

DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403
(510) 620-3800



Dear Tissue Bank:
Attached below is your tissue bank license.
Your license is void after the expiration date.

NOTE: Application for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

FORFEITURE OF LICENSE

A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

- (1) The tissue bank is sold or otherwise transferred.
- (2) The license is surrendered to the state department.

**EVERSIGHT MICHIGAN
4889 VENTURE DRIVE
ANN ARBOR, MI 48108**

ATTN: CATHY MCCLORY

QUESTIONS AND INFORMATION:

If you have any questions, please write to:

STATE OF CALIFORNIA
DEPT. OF PUBLIC HEALTH
Laboratory Field Services
850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4, of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

**EVERSIGHT MICHIGAN
4889 VENTURE DRIVE
ANN ARBOR, MI 48108**

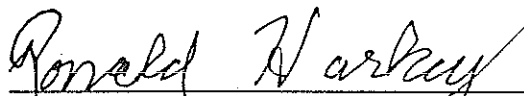
Owner(s) Name: **MIDWEST EYE BANKS**
Address: **640 AVIS DRIVE**
City, State, Zip: **ANN ARBOR, MI 48108**

Tissue Bank Director:
SHAHZAD MIAN, MD

TISSUE BANK ID NUMBER: **CNC 80777**

Issuance Date: **NOVEMBER 19, 2016**

Expiration Date: **NOVEMBER 18, 2017**


Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services

DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403
(510) 820-3800



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**EVERSIGHT NEW JERSEY
4889 VENTURE DRIVE
ANN ARBOR, MI 48108**

ATTN: EBONY MORALES

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Richmond, CA 94804-6403

Thank you for your cooperation.

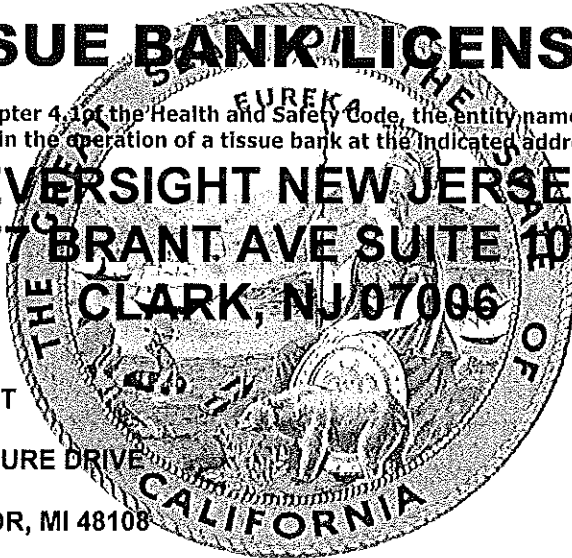
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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1 of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

**EVERSIGHT NEW JERSEY
77 BRANT AVE SUITE 100
CLARK, NJ 07006**



Owner(s) Name: **EVERSIGHT**
Address: **4889 VENTURE DRIVE**
City, State, Zip: **ANN ARBOR, MI 48108**

Tissue Bank Director:
KEVIN W. ROSS

TISSUE BANK ID NUMBER: **CNC 81148**

Issuance Date: **JULY 20, 2016**

Expiration Date: **JULY 19, 2017**

Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services

DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1st Floor
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(510) 620-3800



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EVERSIGHT ILLINOIS, CHICAGO
4889 VENTURE DRIVE
ANN ARBOR, MI 48108

ATTN: EBONY MORALES

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1 of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

EVERSIGHT ILLINOIS, CHICAGO
547 WEST JACKSON BLYD. SUITE 600
CHICAGO, IL 60661

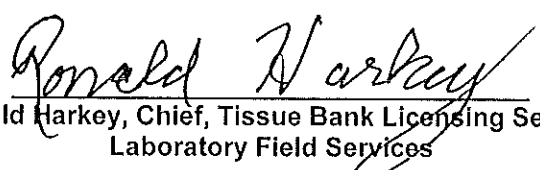
Owner(s) Name: **EVERSIGHT**
Address: **4889 VENTURE DRIVE**
City, State, Zip: **ANN ARBOR, MI 48108**

Tissue Bank Director:
KEVIN W. ROSS

TISSUE BANK ID NUMBER: **CNC 81149**

Issuance Date: **JULY 20, 2016**

Expiration Date: **JULY 19, 2017**


Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services

DEPARTMENT OF PUBLIC HEALTH

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(510) 620-3800



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EVERSIGHT OHIO
4889 VENTURE DR.
ANN ARBOR, MI 48108

ATTN: EBONY MORALES

QUESTIONS AND INFORMATION:

If you have any questions, please write to:

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1 of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

EVERSIGHT OHIO
6700 EUCLID AVENUE, STE 101
CLEVELAND, OH 44103

Owner(s) Name: CLEVELAND EYE BANK INC
Address: 6700 EUCLID AVENUE, STE 101
City, State, Zip: CLEVELAND, OH 44103

Tissue Bank Director:
JONATHAN LASS, MD

TISSUE BANK ID NUMBER: CNC 80347

Issuance Date: APRIL 25, 2016

Expiration Date: APRIL 24, 2017

Ronald Harkey
Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services



Dear Tissue Bank Director:

Attached below is your tissue bank license.
Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department **not less than 30 days** prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

**EVERSIGHT OHIO
6700 EUCLID AVE STE 101
CLEVELAND OH 44103-3958**

FORFEITURE OF LICENSE

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QUESTIONS AND INFORMATION:

If you have any questions, please write to:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Internet Address: www.cdph.ca.gov/LFS

Thank you for your cooperation.

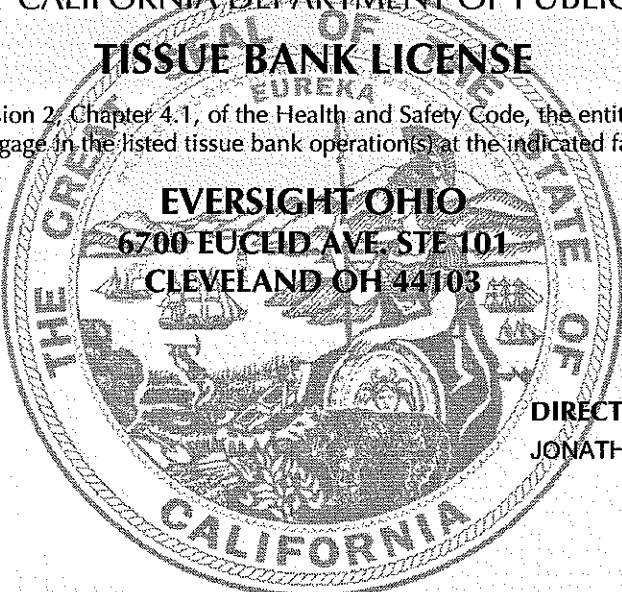
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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.



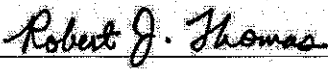
**EVERSIGHT OHIO
6700 EUCLID AVE STE 101
CLEVELAND OH 44103**

OWNER(S):
EVERSIGHT OHIO
EVERSIGHT

DIRECTOR(S):
JONATHAN LASS MD

TISSUE BANK ID Number: CTB 00080347

Issuance Date: April 25, 2017
Expiration Date: April 24, 2018


 Robert J. Thomas, Acting Branch Chief
 Laboratory Field Services

DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1st Floor
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EVERSIGHT
4889 VENTURE DRIVE
ANN ARBOR, MI 48108

ATTN: EBONY MORALES

QUESTIONS AND INFORMATION:

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PROVISIONAL TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4, of the Health and Safety Code, the entity named below is hereby licensed to engage in the checked operations of a tissue bank at the indicated address

Operation

- Donor Screen
- Recovery / Collection
- Processing
- Storage
- Distribution

EVERSIGHT CONNECTICUT
389 JOHN DOWNEY DRIVE
NEW BRITAIN, CT 06051

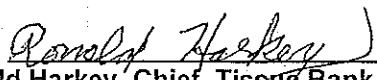
Owner(s) Name: **EVERSIGHT CONNECTICUT, INC**
Address: **389 JOHN DOWNEY DRIVE**
City, State, Zip: **NEW BRITAIN, CT 06051**

Tissue Bank Director:
RYAN CADY

TISSUE BANK ID NUMBER: **CNC 81211**

Issuance Date: **OCTOBER 20, 2016**

Expiration Date: **OCTOBER 19, 2017**


Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services