



STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2025.

Community Blood Center

Solvita

**2736 HOLLAND-SYLVANIA ROAD
TOLEDO, OH 43615**

License Number: 022004900

Terminal - Facility - Category 2

Expiration Date: March 31, 2025

CLASS: Terminal - Facility - Category 2
BUSINESS TYPE: BB – Blood Bank

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)

JAMES LEE ALEXANDER, M.D.

Signature of Responsible Person

DocuSign
Signed by
James Alexander
✓ Signer Name: James Alexander
Signing Reason: I approve this document
Signed on: Thu, 7/31/2024 11:09 EDT
25A2C95AC3EE43F598E2BC0C6F1FC9E

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Certificate Of Completion

Envelope Id: 37718F4E9FAB4DFCAD0606422CA0D2B5	Status: Completed
Subject: Complete with DocuSign: Unsigned SOLVITA - Ohio Terminal Distributor Drug License - Toledo (exp...	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Disabled	Drew Raley
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	2900 College Drive
	DAYTON, OH 45420
	draley@solvita.org
	IP Address: 199.204.226.17

Record Tracking

Status: Original	Holder: Drew Raley	Location: DocuSign
7/31/2024 2:30:00 PM	draley@solvita.org	

Signer Events

Signer Events	Signature	Timestamp
James Alexander jalAlexander@solvita.org Medical Director MD Security Level: Email, Account Authentication (Required)	<i>James Alexander</i> Signature Adoption: Pre-selected Style Signature ID: 25A2C63A-C3EE-43F3-98EE-8CBC06F4FC9E Using IP Address: 98.29.14.66 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 7/31/2024 2:48:20 PM Viewed: 7/31/2024 5:08:52 PM Signed: 7/31/2024 5:09:49 PM

Electronic Record and Signature Disclosure:
Accepted: 10/30/2023 11:59:27 AM
ID: cefe724d-48f9-41c7-a6a8-14b5d4649808

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/31/2024 2:48:20 PM
Certified Delivered	Security Checked	7/31/2024 5:08:52 PM
Signing Complete	Security Checked	7/31/2024 5:09:49 PM
Completed	Security Checked	7/31/2024 5:09:49 PM
Payment Events	Status	Timestamps

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