

*Alabama*

Certificate # **18809**

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 CENTERS - SHOALS REGION**

*as an*

**INDEPENDENT CLINICAL LABORATORY**

*This license is valid for the following location*

**205 MARENGO STREET • FLORENCE, AL 35630**



**L3998**

Facility Identification

**2018**

This License shall expire December 31, 2018.

Scott Harris, M.D.  
Acting State Health Officer