



# Arkansas State Board of Pharmacy

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## License Verification

### General Information

Name: [LifeShare Blood Center](#)

### Address Information

Mailing Address

Address: [8910 Linwood Avenue](#)

Street 2:

City/State/Zip: [Shreveport, LA 71106](#)

Physical Address

Address: [2909 Kilpatrick](#)

Street 2:

City/State/Zip: [Monroe, LA 71201](#)

Phone: [\(318\)673-1453](#)

Fax: [\(318\)222-8886](#)

### License Information

License Type: [Wholesale Distributor License](#)

License Number: [WD02605](#)

Issue Date: [09/01/2004](#)

Expiration Date: [12/31/2026](#)

Current Status: [Active](#)

Current Standing: [Good Standing](#)

Disciplinary Action: [No](#)

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