STATE OF LOUISIANA

**ANNUAL** 

Louisiana Department of Health / Office of Hublic Health

Print Date 07/22/2021

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

Expires on 06/30/2022

Drug Manufactu

PERMIT TO OPERATE

09-0010394-1

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** 8910 LINWOOD AVE SHREVEPORT LA 71106

> JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 4/21)

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

ANNUAL Print Date 07/22/2021

PERMIT TO OPERATE 212

PERMIT NUMBER:

Expires on 06/30/2022 Type of Operation:

09-0010394-1

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

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**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.