

*Alabama*

Certificate # 16203

State Board of Health

*This is to certify that a license is hereby granted by the State Board of Health to*

**LIFESOUTH COMMUNITY BLOOD CENTERS, INC.**

*to operate*

**LIFESOUTH COMMUNITY BLOOD CENTER**

*as an*

**INDEPENDENT CLINICAL LABORATORY**

*This license is valid for the following location*

**112 CLARK STREET • CULLMAN, AL 35055**



**L2211**

Facility Identification

**2017**

This License shall expire December 31, 2017.

*Thomas M. Miller*

Thomas M. Miller, M.D.  
State Health Officer