

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

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

PROFESSIONAL LICENSE

PROFESSION: Controlled Substances
LICENSE TYPE: Distributor/Manufacturer
CSR
LICENSE NUMBER: DM-0009719
LICENSE STATUS: Active
ISSUE DATE: 03/17/2017
EXPIRATION DATE: 06/30/2027
ISSUED TO: PharmaLink, Inc.

PHYSICAL ADDRESS: 8285 BRYAN DAIRY
ROAD, #160
LARGO FL 33773

SIGNATURE: _____

DRUG SCHEDULE: II,III,IV,V

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



Department of State

Division of Professional Regulation

*Our mission is to credential qualified professionals to ensure the protection
of the public's health, safety, and welfare*

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DOVER, DELAWARE 19904-2467

PROFESSIONAL LICENSE

PROFESSION: Pharmacy
LICENSE TYPE: Pharmacy - Wholesale
LICENSE NUMBER: A4-0002026
LICENSE STATUS: Active
ISSUE DATE: 03/17/2017
EXPIRATION DATE: 09/30/2026
ISSUED TO: PharmaLink, Inc.

PHYSICAL ADDRESS: 8285 BRYAN DAIRY
ROAD, #160
LARGO FL 33773

SIGNATURE: _____

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