STATE OF LOUISIANA

ANNUAL

Louisiana Department of Health / Office of Public Health

Print Date 07/22/2021

Expires on 06/30/2022

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

2022 PERMIT TO OPERATE Plasma / ANNUAL

09-0001548

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 CENTER 8910 LINWOOD AVE SHREVEPORT LA 71106 ISSUED TO/NOT TRANSFERABLE
LIFESHARE BLOOD CENTER dba
PELICAN PLASMA
6917 FAIRFIELD AVE
SHREVEPORT LA 71106

JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 4/21)

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PERMIT TO OPERATE 2022

PERMIT NUMBER:

Type of Operation:

Description:

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Drug Manufactu

Drug Manufacturer Source Plasma / ANNUAL

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ISSUED TO/NOT TRANSFERABLE

LIFESHARE BLOOD CENTER -8910 LINWOOD AVE SHREVEPORT LA 71106 LIFESHARE BLOOD CENTER dba PELICAN PLASMA 6917 FAIRFIELD AVE SHREVEPORT LA 71106

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.