

AC# 3388017

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE       | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 04/11/2009 | 28 17       | 48          |

The **PRESCRIPTION DRUG REPACKAGER** named below has met all requirements of the laws and rules of the state of Florida.  
 Expiration Date: **MAY 31, 2011**  
**AEROSPACE ACCESSORY SERVICE, INC.**  
 7825 NW 57TH STREET  
 MIAMI, FL 33166

3388017

|   |             |             |
|---|-------------|-------------|
| STATE OF FLORIDA<br>DEPARTMENT OF HEALTH<br>DIVISION OF MEDICAL QUALITY ASSURANCE |             |             |
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AEROSPACE ACCESSORY SERVICE, INC.

LICENSEE SIGNATURE

Charlie Crist  
GOVERNOR

Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 3388011

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE       | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 04/11/2009 | 07 1357     | 300         |

The **DEVICE MANUFACTURER** named below has met all requirements of the laws and rules of the state of Florida.  
 Expiration Date: **MAY 31, 2011**  
**AEROSPACE ACCESSORY SERVICE, INC.**  
 7825 NW 57TH ST  
 DORAL, FL 33166

3388011

|   |             |             |
|---|-------------|-------------|
| STATE OF FLORIDA<br>DEPARTMENT OF HEALTH<br>DIVISION OF MEDICAL QUALITY ASSURANCE |             |             |
| AC#   | 3388011     |             |
| DATE  | LICENSE NO. | CONTROL NO. |
| 04/11/2009  | 07 1357     | 300         |

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