



FLORIDA BOARD OF PHARMACY

4045 BALD CYPRESS WAY, BIN C-04 • Tallahassee, FL 32399-3254

Phone: (850) 245-4292 • www.doh.state.fl.us/pharmacy

REQUEST FOR PHARMACY PERMIT NAME CHANGE FORM

A pharmacy permit is valid only for the name and address to which it is issued.

PERMIT NAME: The name in which the permit is issued must be the name in which the company is doing business, i.e., the name that appears on purchase, sales, and shipping documents. The permit name will be changed upon notification to the department on this form. However, if the name change is a result of a change in ownership, a new application and permit is required.

FEE: \$25. There is a duplicate license fee charge. The system will issue a license with your name change once it is processed.

Please print or type legibly.

Federal Employer Identification Number: _____			
Permit Number:			
Existing Corporate Name:			
Existing DBA Name:			
New Corporate Name if Applicable:			
New DBA Name (limit to 41 characters)			
Physical Address;			
City	State	Zip Code	County
New Mailing Address (include suite number) if Applicable:			
City	State	Zip	
Telephone Number	Facsimile Number		

Signature of Authorized Representative/Owner

Title

Make checks payable to: **Florida Department of Health.**

Mail to: **Department of Health, Attn: Florida Board of Pharmacy, P.O. Box 6320, Tallahassee, FL 32314-6320.** If you have questions, please call (850) 245-4292.