

Alabama

Certificate # 23159

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to*  
**LIFESOUTH COMMUNITY BLOOD CENTERS, INC.**

*to operate*

**LIFESOUTH COMMUNITY BLOOD CENTERS, INC.**

*as an*

**INDEPENDENT CLINICAL LABORATORY**

*This license is valid for the following location*

**8190 MADISON BOULEVARD • MADISON, AL 35758**



**L4536**

Facility Identification

**2021**

This License shall expire December 31, 2021.

A handwritten signature in black ink, reading "Scott Harris, M.D.", is written over a horizontal line.

Scott Harris, M.D.  
State Health Officer