



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105-3413

Phone: (405) 521-3815 / Fax: (405) 521-3758

www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FORM B-1. CORPORATION OWNERSHIP INFORMATION (NOT PUBLICLY TRADED)

A. THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

1. **CERTIFICATE OF INCORPORATION** [see Corporation Owner * in Section B]

NOTE: A copy of the Bylaws must be made available to the Board if the Board so requests.

B. PLEASE TYPE OR PRINT CLEARLY (ALL Sections must be completed. If not applicable, enter N/A.)

NAME OF PHARMACY (DBA name if applicable – if no DBA, list Corporation here and in Name of Corporation below)	PHONE NUMBER
Address of Pharmacy (include city, state and ZIP)	
NAME OF CORPORATION OWNER * (if there is no DBA name, the Name of Pharmacy will be the same as Name of Corporation Owner)	
Address of Corporation (include city, state and ZIP)	
Federal Employer ID (FEI) Number of Corporation	PHONE NUMBER

C. CORPORATE OFFICERS (President and Secretary)

OFFICER NAME 1	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
OFFICER'S OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

OFFICER NAME 2	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
OFFICER'S OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

(continued on page 2)

FORM B-1. CORPORATION OWNERSHIP INFORMATION (NOT PUBLICLY TRADED) – *continued*

D. CORPORATION SHAREHOLDERS. List Name, Address & % Ownership of all shareholders for the corporation owner listed above in Section B. If any of the shareholders listed below is an LLC, Partnership or a corporation, a separate business entity form (e.g. Form A, B1, B2 or C) must also be completed for each shareholder. **Total ownership percentages must equal 100%.** If additional space is needed, please attach a separate sheet.

SHAREHOLDER NAME 1	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
SHAREHOLDER'S OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

SHAREHOLDER NAME 2	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
SHAREHOLDER'S OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

SHAREHOLDER NAME 3	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
SHAREHOLDER'S OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

ATTEST: I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Oklahoma Pharmacy Act. I agree to comply with the Oklahoma Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer

Date

Print Name & Title of Owner / Managing Officer

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public