

DISTRIBUTOR REGISTRATION

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Premium Health Services Inc
9121 Red Branch Rd
SUITE A
COLUMBIA MD 21045

STATE OF MARYLAND
DEPARTMENT OF HEALTH

188932

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

Premium Health Services Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2027)

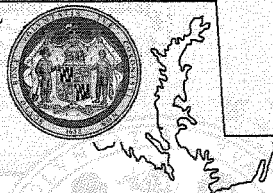
In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.
D07722

EXPIRATION DATE
05/31/2027

SIGNATURE OF BEARER

State of Maryland



DEPARTMENT OF HEALTH

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SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at <http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx>, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov