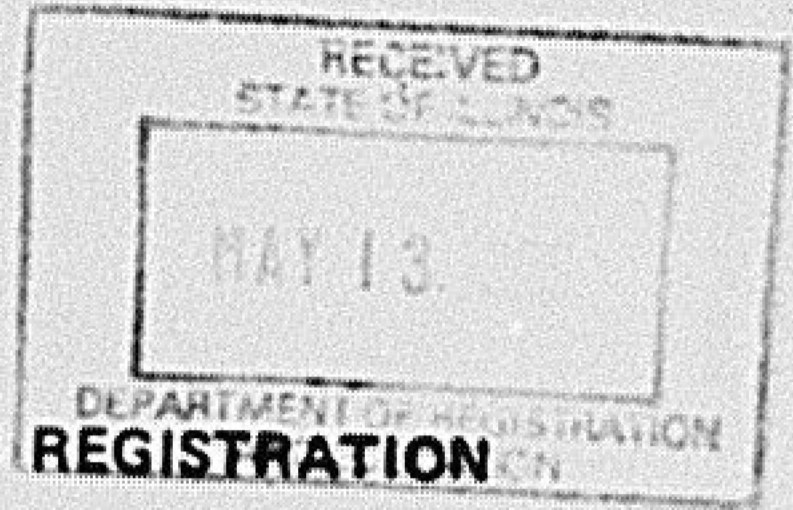


00500001002
STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
ATTENTION: CONTROLLED SUBSTANCES SECTION
320 West Washington, 3rd Floor
Springfield, Illinois 62766



APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

Controlled Substances Registration — Every person who manufactures, distributes, prescribes or dispenses any controlled substances within the State must obtain annually a registration issued by the Department of Registration and Education in accordance with the Illinois Controlled Substances Act.

A State Controlled Substances Registration is a prerequisite to a Federal Controlled Substances Registration.

Applicant's Name SECHAGIRI R. VAVILIKOLANU

Business Name Dr Associates, (DR Associates)
Include Department, if Applicable

Business Address 5050 SOUTH STATE STREET - SUITE 205
Number and Street

CHICAGO 60609 COOK
City ZIP Code County

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on the reverse side of this application to the best of my knowledge.

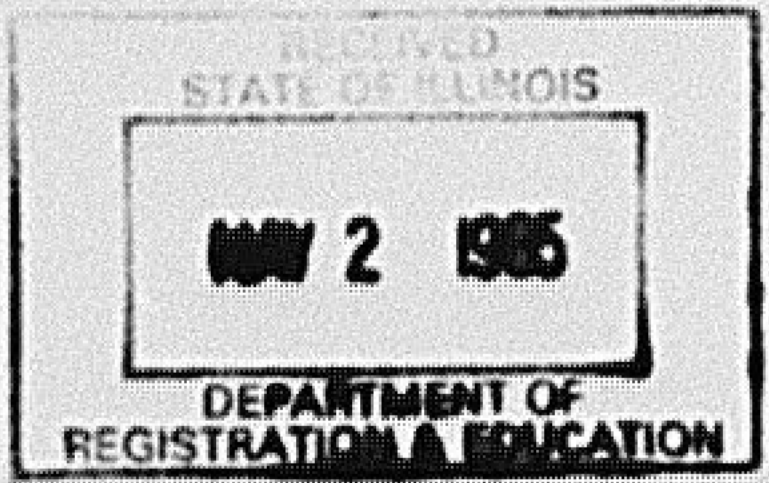

Signature of Applicant

✓ Fee: \$ 5.00 Practitioner
\$ _____ Non Practitioner

Make check or money order payable to:
Department of Registration and Education

OFFICIAL USE ONLY
State No. 036-70312
Receipt No. _____
OFFICIAL USE ONLY

EDP
~~5-15-85~~
CS



MAY 6 85

DEPT. OF REG. & ED. FOR DEPOSIT
DEPT. OF TREAS. STATE OF IL.

APPLICATION FOR CONTROLLED SUBSTANCES LICENSE

1. Professional Activity: (Check one only)

B. Retail Pharmacy (Pharmacy Permit No.)

C. Practitioner

1. Physician (Professional License No. 036-070313)

2. Dentist (Professional License No.)

3. Podiatrist (Professional License No.)

4. Veterinarian (Professional License No.)

E. Hospital (Pharmacy Permit No.)

*Hospitals with Drug Rooms, use Drug Enforcement Administration Number.

F. *Teaching Institution (Drug Enforcement Administration No.)

2. Drug Schedules: (Check all applicable)

II IIN III IIIN IV V

3. Have you ever been convicted of a felony under any State or Federal law relating to controlled substances? yes NO no

4. Has any previous registration held by the applicant, under the Controlled Substances Act been surrendered, revoked, denied or is it pending action? yes NO no

If answer to questions 3 or 4 is yes, attach a letter explaining.

MAY 6 85

DEPT. OF REG. & ED. FOR DEPOSIT
PAY 1ST NAT'L BK. CHICAGO
DEPT. OF TREAS. STATE OF IL.