

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov

Be it known that the TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS named below is duly licensed, and is entitled to conduct business in the state of Ohio until the expiration date of March 31, 2018.

Identification Number: STP.022248050-03

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

RESPONSIBLE PERSON:

SARAH E. BLAKE MD

**CAPITAL CITY PAIN CARE
408 GLESSNER AVE.
MANSFIELD, OH 44903**



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SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

These forms are available @ <http://pharmacy.ohio.gov/Licensing/TDDD.aspx>

**CLASS: Specialty Treatment Program - Category Three
BUSINESS TYPE: PMC - Pain Management Clinic**

IF OHIO DRUG CATEGORY IS LIMITED, THIS LICENSE IS
INVALID IF NOT ACCOMPANIED BY AN OFFICIAL DRUG LIST
ADDENDUM WHICH CAN BE ACCESSED VIA THE WEB AT
<HTTP://PHARMACY.OHIO.GOV/Licensing/DrugListLookup.aspx>