



**OKLAHOMA STATE BOARD OF PHARMACY**

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105

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

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

**FORM B-2. CORPORATION OWNERSHIP INFORMATION**  
(PUBLICLY TRADED)

**A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)**

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE

ADDRESS OF PHARMACY OR FACILITY (include city/town name, state/province/county, ZIP and Country)

**B. NAME OF CORPORATION. (Publicly Traded)**

NAME OF CORPORATION

ADDRESS OF CORPORATION (include city/town name, state/province/county, and ZIP )

COUNTRY OF INCORPORATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF CORPORATION

**C. CORPORATE OFFICERS. (President and Secretary) - Provide the following information for the corporation listed in Section B.**

OFFICER NAME 1

TITLE

ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)

LICENSED OK PHARMACIST?

\_\_\_ Yes \_\_\_ No

IF YES, OK DPH LICENSE #

OFFICER NAME 2

TITLE

ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)

LICENSED OK PHARMACIST?

\_\_\_ Yes \_\_\_ No

IF YES, OK DPH LICENSE #

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

**THIS SIGNATURE MUST BE NOTARIZED:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Printed Name & Title of Managing Officer

Subscribed and sworn to or affirmed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20

Signature of Managing Officer

\_\_\_\_\_  
Notary Public

**THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:**

- 1. Oklahoma State Board of Pharmacy Application & Fee (PAID ONLINE ONLY)
- 2. Copy of **SECRETARY OF STATE CERTIFICATE OF INCORPORATION** (for Corporation in Sect B)

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