STATE OF LOUISIANA

ANNUAL

Louisiana Department of Health / Office of Public Health 628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

Print Date 07/22/2021

Expires on 06/30/2022

PERMIT TO OPERATE

Type of Operation:

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

LIFESHARE BLOOD CENTERS PO BOX 65270 SHREVEPORT LA 71136

ISSUED TO/NOT TRANSFERABLE LIFESHARE BLOOD CENTERS HUMAN **BLOOD PRODUCTS** 2051 N MALL DR **ALEXANDRIA LA 71301**

> JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 4/21)

Louisiana Department of Health / Office of Hublic Health

ANNUAL

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

PERMIT NUMBER:

Print Date 07/22/2021 Expires on 06/30/2022

PERMIT TO OPERATE 2 22

40-0011432-1

Type of Operation:

Drug Manufacturer

Human Blood Products / ANNUAL

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

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ISSUED TO/NOT TRANSFERABLE

LIFESHARE BLOOD CENTERS PO BOX 65270 SHREVEPORT LA 71136

LIFESHARE BLOOD CENTERS HUMAN **BLOOD PRODUCTS** 2051 N MALL DR ALEXANDRIA LA 71301

DUPLICATE

JOSEPH KANTER, M.D. STATE HEALTH OFFICER

FOR YOUR INFORMATION Please post in a conspicuous place.

It is the responsibility of the permit holder to notify the appropriate Parish/Parish Manager of any changes regarding the above permitted establishment.

Please include the permit number of the establishment with any and all correspondence.