



## Rx Ownership Interest Form

Please provide all information below so we can better assess your interest & concerns. All information will be maintained in the strictest confidence and will not be shared with any outside party without your express consent (See our privacy policy) We strongly encourage you to use a personal email address and phone number to best maintain your privacy.

First Name

Last Name

Email Address

Phone

Current Professional Status

### Are you Interested in Selling Your Pharmacy(ies)?

Yes No Not Sure

Do You Have an Exit Plan?

Yes No

Date of Desired Sale

Please Provide Details About Your Pharmacy(ies)  
(Location, No. of stores, years in business, etc.)

### Are You Interested in Opening/Starting a Pharmacy?

Yes No Not Sure

Do You Have a Business Plan?

Yes No

Do You Have Financing for Your Start-up?

Yes No

Are You Interested in Acquiring or Being a Partner?

Yes No Not Sure

Have You Established an Operating Company?

Yes No

### Are You interested in Buying or Investing in a Pharmacy?

Yes No Not Sure

Do You Have Financing For a Purchase?

Yes No

Please Provide Details About Your Desired Purchase  
(Expansion, investment, desired location(s), timeframe, etc.)

When you have completed your form, please save/download it and send it in an email to General Counsel Miguel Rodriguez at American Pharmacies: [mrodriguez@aprx.org](mailto:mrodriguez@aprx.org). All contacts & discussions will be confidential.