**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520 Phoenix, AZ 85005**
**602-771-ASBP (2727)**
**FAX: 602-771-2749**
**http://www.azpharmacy.gov**

Receipt Date: 09/02/2026
Receipt Number: 2026225222
Receipt Amount $: 1000.00

# Wholesaler - Full Service

| PERMIT NO | EXPIRES |
|---|---|
| W002222 | 10/31/2028 |

Issued to : BluPax Pharmaceuticals LLC
BluPax Pharmaceuticals LLC
C/O STATE LICENSE SERVICING, INC., 225 DOLSON AVENUE, 4TH FLOOR
MIDDLETOWN, NY 10940

BluPax Pharmaceuticals LLC
160 RARITAN CENTER PARKWAY UNIT 1
EDISON, NJ 08837

**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : BluPax Pharmaceuticals LLC
LICENSE NUMBER : W002222
EXPIRES : 10/31/2028

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days

of move. A revised copy of your state permit shall be submitted to the Board, when available.
• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.