

Pharmacist
Number 0202012848
Expires 12/31/2011
JUDITH MATTHEWS JONES
6020 BEAVER DAM LANE
CHARLOTTE NC 28227

Signature

For Name*/Address Changes, Mail to:
Department of Health Professions
Board of Pharmacy
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

My New Name* is:

My New Address is:

City, State Zip Code

Signature (0202012848)

Written Notification of Change of
Address Required Within 30 Days
of Change

*Name Change Request Must be
Accompanied by a Photocopy of
Marriage License or Court Order

FOLD, CREASE AND TEAR ALONG PERFORATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Dianne L. Reynolds-Cane, M.D., Director

Caroline D. Juran
Acting Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Pharmacist License

JUDITH MATTHEWS JONES

Expires
12/31/2011

Number
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**To Provide Information or File a
Complaint About a Licensee, Call: 1-800-533-1560**