



License Number: 1000406

Current Date: 09/12/2024 12:41 PM

Name: **LIFESHARE BLOOD CENTER**
 License Type: **Prescription Drug Distributor**
 License Status: **Current**
 Expiry Date: **06/10/2026**
 Effective Rank Date: **06/21/2010**
 Modifier(s): **Wholesales Distributor
Prescription**

Addresses

Physical Loc

Address

LIFESHARE BLOOD CENTER
 1321 COLLEGE DR
 TEXARKANA , TX
 BOWIE
 75503
 US

Mailing Address

Address

LIFESHARE BLOOD CENTER
 SHREVEPORT , LA
 OUT OF STATE/UNKNOWN
 71106
 US

Food & Drug Owner

Licensee's Role:

Food & Drug License

Related Party Role:

Food & Drug Owner

Related Party Name

License

Address

LIFESHARE BLOOD CENTER

Owner #A029796

SHREVEPORT , LA

Status: **Current**

OUT OF STATE/UNKNOWN

Expiration Date:

71106

US