


DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)				FDA USE ONLY		FDA USE ONLY						
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).					LABELER CODE		REGISTRATION NUMBER					
SECTION A - SITE INFORMATION												
REPORTING FIRM NAME Radpharm Scientific a Division of Global Medical Solutions Australia Pty Limited							STATE OF INC. ACT					
SITE ADDRESS (No P.O. Box) 54-59 Oately Court							SITE TELEPHONE NUMBER (61) 0262516533					
CITY Belconnen			STATE AC	ZIP CODE 2617		COUNTRY Australia		BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input checked="" type="checkbox"/> VETERINARY				
SITE MAILING ADDRESS (If different from site address) PO Box 3334, BDMC												
CITY Belconnen			STATE AC	ZIP CODE 2617		COUNTRY Australia		SITE INTERNET/EMAIL ADDRESS				
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable) Radpharm Scientific												
PARENT COMPANY NAME Global Medical Solutions Australia Pty Limited												
REASON(s) FOR SUBMISSION <input checked="" type="checkbox"/> Firm Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Re-Registration <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change				TYPE OF OWNERSHIP <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			PERSON SUBMITTING DATA AND TELEPHONE Srinivas Manchukonda; +612 62516533			BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor* <input type="checkbox"/> Repacker <input type="checkbox"/> Foreign Country <input type="checkbox"/> Relabeler <input checked="" type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____		
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence												
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code PO Box 3334, BDMC							TELEPHONE NUMBER (61) 0262516533					
CITY Belconnen			STATE AC	ZIP CODE 2617		COUNTRY Australia		COMPLIANCE INTERNET/EMAIL ADDRESS info@radpharm.com.au				
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION												
NAME OF OWNER, PARTNERS OR OFFICERS			TITLE			POSITION						
Ross Hanna			Mr			Chief Executive Officer						
Austin Stewart			Mr			Aseptic Services Manager						
OTHER FIRMS DOING BUSINESS AT THIS SITE												
LABELER CODE		FIRM NAME			LABELER CODE		FIRM NAME					
SECTION D - SIGNATURE												
SIGNATURE OF AUTHORIZING OFFICIAL					TITLE			DATE				
					Quality Director			02/17/2009				
*DISTRIBUTOR'S CERTIFICATION: As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.												
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV					SIGNATURE OF DISTRIBUTOR							
					DISTRIBUTOR'S TELEPHONE NUMBER							
					()							

If using Federal Express, DHL or any special carrier to return the forms, please use the following address:

(Please refer to the Drug Registration and Listing Instruction Booklet.)

When completing this form, please refer to the Drug Registration and Listing Instruction Booklet for assistance.
PLEASE PRINT IN ENGLISH USING **BLACK INK**.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CDER/Drug Registration and Listing (HFD-337)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.