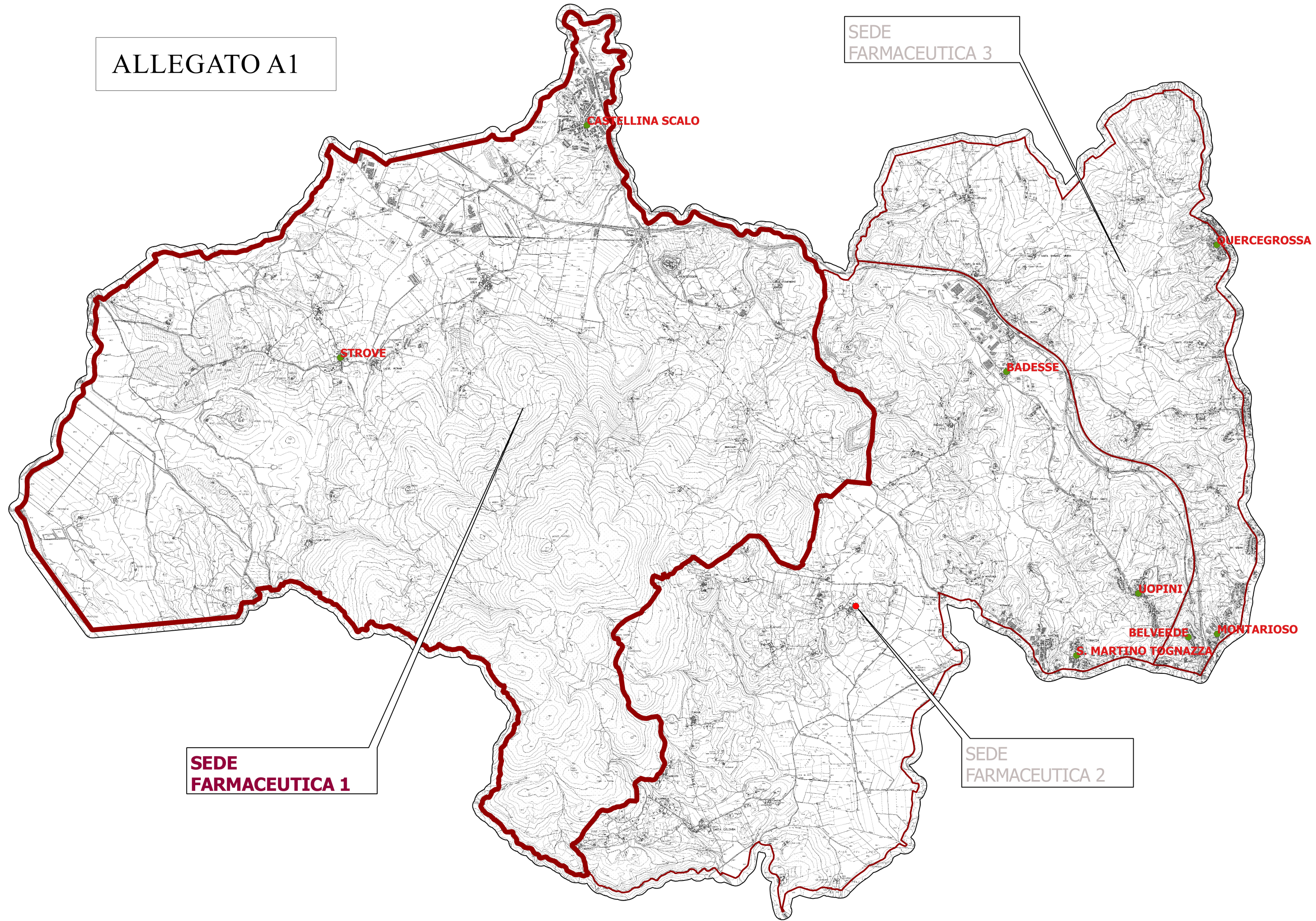


ALLEGATO A1



SEDE
FARMACEUTICA 1

SEDE
FARMACEUTICA 3

SEDE
FARMACEUTICA 2