

LICENSE NO. **A4-0002550**

**STATE OF DELAWARE**  
DIVISION OF PROFESSIONAL REGULATION

NOT TRANSFERABLE

861 Silver Lake Blvd.  
Cannon Building, Suite 203  
Dover, DE 19904-2467

PROFESSION: **Pharmacy - Wholesale Drug Distributor**

EXPIRATION DATE: **09/30/2020**

ISSUED TO: **Woodfield Distribution, LLC**

MAILING ADDRESS

**Woodfield Distribution, LLC**  
951 Clint Moore Road  
Suite A  
Boca Raton FL 33487

**PROFESSIONAL LICENSE**

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO  
CONDUCT **Locations: 750 NW 33rd Street Suite B** IN THE STATE OF DELAWARE.  
DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE.

**Pompano Beach FL 33064**

LICENSEE SIGNATURE

**614008**