



OKLAHOMA STATE BOARD OF PHARMACY

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FORM B-2. CORPORATION OWNERSHIP INFORMATION
(PUBLICLY TRADED)

A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE

ADDRESS OF PHARMACY OR FACILITY (include city, state and ZIP)

B. NAME OF CORPORATION. (Publicly Traded)

NAME OF CORPORATION

ADDRESS OF CORPORATION (include city, state and ZIP)

STATE OF INCORPORATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF CORPORATION

C. CORPORATE OFFICERS. (President and Secretary) - Provide the following information for the corporation listed in Section B.

OFFICER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

___ Yes ___ No

IF YES, OK DPH LICENSE #

OFFICER NAME 2

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

___ Yes ___ No

IF YES, OK DPH LICENSE #

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

THIS SIGNATURE MUST BE NOTARIZED:

State of _____)

County of _____)

Printed Name & Title of Managing Officer

Subscribed and sworn to or affirmed before me
this _____ day of _____, 20

Signature of Managing Officer

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

- 1. Oklahoma State Board of Pharmacy Application & Fee
- 2. Copy of **SECRETARY OF STATE CERTIFICATE OF INCORPORATION** (for Corporation in Sect B)

NOTE: A copy of the Bylaws must be made available to the Board if the Board so requests.