 08/17/2006 EXPIRATION DATE: 09/30/2024

ISSUED TO: Rx Reverse Distributors, Inc.

PHYSICAL ADDRESS: 9255 US HIGHWAY 1

SEBASTIAN FL

32958

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



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