



PHARMACY CORPORATE STATEMENT OF COMPLIANCE

Name of Establishment _____	PERMIT NUMBER _____
Address _____	DEA NUMBER _____
City _____ County _____	State _____ Zip _____
Date of Inspection _____	

STATEMENT OF COMPLIANCE

I hereby certify that I am an owner or officer of the above named pharmacy, that I have reviewed the Notice of Deficiencies and have taken the steps necessary to assure their correction.

Owner/Officer of Corporation _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

Before me, personally appeared _____ whose identity is known to me by _____ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed before me this _____ day of _____, 20 _____.

Notary Public - State of Florida

Type or Print Name

My Commission Expires _____

Please mail to

Inspection Office

Mailing Address

ID _____