

**NORTH CAROLINA BOARD OF PHARMACY**

*This is to Certify that Pharmacist License No 19785*

**Valid 11/14/09 thru 12/31/10**

**Stephanie Leigh Vermillion  
410 Wagner St  
Troutman NC 28166**

PLEASE NOTIFY BOARD OF NAME  
AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER  
IN ANY COMMUNICATION

**NC Law requires notification of address change within 30 days.**

License No. **19785**

**NORTH  
BOARD OF**



**CAROLINA  
PHARMACY**

This is to  
Certify that:

**Stephanie Leigh Vermillion**

IS DULY REGISTERED AND ENTITLED TO PRACTICE AS A

**PHARMACIST**

AS AUTHORIZED BY THE NORTH CAROLINA PHARMACY PRACTICE ACT

**FOR THE YEAR ENDING DECEMBER 31, 2010**

THIS CERTIFICATE IS REVOCABLE FOR THE CAUSES SPECIFIED IN THE LAW AND MUST BE  
CONSPICUOUSLY DISPLAYED IN THE PHARMACY WHERE HOLDER PRACTICES

*IN WITNESS WHEREOF, The President and Executive Director Hereunto Affix Their Signatures*

**11/14/09**

**Issued**

*Robert J. McLaughlin RPh*

PRESIDENT

*John G. Geller*

EXECUTIVE DIRECTOR