

*Alabama*

Certificate # 23158

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 - MOBILE REGION**

*as an*

**INDEPENDENT CLINICAL LABORATORY**

*This license is valid for the following location*

**967 HILLCREST ROAD • MOBILE, AL 36695**



**L49201**

Facility Identification

**2021**

This License shall expire December 31, 2021.

A handwritten signature in black ink that reads "Scott Harris, M.D." The signature is written in a cursive style.

Scott Harris, M.D.  
State Health Officer