

**State of Florida**  
**Department of Business and Professional Regulation**  
**Division of Drugs, Devices, and Cosmetics Program**

**Application for Name Change**  
**Form No.: DBPR-DDC-110**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

| APPLICATION                        | APPLICATION REQUIREMENTS  |
|------------------------------------|---|
| <b>Application for Name Change</b> | <p><input type="checkbox"/> If the applicant intends to operate under a fictitious, trade or business name, provide the corresponding registration number from the Florida Department of State, Division of Corporations.</p> <p><input type="checkbox"/> If applicant is located outside the state of Florida; submit a photocopy of your license/permit(s) issued by your resident state that authorizes the distribution of prescription drugs from the applicant's establishment's address issued in the new name.</p> <p><input type="checkbox"/> If applicant is licensed as a Retail Pharmacy Drug Wholesale Distributor; provide a copy of the Community Pharmacy permit issued to the new name.</p> <p><input type="checkbox"/> Sign and date the Affidavit section of the application.</p> <p><input type="checkbox"/> <b>PERMIT NAME:</b> 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 at no cost, upon notification to the department provided the new name complies with Rule 61N-1.015(2), Florida Administrative Code. <b>However, if the name change is the result of a change in ownership, a new application and permit is required.</b></p> |
|                                    | <p>Submit the completed application with enclosures to:<br/>           Department of Business and Professional Regulation<br/>           2601 Blair Stone Road<br/>           Tallahassee, FL 32399-1047</p>  |

**PLEASE NOTE:**

Telephone, email and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding applications will be mailed to the application contact's mailing address and may take longer to resolve.

**State of Florida  
Department of Business and Professional Regulation  
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**Application for Name Change  
Form No.: DBPR-DDC-110**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**. ***For additional information see the Instructions at the beginning of this application.***

**Section I- Application Type**

| CHECK ONE OF THE APPLICATION TYPES                                  |
|---|
| <input type="checkbox"/> Name Change Application [9020 Transaction] |

**Section II – Applicant Information**

| APPLICANT INFORMATION  |  |
|--|--|
| <b>List Permit/Registration Number(s):</b>   |  |
|  |  |
|  |  |
|  |  |
| CURRENT PERMITTED NAME   |  |
| Applicant's Current Permitted Name:  |  |
| NEW FULL LEGAL NAME  |  |
| The "full legal name" is the complete name of the business entity that will be operating the establishment. This is generally the name that is on the documents that establish the existence or formation of the business entity. For example, a corporation's full legal name would normally be the name that is found in the corporation's articles of incorporation.  |  |
| Applicant's New Full Legal Name:   |  |
| NEW FICTITIOUS, TRADE OR BUSINESS NAME   |  |
| If the applicant intends to operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above – e.g. fictitious, trade, or business name (also commonly referred to as a "dba" name) – this name must be registered with the Florida Department of State, Division of Corporations. This is the name that will appear on the permit issued to the applicant by the department and must be the name that the applicant uses on operational documents for permitted activities. |  |
| <input type="checkbox"/> The applicant WILL NOT operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above.  |  |
| <input type="checkbox"/> The applicant WILL operate the permitted establishment under the following fictitious, trade, or business name: _____   |  |
| The fictitious, trade, or business name listed directly above, is registered with the Florida Department of State, Division of Corporations and the applicant has been issued the following registration number: _____   |  |

|   |             |                         |        |
|---|-------------|-------------------------|--------|
| <b>FEDERAL TAX IDENTIFICATION NUMBER PRIOR TO NAME CHANGE</b>   |             |                         |        |
|   |             |                         |        |
| <b>FEDERAL TAX IDENTIFICATION NUMBER AFTER NAME CHANGE</b>  |             |                         |        |
|   |             |                         |        |
| <b>PHYSICAL ADDRESS OF ESTABLISHMENT</b>  |             |                         |        |
| Street Address:   |             |                         |        |
|   |             |                         |        |
| City:   | State:      | Zip Code (+4 optional): |        |
| Telephone Number:   | Fax Number: |                         |        |
| Email Address:  |             |                         |        |
| <b>APPLICATION CONTACT</b>  |             |                         |        |
| The application contact is the person that the department will contact if there are questions regarding the responses provided on, or the documentation submitted with, the application. The application contact is also the person that will receive all official communication from the department regarding the application. |             |                         |        |
| Last/Surname  | First       | Middle                  | Suffix |
| Address   |             |                         |        |
|   |             |                         |        |
| City  | State       | Zip Code (+4 optional)  |        |
| Telephone Number  | Fax Number: |                         |        |
| E-Mail Address:   |             |                         |        |

**Section III – Questionnaire**

| <b>QUESTIONNAIRE</b> |   |  |
|----------------------|---|--|
| 1.                   | <p>Is this Permit Name Change a result of a change in ownership?<br/>See Rule 61N-1.001(2)(e).<br/>“Change in Ownership” – means that there has been a transfer or assignment of a majority of the direct ownership or controlling interest of a permitted establishment or that a lessee of a permitted establishment agrees to or becomes legally liable for the operation of the establishment. A transfer or assignment of a majority of direct ownership or controlling interest of a permitted establishment occurs where an event or other transaction occurs and the result of such event or transaction is that more than 50% of the ownership interest or controlling interest of the permitted establishment resides with a person who prior to the event or transaction did not own or control more than a 50% ownership interest in the permitted establishment. A change in the permitted establishment’s federal identification number or the taxpayer identification number is indicative of a change in ownership, but is not dispositive; a change of ownership could occur where the federal identification number or the taxpayer identification number does not change. For a publicly traded corporation, the changing of officers or directors is not a change in ownership nor is the change in ownership of a parent company</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|    |   |  |
|----|---|--|
|    | provided that such change does not result in more than a 50% change in the ownership or controlling interest of any permitted establishment.            |  |
| 2. | Is the applicant licensed out of state? (If yes, provide a copy of your resident state license that authorizes the distribution of prescription drugs.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Is the applicant a Retail Pharmacy Drug Wholesale Distributor? (If yes, provide a copy of the Community Pharmacy Permit issued to the new name.)        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Effective Date of Change:   | ____/____/____   |

**Section IV – Affidavit**

| <b>AFFIDAVIT</b>  |        |
|---|--------|
| <p>Pursuant to s. 559.79, F.S., each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.</p> <p>Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law.</p> <p>I understand that the issuance of a permit by the department only authorizes the applicant to conduct regulated activities in the state of Florida under the name in which the permit is issued. If the permit is issued in the name of a dba the applicant may only conduct business in Florida in the name of the dba.</p> <p>I further understand that providing additional dba names to the department as part of the application process is not, upon licensure, an authorization to conduct business in Florida under the name of those additional dba's.</p> <p>I certify that I am empowered to execute this application as required by s. 559.79, F.S. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand the falsification of any information on this application may result in administrative action, including a fine, suspension, or revocation of the license.</p> |        |
| Signature of Owner or Officer:  | Date:  |
| Print Name:   | Title: |

Mail completed application to:  
Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-1047