

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

January 15-16, 2020

HILTON GARDEN INN
7830 S LAS VEGAS BOULEVARD
LAS VEGAS, NEVADA



Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: January 7, 2020

SECOND AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 15, 2020 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 16, 2020 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
 7830 S Las Vegas Boulevard
 Las Vegas, Nevada

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Call to Order and Roll Call – Establishment of Quorum
2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of December 4-5, 2019, Minutes (**FOR POSSIBLE ACTION**)
4. Applications for Out-of-State Pharmacy – Non Appearance (**FOR POSSIBLE ACTION**)

- A. AFA Pharmacy, LLC – Dallas, TX
- B. Chewy Pharmacy, LLC – Jeffersontown, KY
- C. Costco Pharmacy #1347 – Jeffersonville, IN
- D. Costco Pharmacy #1349 – Jeffersonville, IN
- E. Cura Pharmacy – Tustin, CA
- F. Hemophilia Preferred Care of Memphis, Inc. – Memphis, TN
- G. OptionOne, LLC – Oklahoma City, OK
- H. SMP Pharmacy Solutions #4 – Northridge, CA

Applications for Out-of-State Compounding Pharmacy – Non Appearance (**FOR POSSIBLE ACTION**)

- I. AdhereRx Incorporated – Cary, NC
- J. Crestview Pharmacy – Crestview, FL
- K. Dakota PrecisionRx, Inc. – Bismarck, ND
- L. Genesis Pharmacy Services – St. Louis, MO
- M. Professional Arts Pharmacy – Lafayette, LA
- N. Sterling Specialty Pharmacy – Mendota Heights, MN
- O. Trinity Compounding Experts LLC – Fort Myers, FL

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance (**FOR POSSIBLE ACTION**)

- P. AB Sciex LLC – Framingham, MA
- Q. Allegro Enterprises, Inc. – Bolingbrook, IL
- R. BrightChoice Medical INC – Savannah, GA
- S. Drawbridge Health, Inc. – San Diego, CA
- T. Home Sleep Delivered, L.L.C. – Lafayette, LA
- U. Hospital Overstock LLC – Boca Raton, FL
- V. Medico International, LLC – Pembroke Pines, FL

- W. Midland Mobility & Surgical Supply, LLC – Thomasville, NC
- X. New Britain Medical Supplies – New Britain, CT
- Y. National Seating & Mobility, Inc. – Murray, UT
- Z. Onduo, LLC – Newton, MA
- AA. Optimal – Stafford, TX
- BB. Southeast Medical Services Inc. – Longwood, FL

Applications for Nevada Medical, Devices, Equipment and Gases – Non Appearance **(FOR POSSIBLE ACTION)**

- CC. National Seating & Mobility, Inc – Henderson, NV

Application for Nevada Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- DD. Albertsons Pharmacy #0155 – Elko, NV

Application for Ambulatory Surgery Center – Non Appearance **(FOR POSSIBLE ACTION)**

- EE. Smith Plastic Surgery Building, LLC – Las Vegas, NV

Applications for Out-of-State Wholesalers – Non Appearance **(FOR POSSIBLE ACTION)**

Background Check Not Required by Law.

Distributor for Single Manufacturer (NAC 639.593(7)(e)) - None

Manufacturer (NAC 639.593(7)(d)) - None

Publicly Traded (NAC 639.593(7)(a))

- FF. Eton Pharmaceuticals, Inc. – Deer Park, IL

VAWD-Accredited (NAC 639.593(7)(c)) - None

Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d)) - None

Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

- GG. Rigel Pharmaceuticals Inc. – South San Francisco, CA

Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c)) - None

Background checks completed in compliance with NRS 639.500. No Disqualifying Events.

- HH. Performance Health Supply, Inc. – Indianapolis, IN
- II. Pharmsource Animal Health, LLC – Brunswick, GA
- JJ. Eversana Life Science Services, LLC – Memphis, TN
- KK. Numed – Springboro, OH
- LL. Medical Supply Distribution, LLC – Zanesville, OH

◆ REGULAR AGENDA ◆

5. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
 - A. Cathy Quach, R.Ph (17-121-RPH-A-S)
 - B. Jennifer Englehaupt, R.Ph (17-121-RPH-B-S)
 - C. Walgreens #7032 (17-121-PH-S)
 - D. Diamond P. Stewart, PT (17-077-PT-A-S)
 - E. Monet M. Young, PT (17-077-PT-B-S)
 - F. Armen E. Nikogosian, MD (19-229-CS-S)
 - G. Shahn Sherafat, R.Ph (17-093-RPH-S)
 - H. Nellis Care Pharmacy (17-093-PH-S)
 - I. Order to Show Cause: Donald Cowles (18-104-RPH-S)
 - J. Order to Show Cause: Westminster Pharmaceuticals, LLC (19-206-WH)
6. Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
 - Craig Weingrow, MD (17-066-CS-S)
7. Applications for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
 - A. Ciara J. Johnson
 - B. Heidi S. Minson
8. Applications for Pharmaceutical Technician - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
 - A. Sergio J. Garcia
 - B. Courtney R. Lee

- C. Carmen S. Martinez
- D. Britney McDermott

9. Applications for Out-of-State Wholesalers – Appearance **(FOR POSSIBLE ACTION)**

- A. Huvepharma, Inc. - St. Joseph, MO
- B. JAMS Rx - Deerfield Beach, FL
- C. Preferred Medical Supply – Waco, TX
- D. Teleflex LLC – Olive Branch, MS
- E. Teleflex LLC – Plymouth, MN

10. Wholesalers Appearing Pursuant to NRS 639.500: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Broughton Pharmaceuticals – Savannah, GA (Ownership Change)
- B. Medical Purchasing Solutions - Hilliard, OH
- C. Medical Purchasing Solutions - Scottsdale, AZ
- D. National Distribution & Contracting, Inc. - Laverne, TN
- E. Wolf Medical Supply - Sunrise, FL
- F. X-Gen Pharmaceuticals, Inc. - Horseheads, NY

11. Applications for Nevada Wholesaler – Appearance **(FOR POSSIBLE ACTION)**

- A. Crane Pharmaceuticals, Inc. – Las Vegas, NV
- B. Hilco – North Las Vegas, NV

12. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

- A. All City Pharmacy #2 – Las Vegas, NV
- B. All City Pharmacy #3 – Las Vegas, NV
- C. All City Pharmacy #4 – Henderson, NV
- D. Atlantic Pharmacy – North Las Vegas, NV
- E. Combined Wellness Pharmacy – Las Vegas, NV

13. Applications for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

- A. Catalent Pharmacy Services (PHL) – Philadelphia, PA
- B. DirectRx Pharmacy – Troy, MI
- C. Home Rx Healthcare LLC – Lumberton, NC
- D. Promesa Health Pharmacy – Omaha, NE

14. Application for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Omnicare of Cerritos – Cerritos, CA

15. Applications for Out-of-State Outsourcing Facility – Appearance (**FOR POSSIBLE ACTION**)

- A. Central Admixture Pharmacy Services, Inc. – Phoenix, AZ
- B. Complete Pharmacy and Medical Solutions LLC – Miami Lakes, FL
- C. Leiter's – San Jose, CA
- D. Pine Pharmaceuticals LLC – Tonawanda, NY
- E. QuVa Pharma, Inc. – Bloomsbury, NJ

16. Applications for Out-of-State Medical, Devices, Equipment and Gases – Appearance (**FOR POSSIBLE ACTION**)

- A. AMG Medical Supplies LLC – Pahrump, NV
- B. MDRX, LLC – Henderson, NV

17. Applications for Pharmacist Renewal - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

- A. Kimberly B. Aksentijevic, R.Ph
- B. Donald Cowles, R.Ph
- C. Garret Garber, R.Ph
- D. Gregory G. Gaiser, R.Ph
- E. David Makhani, R.Ph
- F. Tung K. Nguyen, R.Ph
- G. Mohammad Pourteymaur, R.Ph
- H. Paul Yamamoto, R.Ph
- I. Massoud Zarkesh, R.Ph

18. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

Sathish Ariarra Cariappa

19. Applications for Advanced Practice Registered Nurse - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

- A. Lonny Krause, APRN
- B. Jason Speaks, APRN

20. Review and Approval of Annual Auditors Report for the Nevada State Board of Pharmacy pursuant to NRS 218G.400 – Appearance **(FOR POSSIBLE ACTION)**

Beth Farley - EiadeBailly

21. General Counsel Report

22. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
 - 1. Meetings with Other Health Care Boards
 - 2. Open Beds Meeting
 - 3. Legislative Committee on Regulations
- D. Report to Board:
 - 1. Licensing software update
- E. Board Related News
- F. Licensing Activities Report
 - 1. PMP Integration
 - 2. Narcan Training for Medical Students

23. Discussion and determination on reactivation of the Advisory Committee on Continuing Education established pursuant to NAC 639.380 and .385.
(FOR POSSIBLE ACTION)

◆ WORKSHOP ◆

Thursday, January 16, 2020 – 9:00 am

24. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)
(FOR POSSIBLE ACTION):

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

[Authority – NRS 639.070]

- A. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.
- B. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will authorize the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

C. Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment will authorize the delivery of a prescription drug to a practitioner for administration to the ultimate user or patient if the FDA has made a determination that the drug is dangerous for the ultimate user or patient to possess.

25. Petition for Declaratory Order or Advisory Opinion pursuant to NAC 639.150 - Submitted by the Nevada Association of Nurse Anesthetists on authority of CRNAs to possess and administer preanesthetic medications, intraoperative anesthesia and postanesthetic medications for surgical procedures. **(FOR POSSIBLE ACTION)**
26. Date and Location of Next Scheduled Board Meeting:

March 18-19, 2020 – Las Vegas, NV
27. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)
28. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and **bop.nv.gov**.

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

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2

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Documentation for this agenda will be provided at a later date.

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ **Ownership Change** *& name change* (Provide current license number if making changes: PH PH03716)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AFA Pharmacy, LLC
Physical Address: 8360 Lyndon B Johnson Freeway, Suite A215, Dallas, TX 75243-1130
Mailing Address: 8360 Lyndon B Johnson Freeway, Suite A215,
City: Dallas State: TX Zip Code: 75243-1130
Telephone: (346) 224-2125 Fax: (888) 234-7319
Toll Free Number: (844) 732-3280 ✓ (Required per NAC 639.708)
E-mail: compliance@afapharmacy.com Website: www.afapharmacy.com
Managing Pharmacist: Jenner Uy Sinang License Number: 46863

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

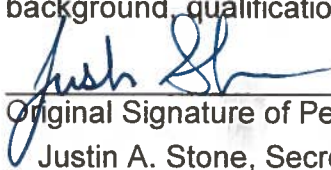
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Justin A. Stone, Secretary

Print Name of Authorized Person

Date

12/01/19

Page 2

Board Use Only

Date Processed: _____

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: TM Pharma Holdings, LLC

Mailing Address: 29 West 30th Street, 4th Floor

City: New York State: NY Zip: 10001

Telephone: (361) 563-4978 Fax: N/A

Contact Person: Justin A. Stone, Secretary

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 TM Pharma Holdings, LLC 29 West 30th Street, 4th Floor
 a) 100% Direct Owner / Sole Member New York, NY 10001
 Name Address
 b) Name Address
 c) Name Address
 d) Name Address
- 2) Provide the number of shares issued by the corporation. N/A - entitiy is a LLC
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? 11/29/2019
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 900 am 530 pm

Saturday closed am closed pm

Sunday closed am closed pm

24 Hours closed am closed pm

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Steven C. Gutentag, CEO
Demetrius M. Karagas, President and Treasurer
Justin A. Stone, Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Justin A. Stone

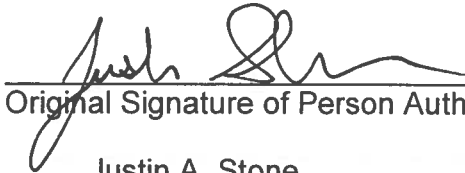
I, _____

Responsible Person of AFA Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Justin A. Stone

Print Name of Authorized Person

Date

12/01/19

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Dallas) ss.
COUNTY)

I, Justin A. Stone, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for AFA Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2 I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

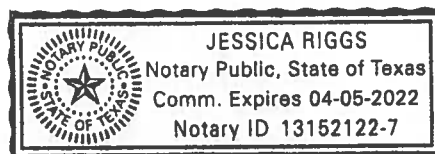
FURTHER AFFIANT SAYETH NOT.

I, Justin A. Stone, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
22nd day of November, 2019.

Jessica Riggs
NOTARY PUBLIC

Name Justin A. Stone



Change of Ownership Documents

BILL OF SALE

This BILL OF SALE (this "Bill of Sale") is made effective and delivered as of December 5, 2019, by Executive Enterprises, LLC, a Texas limited liability company dba The Woodlands Apothecary (the "Seller"), to AFA Pharmacy, LLC, a Delaware limited liability company ("Buyer"). All capitalized terms used in this Bill of Sale without definition have the meanings given to them in the Purchase Agreement (as defined below).

WHEREAS, Seller and Buyer are parties to that certain Asset Purchase Agreement, dated as of December 5, 2019 (the "Purchase Agreement"), pursuant to which Seller agreed to sell, and Buyer agreed to buy, the Purchased Assets; and

WHEREAS, Seller desires to effectuate the sale, assignment, conveyance, transfer and delivery to Buyer of the Purchased Assets.

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller hereby agrees as follows:

1. Sale and Transfer of the Purchased Assets. Seller hereby sells, assigns, conveys, transfers and delivers to Buyer all of Seller's right, title and interest, legal and equitable, in, under, and to the Purchased Assets. The Seller's drug inventory and patient records are not included in the Purchased Assets. Seller will retain possession and control of the Seller's existing drug inventory and any patient records as of the purchase date and will remove the drug inventory and patient records along with any patient information from the Purchased Assets on the purchase date.

2. Governing Agreement. This Bill of Sale is expressly made subject to the terms and provisions of the Purchase Agreement. The delivery of this Bill of Sale shall not affect, enlarge, diminish, or otherwise impair any of the representations, warranties, covenants, conditions, indemnities, terms, or provisions of the Purchase Agreement, and all of the representations, warranties, covenants, conditions, indemnities, terms, and provisions contained in the Purchase Agreement shall survive the delivery of this Bill of Sale to the extent, and in the manner, set forth in the Purchase Agreement. In the event of a conflict between the terms and provisions of this Bill of Sale and the terms and provisions of the Purchase Agreement, the terms and provisions of the Purchase Agreement shall govern and control.

3. Further Assurances. Seller hereby covenants and agrees that, at any time after the date hereof, Seller will execute and deliver all such other and further instruments of assignment or transfer as may be reasonably requested by the Buyer, from time to time, to effect, evidence and complete the aforesaid sale and transfer of the Purchased Assets to the Buyer as required or contemplated under the Purchase Agreement.

4. Governing Law. This Bill of Sale shall be governed by and construed in accordance with the internal laws of the State of Delaware without giving effect to any choice or conflict of law provision or rule (whether of the State of Delaware or any other jurisdiction).

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned have executed this Bill of Sale as of the date first set forth above.

EXECUTIVE ENTERPRISES, LLC

dba The Woodlands Apothecary

By: Michael Burch

Name: Mike Burch

Title: President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFA PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7703529 8300

SR# 20198237810

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204063614

Date: 11-21-19

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "AFA PHARMACY, LLC",
FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D.
2019, AT 1:29 O'CLOCK P.M.



7703529 8100
SR# 20198084077

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204005780
Date: 11-14-19

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 01:29 PM 11/14/2019
 FILED 01:29 PM 11/14/2019
 SR 20198084077 - File Number 7703529

**CERTIFICATE OF FORMATION
 OF
 AFA PHARMACY, LLC**

This Certificate of Formation of AFA Pharmacy, LLC (the "*Company*") is being filed by the undersigned authorized person to form a limited liability company under the Delaware Limited Liability Company Act, 6 *Del. C.* Section 18-101 *et seq.* (the "*Act*").

- FIRST:** The name of the limited liability company is AFA Pharmacy, LLC.
- SECOND:** The address of the limited liability company's registered office in the State of Delaware and the name of its registered agent for service of process at such address are:
- United Corporate Services, Inc.
 874 Walker Road, Suite C
 Dover, Delaware 19904
- THIRD:** The limited liability company is formed effective as of the filing of this Certificate of Formation and shall be authorized to carry on any lawful business for which a limited liability company may be organized under the Act.

IN WITNESS WHEREOF, the undersigned authorized person has executed this CERTIFICATE OF FORMATION in accordance with Section 18-204 of the Act.

By: /s/ Justin Stone
 Name: Justin Stone
 Title: Authorized Person

4B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☒ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chewy Pharmacy, LLC
Physical Address: 11403 Bluegrass Parkway, Suite 650, Jeffersontown, KY 40299
Mailing Address: 11403 Bluegrass Parkway, Suite 650
City: Jeffersontown State: KY Zip Code: 40299
Telephone: 786-320-7111, Ext. 63829 Fax: 866-253-0274
Toll Free Number: 877-977-3879 ✓ (Required per NAC 639.708)
E-mail: SDF4@chewy.com Website: www.chewy.pharmacy
Managing Pharmacist: Leah Davis License Number: 015025

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Veterinary

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Justin Mills

Print Name of Authorized Person

11-15-19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Chewy, Inc. - Sole Member
 Corporation Name: Chewy Pharmacy, LLC
 Mailing Address: 11403 Bluegrass Parkway, Suite 650
 City: Jeffersontown State: KY Zip: 40299
 Telephone: 786-320-7111, Ext. 63829 Fax: 866-253-0274
 Contact Person: Leah Davis, PIC

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: Chewy, Inc. became publicly traded on 06/14/2019

Registration number issued: 0001766502

Stock Exchange: CHWY

Hours of Operation for the pharmacy:

Monday thru Friday	_____am	_____pm	Saturday	_____am	_____pm
Sunday	_____am	_____pm	24 Hours	<u>X</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. - See attached

List of officers and directors. - See attached

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Justin Mills

Responsible Person of Chewy Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Justin Mills

Print Name of Authorized Person

11-15-19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
 _____) ss.
 _____ COUNTY)

I, Justin Mills, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President for Chewy Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

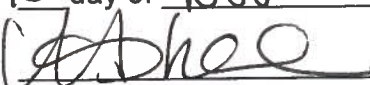
FURTHER AFFIANT SAYETH NOT.

I, Justin Mills, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this

15 day of Nov, 2019


 NOTARY PUBLIC

TEJAL SHAH
 NOTARY PUBLIC
 STATE AT LARGE
 KENTUCKY

Nevada - Chewy Pharmacy, LLC - Jeffersontown

Chewy Pharmacy, LLC - Officer List

Justin Mills, Vice President

Aseemita Malhotra, President

Chewy, Inc. - Officer List

Sumit Singh, CEO

Mario Marte, CFO

Susan Helfrick, CLO

Satish Mehta, CTO

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number P08055

CHEWY PHARMACY LLC

11403 BLUEGRASS PARKWAY
STE 650
JEFFERSONTOWN, KY 40299

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	6/30/2020
Effective Date	4/30/2019
Status of Permit	Active
Board Action	No

Case Number(s)

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.



COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 04/30/2019

NUMBER: P08055

EXPIRATION DATE: 06/30/2020

PIC: LEAH ELISE DAVIS

Issued to:

CHEWY PHARMACY LLC

11403 BLUEGRASS PARKWAY
STE 650
JEFFERSONTOWN, KY 40299

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.



The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHEWY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6981831 8300

SR# 20197917632

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203937058

Date: 11-05-19

4C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
☒ **Publicly Traded Corporation** – Pages 1,2,3,7 ☐ **Partnership** – Pages 1,2,5,7
☐ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Costco Pharmacy #1347

Physical Address: 260 Logistics Ave., Suite C, Jeffersonville, IN 47130-4672

Mailing Address: Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip Code: 98124-3405

Telephone: 425-313-8219 Fax: 425-313-6922

Toll Free Number: 800-607-6861 (Required per NAC 639.708)

E-mail: ksheare@costco.com Website: www.costco.com

Managing Pharmacist: Travis Cunningham License Number: 26026276A

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Central Fill

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Victor Curtis
Print Name of Authorized Person

11/12/19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: WashingtonParent Company if any: N/ACorporation Name: Costco Wholesale CorporationMailing Address: Attn: Licensing, PO Box 35005City: Seattle State: WA Zip: 98124-3405Telephone: 425-313-8219 Fax: 425-313-6922Contact Person: Kristopher Shearer

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 5/12/1987Registration number issued: C4347-1987Stock Exchange: NASDAQ**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>5:00</u> am	<u>7:00</u> pm	Saturday	<u>9:30</u> am	<u>2:00</u> pm
Sunday	<u>Closed</u> am	<u> </u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Victor Curtis

Responsible Person of Costco Pharmacy #1347

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Victor Curtis

Print Name of Authorized Person

11/12/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kentucky)
T Jefferson) ss.)
COUNTY)

I, Travis Cunningham, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge for Costco #1347 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

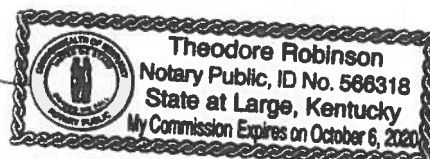
FURTHER AFFIANT SAYETH NOT.

I, Travis Cunningham, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
6th day of November, 2019.

NOTARY PUBLIC

Travis Cunningham
Name Travis Cunningham



44

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/01/2019
UBI Number: 601 024 674



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 11/01/2019

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FC8687278</td> <td>08-31-2022</td> <td>\$731</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FC8687278	08-31-2022	\$731	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td>CENTRAL FILL PHARMACY</td> <td>08-19-2019</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3 3N,4,5	CENTRAL FILL PHARMACY	08-19-2019	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID												
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Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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FC8687278	08-31-2022	\$731												
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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

**COSTCO WHOLESALE CORPORATION
PRINCIPAL OFFICERS AND DIRECTORS**

Title	First	Last
President/CEO/ Director	Walter	Jelinek
Exec VP/CFO/ Director	Richard	Galanti
Exec VP/Assistant Secretary	Patrick	Callans
Senior VP	Victor	Curtis
Senior VP/Secretary	John	Sullivan
VP/Treasurer	Jeffrey	Elliott
AVP/Assistant Secretary	Margaret	McCulla
AVP/Assistant Secretary	Gail	Tsuboi
Director	Susan	Decker
Director	Kenneth	Denman
Director	Hamilton	James
Director	John	Meisenbach
Director	Charles	Munger
Director	Jeffrey	Raikes
Director	John	Stanton
Director	Maggie	Wilderotter



Indiana Professional Licensing Agency
 Indiana Board of Pharmacy
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006740A	12/31/2021

Costco Wholesale Corporation d/b/a Costco Pharmacy #1347

Eric J. Holcomb
 Governor
 State of Indiana

Deborah J. Frye
 Executive Director
 Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006740A	12/31/2021

**Costco Wholesale Corporation d/b/a
 Costco Pharmacy #1347**

Signature

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☒ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Costco Pharmacy #1349

Physical Address: 260 Logistics Ave., Suite A, Jeffersonville, IN 47130-4672

Mailing Address: Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip Code: 98124-3405

Telephone: 425-313-8219 Fax: 425-313-6922

Toll Free Number: 800-607-6861 ✓ (Required per NAC 639.708)

E-mail: ksheare@costco.com Website: www.costco.com

Managing Pharmacist: Michael Gorski License Number: 26019570A

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

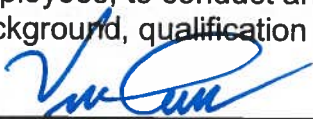
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Victor Curtis
Print Name of Authorized Person

11/10/19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: WashingtonParent Company if any: N/ACorporation Name: Costco Wholesale CorporationMailing Address: Attn: Licensing. PO Box 35005City: Seattle State: WA Zip: 98124-3405Telephone: 425-313-8219 Fax: 425-313-6922Contact Person: Kristopher Shearer

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 5/12/1987Registration number issued: C4347-1987Stock Exchange: NASDAQ**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>5:00</u> am	<u>7:00</u> pm	Saturday	<u>9:30</u> am	<u>2:00</u> pm
Sunday	<u>Closed</u> am	<u> </u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Victor Curtis

Responsible Person of Costco Pharmacy #1349

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Victor Curtis

Print Name of Authorized Person

11/01/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF INDIANA)
CLARK) ss.
COUNTY)

I, Michael Gorski, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge for Costco Pharmacy #1349 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

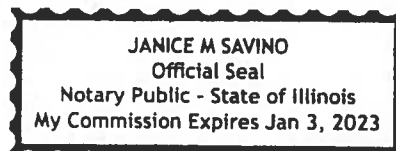
FURTHER AFFIANT SAYETH NOT.

I, Michael Gorski, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michael Gorski
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28th day of October, 2020.

Janice M. Savino
NOTARY PUBLIC



54

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/01/2019
UBI Number: 601 024 674



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 11/01/2019



Indiana Professional Licensing Agency
 Indiana Board of Pharmacy
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006732A	12/31/2021

Costco Wholesale Corporation d/b/a Costco Pharmacy #1349

Eric J. Holcomb
 Governor
 State of Indiana

Deborah J. Frye
 Executive Director
 Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006732A	12/31/2021

**Costco Wholesale Corporation d/b/a
 Costco Pharmacy #1349**

Signature

**COSTCO WHOLESALE CORPORATION
PRINCIPAL OFFICERS AND DIRECTORS**

Title	First	Last
President/CEO/ Director	Walter	Jelinek
Exec VP/CFO/ Director	Richard	Galanti
Exec VP/Assistant Secretary	Patrick	Callans
Senior VP	Victor	Curtis
Senior VP/Secretary	John	Sullivan
VP/Treasurer	Jeffrey	Elliott
AVP/Assistant Secretary	Margaret	McCulla
AVP/Assistant Secretary	Gail	Tsuboi
Director	Susan	Decker
Director	Kenneth	Denman
Director	Hamilton	James
Director	John	Meisenbach
Director	Charles	Munger
Director	Jeffrey	Raikes
Director	John	Stanton
Director	Maggie	Wilderotter

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8494611	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	06-27-2019
COSTCO PHARMACY #1349 260 LOGISTICS AVE STE A JEFFERSONVILLE, IN 47130 0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970 as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8494611	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	06-27-2019
COSTCO PHARMACY #1349 260 LOGISTICS AVE STE A JEFFERSONVILLE, IN 47130 0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CURA PHARMACY

Physical Address: 17400 IRVINE BLVD, STE 1, TUSTIN
CA 92780

Mailing Address: SAME

City: TUSTIN State: CA Zip Code: 92780

Telephone: 714-505-2872 Fax: 714-505-2812

Toll Free Number: 844 458 0560 ✓ (Required per NAC 639.708)

E-mail: HUONGDL@HOTMAIL.COM Website: WRARX.COM

Managing Pharmacist: JUSTINA HI License Number: RPH 67558

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☒ ☐ Outpatient/Discharge
- ☐ ☒ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

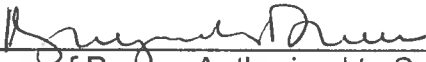
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

LUU, NGUYEN-HUONG
Print Name of Authorized Person

10/24/19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CALIFORNIA

Parent Company if any: _____

Mailing Address: 17400 IRVINE BLVD, STEP, TUSTIN, CA
City: TUSTIN State: CA Zip: 92780 92780Telephone: 714 505 2872 Fax: 714 505 2812Contact Person: (Ms) HUONG

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) HUONG LUV 17400 IRVINE BLVD, STEP, TUSTIN,
Name Address CA 92780b) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1,000,0003) What was the price paid per share? \$ 0.0014) What date did the corporation actually receive the cash assets? 10/28/2010

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. NONE

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 8:30 pmSaturday 9 am 1 pmSunday N/A am _____ pm24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

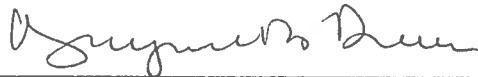
I, NGUYEN - HUONG D. LUU

Responsible Person of WRA PHARMACY (DBA)

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

NGUYEN - HUONG D. LUU

Print Name of Authorized Person

10/24/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA
ORANGE) ss.
COUNTY)

I, NGUYEN - HUONG LUU, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACEUTIST for CUTZA PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

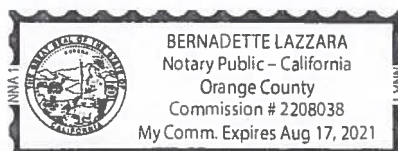
FURTHER AFFIANT SAYETH NOT.

I, NGUYEN - HUONG LUU, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Nguyen-Huong Luu
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___ day of ___, 20__.

NOTARY PUBLIC



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Orange
Subscribed and sworn to (or affirmed) before me
on this 24th day of October, 2019,
by Nguyen-Huong Luu,
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.
Signature: Nguyen-Huong Luu



Board of Pharmacy

ORIGINAL CERTIFICATE



Retail Pharmacy Permit

LICENSE NO. PHY 50604

ISSUE DATE AUGUST 04, 2011

CURA PHARMACY

17400 IRVINE BLVD STE P
TUSTIN CA 92780

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

JUSTINA SHIRLEY HII

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL AUGUST 01, 2020

RECEIPT NUMBER 91630900

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

----- POST IN PUBLIC VIEW -----

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

65

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

FC2785395

08-31-2020

\$731

SCHEDULES

BUSINESS ACTIVITY

ISSUE DATE

2,2N,
3,3N,4,5,

RETAIL PHARMACY

07-07-2017

CURA PHARMACY
17400 IRVINE BLVD
SUITE P
TUSTIN, CA 92780-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

State of California Secretary of State



STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see Instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

This Space For Filing Use Only

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C 3326833

S

HUONG LUU, PHARMD, INC.

DUE DATE: 10/31/2012

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
17400 IRVINE BLVD, SUITE P, TUSTIN CA 92780

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY
CITY STATE ZIP CODE
CA

4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2
CITY STATE ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/
NGUYEN HUONG LUU
ADDRESS KEEL DR CITY CORONA DEL MAR STATE ZIP CODE CA 92625

6. SECRETARY/
NGUYEN HUONG LUU
ADDRESS KEEL DR CITY CORONA DEL MAR STATE ZIP CODE CA 92625

7. CHIEF FINANCIAL OFFICER/
NGUYEN HUONG LUU
ADDRESS KEEL DR CITY CORONA DEL MAR STATE ZIP CODE CA 92625

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME
NGUYEN HUONG LUU
ADDRESS KEEL DR CITY CORONA DEL MAR STATE ZIP CODE CA 92625

9. NAME
ADDRESS CITY STATE ZIP CODE

10. NAME
ADDRESS CITY STATE ZIP CODE

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS
NGUYEN HUONG LUU

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL
KEEL DR CITY CORONA DEL MAR STATE ZIP CODE CA 92625

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
RETAIL DRUGS STORE

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

NGUYEN HUONG LUU

PRESIDENT

SIGNATURE

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

APPROVED BY SECRETARY OF STATE

**Secretary of State
Business Programs Division**

Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Records - Order Form

ORDERS CANNOT BE CHANGED OR CANCELLED ONCE SUBMITTED

1. Requestor's Information Date: <u>10/25/2019</u>		In person drop off only, please indicate type of return method requested: ☐ Mail ☐ Pick-Up
Individual's name: <u>Huong Luu</u> Firm name (if any): <u>Huong Luu, PharmD, Inc</u> Return address: <u>17400 Irvine Blvd, Suite P</u> City: <u>Tustin</u> State: <u>CA</u> Zip: <u>92780</u> 10-digit telephone number: (<u>714</u>) <u>505</u> - <u>2872</u>		
2. Order Details		
Entity name: <u>HUONG LUU, PHARM D, INC</u> Secretary of State Entity/File Number (recommended): <u>C3326833</u> Entity type (Check 1 box): ☒ Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ General Partnership ☐ Limited Liability Partnership ☐ Other (see instructions for options): _____		
3. Copy Requests – Plain (uncertified) copies are \$1.00 for the first page, \$0.50 for each additional page. Certified copies are an additional \$5.00 per document . See instructions for additional detail.		
a. Articles/Formation/Registration document only	# of plain copies _____	# of certified copies _____
b. Articles & Amendments documents only	# of plain copies _____	# of certified copies _____
c. All Amendment documents only	# of plain copies _____	# of certified copies _____
d. Last <u>complete</u> Statement of Information	# of plain copies _____	# of certified copies _____
e. Last <u>no change</u> Statement of Information	# of plain copies _____	# of certified copies _____
f. All Statements of Information	# of plain copies _____	# of certified copies _____
g. All documents <u>and</u> Statements of Information	# of plain copies _____	# of certified copies _____
h. Copy of: _____	# of plain copies _____	# of certified copies _____
4. Certificate/Status Requests		
a. Certificate of Status (lists entity status: i.e., good standing, active, suspended, etc.) - \$5.00 each	# of certificates <u>1</u>	
b. Certificate of Filing of All Documents (lists all documents of record) - \$5.00 per document listed	# of certificates _____	
c. Certificate of No Record (certifies no record of entity found) - \$5.00 each	# of certificates _____	
d. Status Report (computer print-out of entity record. Cannot be certified) - \$4.00 each	# of reports _____	
5. FAX – For an additional fee, we will FAX the requested copies/certificates to you prior to delivery of hard-copies.		
☒ Domestic FAX (in U.S.) – \$5.00 fee ☐ Foreign FAX (outside U.S.) – \$10.00 fee FAX # <u>714-505-2812</u>		
THIS SECTION FOR SECRETARY OF STATE USE ONLY		
	Affix Cert & Seal _____	\$ _____
	Making first page _____	\$ _____
	Making additional pages _____	\$ _____
	Certificate of _____	\$ _____
	Status Report _____	\$ _____
	FAX _____	\$ _____
	Special Handling Fee _____	\$ _____
	Other _____	\$ _____
TOTAL AMOUNT DUE		\$ _____
TOTAL AMOUNT REC'D		\$ _____
REFUND AMOUNT		\$ _____
BALANCE DUE		\$ _____

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HUONG LUU, PHARMD, INC.

FILE NUMBER: C3326833
FORMATION DATE: 10/28/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 05, 2019.

ALEX PADILLA
Secretary of State

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 50604

NAME: CURA PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

17400 IRVINE BLVD STE P

TUSTIN CA 92780

ORANGE COUNTY

ISSUANCE DATE

AUGUST 4, 2011

EXPIRATION DATE

AUGUST 1, 2020

CURRENT DATE / TIME

NOVEMBER 8, 2019

6:57:23 AM

LICENSE RELATIONSHIPS

NAME: HII, JUSTINA SHIRLEY CHENG LING

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST

LICENSE NUMBER: 67558 **PRIMARY STATUS:** CLEAR

4F

71 ✓

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____) Check box below for type of ownership and complete all required forms.	
☐ Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hemophilia Preferred Care of Memphis, Inc.

Physical Address: 6423 Shelby View DR, STE 104 Memphis, TN 38134-7614

Mailing Address: 6423 Shelby View DR, STE 104

City: Memphis State: TN Zip Code: 38134-7614

Telephone: (901) 725-3440 Fax: (855) 813-6583

Toll Free Number: 1-800-757-9192 ✓ (Required per NAC 639.708)

E-mail: licensing@HPCspecialtyRX.com Website: hpcspecialtypharmacy.com

Managing Pharmacist: Kristen Smith License Number: 0000026763 TN

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
☒ ☐ Retail		☐ ☒ Off-site Cognitive Services
☐ ☒ Hospital (# beds _____)		☐ ☒ Parenteral **
☐ ☒ Internet		☐ ☒ Parenteral (outpatient)
☐ ☒ Nuclear		☒ ☐ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center		☒ ☐ Mail Service
☒ ☐ Community		☐ ☒ Long Term Care
☐ ☒ Other: <u>Mail Order Specialty</u>		☐ ☒ Sterile Compounding **
		☐ ☒ Non Sterile Compounding
		☐ ☒ Mail Service Sterile Compounding **
		☐ ☒ Other Services: _____
All boxes must be checked For the application to be complete		

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Kristen Smith

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kristen Smith

Print Name of Authorized Person

11/12/19

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: AlabamaParent Company if any: HPCSP Investments, LLCMailing Address: 2222 Sedwick Rd.City: Durham State: NC Zip: 27713Telephone: (919)-246-4721 Fax: 1-855-813-0583Contact Person: Mike Pereira

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Addressb) N/A
Name Addressc) N/A
Name Addressd) N/A
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 8:00 am 5:00* pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

*After Hours/ Emergency Telephone consultations are available 24 hours per day, 7 days a week By a Licensed Pharmacist with access to patient records

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kristen Smith

Responsible Person of Hemophilia Preferred Care of Memphis, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Kristen Smith

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kristen Smith

Print Name of Authorized Person

11/12/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Shelby COUNTY)

I, Kristen Smith, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Hemophilia Preferred Care of Memphis, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Kristen Smith, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
12th day of November, 2019.

Notary Public

Name _____



Elimination of Certificate of Good Standing by the Alabama Department of Revenue

Starting October 1, 2015, the Alabama Department of Revenue will no longer issue a Certificate of Good Standing to a requesting party, pursuant to the enactment of Alabama Senate Bill 243. Good Standing Certificates have been used for many years to confirm that a specific entity is in "good standing" with the Alabama Department of Revenue, due to the entity's payment of the Business Privilege Tax. Lenders routinely required a Certificate of Good Standing to confirm that the entity, as the borrower, has the authority to execute the loan.

Based on the law change, the Alabama Department of Revenue will now issue a Certificate of Compliance, which certifies that the entity has paid all applicable state taxes. Prior to the enactment of Senate Bill 243, the party requesting a Certificate of Good Standing would normally receive it within 24 hours of the request. The Alabama Department of Revenue has suggested that it may take up to 10 days to receive a Certificate of Compliance. The Alabama Department of Revenue has also communicated that a Certificate of Compliance will require the execution of a power of attorney form, if a party other than an officer for the entity is requesting a Certificate of Compliance.

The projected 10 day turnaround time and the power of attorney requirement will likely cause hardship to borrowers, lenders, and other parties whose business transactions require a faster turnaround time. Discussions are ongoing with the Alabama Department of Revenue to try and address these concerns. In the interim, it is important to be aware of this upcoming change and address the state tax compliance issue at an early stage of the business transaction process, especially those conducting business transactions with lenders on a regular basis.



State of Alabama
Department of Revenue

Certificate of Compliance

Hemophilia Preferred Care of Memphis, INC. is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of November 08, 2019. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

*IN WITNESS WHEREOF, I hereunto set my hand this
date of November 08, 2019.*

Curtis E. Stewart

Disclosure Officer

Phone: 334-242-1189

Fax: 334-242-1030

Request Date: November 08, 2019

Request Code: 19110813790231

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: <u>Hemophilia Preferred Care of Memphis, INC.</u>			
Address: <u>6423 Shelby View Dr, STE 104</u>			
City: <u>Memphis</u>	State: <u>TN</u>	Zip: <u>38134-7614</u>	
I hereby authorize the <u>Tennessee State Board of Pharmacy</u> to furnish to the Nevada State Board of Pharmacy, the information requested below.			
Signature of Applicant <u>Kristen Smith</u>			

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

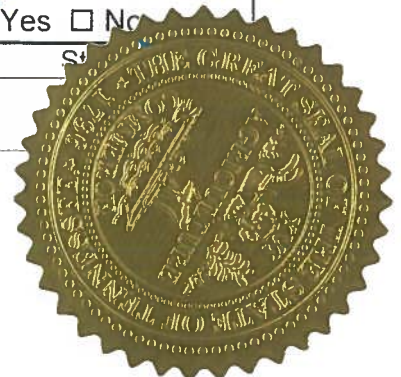
License Number	License Status	Date License Issued	Date License Expires
<u>4559</u>	<u>licensed</u>	<u>9/29/2008</u>	<u>10/31/2020</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No	
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No	
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No	
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No	

Signature of State Official	Title	State	Date	S
<u>Shelby W. Smith</u>	<u>Admin. Dir.</u>	<u>TN</u>	<u>11/18/19</u>	





State of Tennessee
Department of Health

11282139

47471

TENNESSEE BOARD OF PHARMACY

PHARMACY

HEMOPHILIA PREFERRED CARE

6423 SHELBY VIEW, SUITE 104

MEMPHIS TN 38134

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000004559

EXPIRATION DATE: 10/31/2020

INTERIM DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

Liana C. Taylor
11/1/19

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION
NUMBERTHIS REGISTRATION
EXPIRESFEE
PAID

FH1774694

10-31-2021

\$731

SCHEDULES

BUSINESS ACTIVITY

ISSUE DATE

2,2N,
3,3N,4,5

RETAIL PHARMACY

09-21-2018

HEMOPHILIA PREFERRED CARE OF MEMPHIS
 HPC SPECIALTY PHARMACY
 6423 SHELBY VIEW DR STE 104
 MEMPHIS, TN 38134-7614

Sections 304 and 1008 (21 USC 824 and 958) of the
 Controlled Substances Act of 1970, as amended,
 provide that the Attorney General may revoke or
 suspend a registration to manufacture, distribute,
 dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
 AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



Hemophilia Preferred Care of Memphis, Inc. Ownership

HPCSP Investments, LLC
2222 Sedwick Road
Durham, NC 27713
FEIN: 82-3550791
Phone: 919-246-4721

Hemophilia Preferred Care of Memphis, Inc. Corporate Officers

Michael Pereira
Chief Executive Officer / President
Birch Lane
Manhasset, NY 11030
C

Cory Wiggins
Secretary
Springbank Road S
Mobile, AL 36608
C

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OptionOne, LLC

Physical Address: 14000 N Portland, Ste 205, Oklahoma City, OK 73134

Mailing Address: 14000 N Portland, Ste 205

City: Oklahoma City State: OK Zip Code: 73134

Telephone: 405-548-4848 Fax: 405-418-4442

Toll Free Number: 888-848-4588 ✓ (Required per NAC 639.708)

E-mail: sbryant@myoptionone.com Website: www.myoptionone.com

Managing Pharmacist: Stephanie Bryant License Number: 17502

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

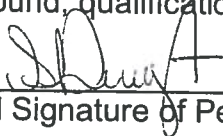
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Stephanie Bryant
Print Name of Authorized Person

11/7/19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Oklahoma

Parent Company if any: _____

Mailing Address: 14000 N Portland, Ste 205City: Oklahoma CityState: OKZip: 73134Telephone: 405-548-4848Fax: 405-418-4442Contact Person: Tracey Wills

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Tracey Wills
NameVia Esperanza, Edmond, OK 73013
Addressb) _____
Name

Address

c) _____
Name

Address

d) _____
Name

Address

2) Provide the number of shares issued by the corporation. 1000 units3) What was the price paid per share? n/a4) What date did the corporation actually receive the cash assets? June 11, 2011

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. attached

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:00 am 5:00 pmSaturday on call am _____ pmSunday on call am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____



Owner/Officer:

Tracey L. Wills, CEO
Via Esperanza
Edmond, OK 73013

Officer:

Jeff M. Wills, President, CFO
Via Esperanza
Edmond, OK 73013

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that OPTIONONE, LLC whose registered agent is JEFF M WILLS, with its registered office at 14000 N PORTLAND STE 205 EDMOND 73134 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 24th, day of October, 2019.

Secretary Of State

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

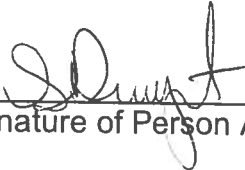
I, Stephanie Bryant

Responsible Person of OptionOne, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Stephanie Bryant
Print Name of Authorized Person

11/17/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Oklahoma)
) ss.
Oklahoma COUNTY)

I, Stephanie Bryant, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for OptionOne, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Stephanie Bryant, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
 before me, a notary public this
7th day of November, 2019.

Natalie Godwin
 NOTARY PUBLIC

Name





OKLAHOMA

State Board of Pharmacy

2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

405-521-3815 • Fax 405-521-3758

PHARMACY

#1-5739

RETAIL

EXPIRES JUL 31, 2020

OPTIONONE, LLC
14000 N PORTLAND, STE 205
OKLAHOMA CITY, OK 73134

Permits

Training Area

Drug Supplier

Sterile Compound

2020

Amount: \$255.00

Receipt: 2020-0010

Date: 7/2/2019

This License is not transferable.

License must be conspicuously displayed in the location to which it is issued.

Important Information

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules** are available at the Board's website: www.pharmacy.ok.gov
- **Board Contact:**

Email: pharmacy@pharmacy.ok.gov

Phone: 405-521-3815

Fax: 405-531-3758

All changes in any information required for the licensure must be reported to the Board within ten (10) days.

It is your responsibility to keep this license current.

OPTIONONE, LLC
MEMBERS' CONTRIBUTIONS AND INTERESTS

91

Name of Member & Address	Capital Contribution	Number of Units Issued	Percentage of Ownership	Percentage of Voting
Tracey L. Wills Via Esperanza Edmond, OK 73013		980 (1)(2)(3)	980	100
Jessica Wills Via Esperanza Edmond, OK 73013		10 (2)	10	
Matt Wills Via Esperanza Edmond, OK 73013		10 (3)	10	
Total		<u>1,000</u>	<u>100%</u>	<u>100%</u>

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: OptionOne, LLC

Address: 14000 N Portland, Ste, 205

City: Oklahoma City State: OK Zip: 73134

I hereby authorize the Oklahoma State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy the information requested below.

Signature of Applicant Susan Schwartz

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires
<u>1-5739</u>	<u>ACTIVE</u>	<u>07/18/2011</u>	<u>07/31/2020</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any <u>N/A</u>)
	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Jamie Thompson</u>	<u>Customer Service Representative</u>	<u>OK</u>	<u>10/29/2019</u>	

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Northridge Plaza Pharmacy, Inc. d/b/a Smp Pharmacy Solutions #4
Physical Address: 18546 Roscoe Blvd. Ste 102 Northridge, CA 91324
Mailing Address: 18546 Roscoe Blvd. Ste. 102
City: Northridge State: CA Zip Code: 91324
Telephone: 818-998-8730 Fax: 818-998-8700
Toll Free Number: 844-242-3513 ✓ (Required per NAC 639.708)
E-mail: dana@smppharmacy.com Website: smppharmacy.com
Managing Pharmacist: Gilbert Andonian License Number: RPH 60412

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

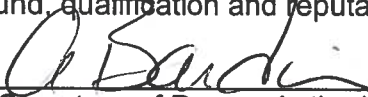
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Armando Bardisa
Print Name of Authorized Person

11/27/2018
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ☒Partnership Name: SUP Pharmacy Solutions #4, LLCMailing Address: 18546 Roscoe Blvd. Ste 102City: Northridge State: CA Zip Code: 91324Telephone Number: 818-998-8730 Fax Number: 818-998-8700Contact Person: Dana Stowell (compliance manager) 855-255-5007 ext. 526List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>SUP Pharmacy Solutions #4, LLC</u>	<u>L</u>	<u>100%</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: Armando Bardisa %: 67Name: Philip Borden %: 16.5Name: Zubeen Shroff %: 16.5

Name: _____ %: _____

List any physician shareholders and percentage of ownership. N/A

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 6:00 pmSunday N/A am _____ pm _____

Saturday _____ am _____ pm

24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____ N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

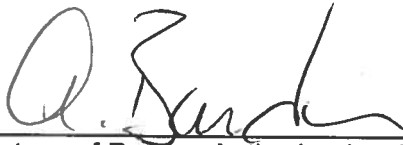
I, Armando Bardise

Responsible Person of SNP Pharmacy Solutions

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Armando Bardise

Print Name of Authorized Person

11/27/2016

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Miami - Dade) ss.
COUNTY)

I, Dane Stowell, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Compliance Manager for SUPPharmacy Solutions (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

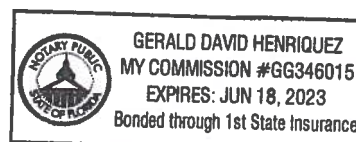
FURTHER AFFIANT SAYETH NOT.

I, Dane Stowell, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Gerald David Henriquez
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
26th day of November, 2019.

[Signature]
NOTARY PUBLIC



SMP PHARMACY SOLUTIONS #4**LICENSE NUMBER:** PHY 57397 **LICENSE TYPE:** PHARMACY (COMMUNITY)**LICENSE STATUS:** CLEAR **EXPIRATION DATE:** FEBRUARY 15, 2020**SECONDARY STATUS:** N/A**CITY:** NORTHRIDGE **STATE:** CALIFORNIA **COUNTY:** LOS ANGELES **ZIP:** 91324

State of Florida

Department of State

I certify from the records of this office that SMP PHARMACY SOLUTIONS #4, LLC is a limited liability company organized under the laws of the State of Florida, filed on March 14, 2018, effective March 14, 2018.

The document number of this limited liability company is L18000066734.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on March 19, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twentieth day of May, 2019*



Randy Bue
Secretary of State

Tracking Number: 2301318090CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000066734

Entity Name: SMP PHARMACY SOLUTIONS #4, LLC

Current Principal Place of Business:

6050 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143

Current Mailing Address:

6050 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 US

FEI Number: 38-4066496

Name and Address of Current Registered Agent:

BARDISA, ARMANDO
6050 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
 Name BARDISA, ARMANDO
 Address 6050 SOUTH DIXIE HIGHWAY
 City-State-Zip: MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARDISA, ARMANDO

MGR

03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

August 28, 2017

Northridge Plaza Pharmacy
Attention: Rafi Ekizian
18546 Roscoe Blvd., Suite 102
Northridge, CA 91324

RE: Complaint Investigation CI 201567560

Dear Pharmacist-in-Charge:

The Board of Pharmacy has completed its investigation regarding the complaint against Northridge Plaza Pharmacy regarding sterile compounding operations without a license.

As a regulatory agency, when conducting an investigation, the Board must adhere to violations prohibited in pharmacy law. Specifically, the information and documentation obtained during the course of an investigation must clearly demonstrate that a violation of pharmacy law occurred.

The Board's analysis of the information and documentation received did not identify sufficient evidence to determine that a violation of pharmacy law occurred. Accordingly, the Board is closing the matter and will be taking no action against the pharmacy or its licensees.

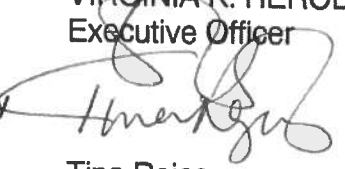
Although we are closing this matter, please be advised that it is your professional responsibility to assure compliance with all pharmacy laws.

We would like to thank you for your cooperation and assistance. If you should have any questions, please contact the Board at the above address or telephone number.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By


Tina Rojas
Complaint Unit Analyst



Visit our website at www.pharmacy.ca.gov

DEA REGISTRATION NUMBER FN8883729	THIS REGISTRATION EXPIRES 10-31-2022	FEE PAID \$731
SCHEDULES 2,2N, 3,3N,4,5	BUSINESS ACTIVITY RETAIL PHARMACY	ISSUE DATE 11-04-2019
NORTHEDGE PLAZA PHARMACY, INC. D/B/A SMP PHARMACY SOLUTIONS #4 18546 ROSCOE BOULEVARD SUITE 102 NORTHEDGE, CA 91324-4667		

**CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE**
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



**REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
 Drug Enforcement Administration
 P.O. Box 2639
 Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

137/656
1:7
NORTHRIDGE PLAZA PHARMACY, INC.
18546 ROSCOE BOULEVARD
SUITE 102
NORTHRIDGE, CA 91324-4667



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FN8883729	10-31-2022	\$731
SCHEDULES 2,2N, 3,3N,4,5	BUSINESS ACTIVITY RETAIL PHARMACY	ISSUE DATE 11-04-2019
NORTHRIDGE PLAZA PHARMACY, INC. D/B/A SMP PHARMACY SOLUTIONS #4 18546 ROSCOE BOULEVARD SUITE 102 NORTHRIDGE, CA 91324-4667		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FN8883729	10-31-2022	\$731
SCHEDULES 2,2N, 3,3N,4,5	BUSINESS ACTIVITY RETAIL PHARMACY	ISSUE DATE 11-04-2019
NORTHRIDGE PLAZA PHARMACY, INC. D/B/A SMP PHARMACY SOLUTIONS #4 18546 ROSCOE BOULEVARD SUITE 102 NORTHRIDGE, CA 91324-4667		

Form DEA-223 (9/2016)

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

41

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AdhereRx Incorporated

Physical Address: 118 MacKenan Drive, Suite 200

Mailing Address: 118 MacKenan Drive, Suite 200

City: Cary State: NC Zip Code: 27511

Telephone: 919-463-5555 Fax: 919-465-4020

Toll Free Number: 866-463-5550 ✓ (Required per NAC 639.708)

E-mail: CorporateRx@adherehealth.com Website: www.adhererx.com

Managing Pharmacist: Joshua Martin Caviness License Number: 23381 - North Carolina

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: closed door

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jason Z. Rose

Print Name of Authorized Person

Date

12/2/2019

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: North CarolinaParent Company if any: PPA Holding CompanyMailing Address: 118 MacKenan Drive, Suite 200City: Cary State: NC Zip: 27511Telephone: 919-463-5555 Fax: 919-465-4020Contact Person: Gail H. McKinnon

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) PPA Holding Company 630 Fifth Avenue, Suite 400, New York, NY 10111
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? \$0.014) What date did the corporation actually receive the cash assets? 01/05/2011

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 8:30 ET am 6 ET pmSaturday on call am _____ pmSunday on call am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jason Z. Rose

Responsible Person of AdhereRx Incorporated

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Jason Z. Rose

Print Name of Authorized Person

Date

12/2/2019

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF North Carolina)
Wake) ss. COUNTY)

I, Joshua Martin Cariness, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for AdhereRx Incorporated (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

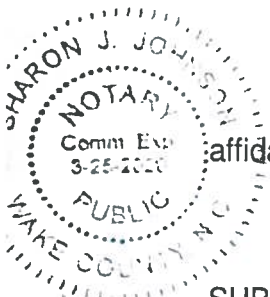
FURTHER AFFIANT SAYETH NOT.

I, Joshua Martin Cariness, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Joshua Martin Cariness
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
26th day of November, 2019.

Sharon J. Johnson
 NOTARY PUBLIC



Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: AdhereRx Incorporated

Address: 118 MacKenan Drive, Suite 200

City: Cary State: NC Zip: 27511

I hereby authorize the North Carolina Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>13948</u>	<u>active</u>	<u>12/19/18</u>	<u>12/31/19</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Alexis Wilson</u>	<u>Admin</u>	<u>NC</u>	<u>12/5/19</u>	

Received
DEC 03 2019
NC Board of Pharmacy



NORTH CAROLINA BOARD OF PHARMACY

Facility: AdhereRx Inc
 Address: 118 Mackenan Dr., Suite 200 Cary, NC 27511
 Permit Type: Pharmacy
 Permit #: 13948
 Issue Date: 12/19/2018
 Expiration Date: 12/31/2019
 Pharmacy Manager: Peter Anwar Saad (#20712)

PLEASE NOTIFY BOARD OF NAME AND/OR
 ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN
 ANY COMMUNICATION

NC Law requires notification of address change within 30 days.

Permit #: 13948

NORTH
 BOARD OF



CAROLINA
 PHARMACY

2019
 Pharmacy

This is to certify that
AdhereRx Inc
 doing business as
AdhereRx Inc

118 Mackenan Dr., Suite 200 Cary, NC 27511 Wake

Has been renewed for the year ending December 31st 2019, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board.

PRESIDENT

Peter Anwar Saad (#20712)

12/19/2018
 Issued

EXECUTIVE DIRECTOR



NORTH CAROLINA

Department of the Secretary of State

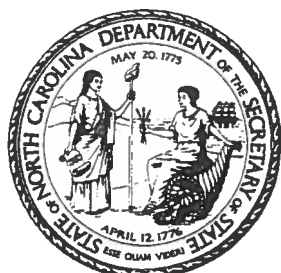
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ADHERERX INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of November, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

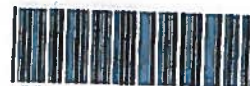


Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of November, 2019.

Elaine F. Marshall

Secretary of State



258/643 1:3
 ADHERERX INC
 118 MACKENAN DR
 STE 200
 CARY, NC 27511-3600



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8132639	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-01-2017
ADHERERX INC 118 MACKENAN DR STE 200 CARY, NC 27511-3600		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BU8132639	06-30-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-01-2017
ADHERERX INC 118 MACKENAN DR STE 200 CARY, NC 27511-3600		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

<i>Date Issued</i>	<i>Cert #</i>	<i>Registered To</i>	<i>Ledger Folio</i>	<i>No. of Shares/ Percent of Shares</i>	<i>Date Cancelled</i>	<i>Status*</i>
------------------------	---------------	----------------------	-------------------------	---	---------------------------	----------------

*P = Pledged
C = Copy
O = Original

1.00000

1.00000

ADHERERX OFFICERS AND DIRECTORS RESIDENTIAL ADDRESSES

Titles	Full Name	Resident Address
Chairman (Director)	Bradley J. Mundt	4 Beacon Street Broomfield, CO 80023-8144
CEO & President (Director/Officer)	Jason Z. Rose	Governors Way Brentwood, TN 37027-8927
Vice President and Secretary (Director/Officer)	Brian S. Sauer	5th Street Manhattan Beach, CA 90266-6341

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ ~~New Pharmacy~~ or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Crestview Pharmacy

Physical Address: 1116 North Ferdon Blvd Crestview, FL 32536

Mailing Address: 1116 North Ferdon Blvd

City: Crestview State: FL Zip Code: 32536

Telephone: 850-683-1111 Fax: 850-683-1753

Toll Free Number: 877-821-5504 (Required per NAC 639.708)

E-mail: _____ Website: crestviewpharmacyfl.com

Managing Pharmacist: Hal Densman PharmD License Number: PS35788

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: immunization delivery

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

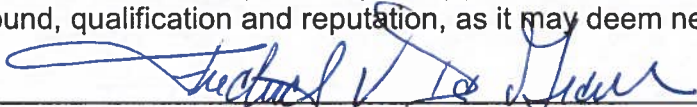
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

FREDRICK V De GRAVA

Print Name of Authorized Person

7-31-2019

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: OPTIO RX, LLC

Mailing Address: 3225 DARLINGTON Circle

City: Lexington State: KY Zip: 40509

Telephone: 859-552-5013 Fax: 859-543-0234

Contact Person: VINCE De GRAVA, PD, RPH, FASCP

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) None

Name	Address
------	---------

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. 11/10

- 3) What was the price paid per share? 14.18

- 4) What date did the corporation actually receive the cash assets? 1/14

- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NONE %:

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 6:00 pm Saturday 9:00 am 1:00 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Detail by Entity Name

Florida Limited Liability Company
CRESTVIEW PHARMACY, LLC

Filing Information

Document Number

L18000284682

FEI/EIN Number 59-3718091

Date Filed 12/11/2018

Effective Date 05/15/2001

State FL

Status ACTIVE

Last Event

CONVERSION

Event Date Filed 12/11/2018

Event Effective Date NONE

Principal Address

1116 N FERDON BLVD
CRESTVIEW, FL 32536

Mailing Address

1116 N FERDON BLVD
CRESTVIEW, FL 32536

Registered Agent Name & Address

DENSMAN, HAL J
1116 N FERDON BLVD
CRESTVIEW, FL 32536

Authorized Person(s) Detail

Name & Address

Title AMBR

BHM CAPITAL, INC.
3084 WHITLEY OAKS LN
PACE, FL 32571

Annual Reports

No Annual Reports Filed

Document Images

No images are available for this filing.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

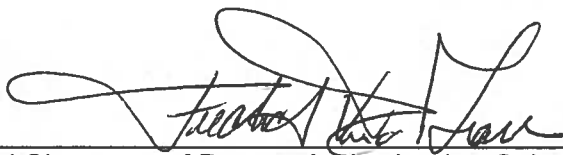
I, FREDRICK VINCENT Da GRAVA

Responsible Person of CRESTVIEW PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

FREDRICK VINCENT Da GRAVA

Print Name of Authorized Person

8-1-2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
 _____ COUNTY)

I, FREDRICK VINCENT De GAANA, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the COO for OPTO RX (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

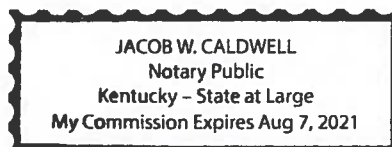
FURTHER AFFIANT SAYETH NOT.

I, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Fredrick Vincent De Gaana
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
2 day of August, 2019.

Jacob W. Caldwell
 NOTARY PUBLIC



4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dakota PrecisionRx, Inc.

Physical Address: 705 E. Main Ave STE 200

Mailing Address: 11

City: Bismarck State: ND Zip Code: 58501

Telephone: 701-222-3360 Fax: 701-222-7506

Toll Free Number: 1-866-522-3360 (Required per NAC 639.708)

E-mail: darcy@precisionrxlabs.com Website: www.dakotarx.com

Managing Pharmacist: Joe Kaiser License Number: RPh 3934

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Compounding

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Darcy Triplett

Original Signature of Person Authorized to Submit Application, no copies or stamps

Darcy Triplett

Print Name of Authorized Person

Date

11/11/19

Page 2

Board Use Only

Date Processed: _____

Amount: *5000*

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: North Dakota

Parent Company if any: _____

Mailing Address: 705 E. Main Ave Ste 200City: Bismarck State: ND Zip: 58501Telephone: 701-222-3360 Fax: 701-222-7506Contact Person: Kevin Oberlander

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Kevin Oberlander 826 N Anderson St; Bismarck, ND 58501
Name Addressb) Donald Bugh 1848 N 22nd St; Bismarck, ND 58501
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 10003) What was the price paid per share? \$ 1.004) What date did the corporation actually receive the cash assets? 10/06/04

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kevin Oberlander

Responsible Person of Dakota Precision Rx, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Darcy Triplett

Original Signature of Person Authorized to Submit Application, no copies or stamps

Darcy Triplett

Print Name of Authorized Person

11/11/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF North DAKOTA)
Burleigh) ss. COUNTY)

I, Kevin Oberlander, RPh, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner for DAKOTA Precision LABS (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

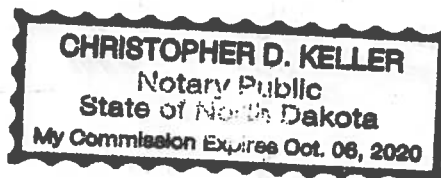
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Kevin Oberlander, do hereby swear under penalty of perjury that the assertions of this affidavit are true. RPh

[Signature]
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
13 day of November, 2019.
[Signature]
 NOTARY PUBLIC



North Dakota Board of Pharmacy

Result Details

Company: Dakota Precision Rx Inc

Address: 705 E Main Ave

City, State, Zip: Bismarck, ND 58501

Phone: 7012223360

License Number: Phar428

Type: Pharmacy

Primary Class: Class A - Out-Patient

Date Issued: 08/23/2004

Expiration Date: 6/30/2020

Disciplinary Action: No

This data was retrieved on 12/18/2019 11:09:31 AM.

This data was last updated on 12/18/2019.

Please direct questions and comments about these results to North Dakota State Board of Pharmacy phone, (701) 328-9535, or [email](#).

DAKOTA PRECISIONRX INC

11/7/2019 9:12 AM

Register: Capital Stock

From 10/06/2004 through 11/07/2019

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Increase	C	Decrease	Balance
10/06/2004		KEVIN OBERLANDER	Cash in Bank-Starion [split]		400.00			400.00
10/06/2004		ANTON P WELDER	Cash in Bank-Starion [split]		600.00			1,000.00
07/01/2014	108		Capital Stock:Capital Stock-We...	To Show Interest as ...	200.00			1,200.00
07/01/2014	108		Capital Stock:Capital Stock-We...	To Show Interest as ...	600.00			1,800.00
07/01/2014	108		Capital Stock:Capital Stock-We...	To Show Interest as ...			200.00	1,600.00
07/01/2014	108		-split-	To Show Interest as ...			600.00	1,000.00

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of DAKOTA PRECISIONRX, INC.

SOS Control ID#: 0000077316

Certificate #: 017447127

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

DAKOTA PRECISIONRX, INC.

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective October 6, 2004. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: November 7, 2019

A handwritten signature in black ink, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State



SECRETARY OF STATE NORTH DAKOTA

[Home](#) | [Archived Business Records Search](#)

DAKOTA PRECISIONRX, INC.

Corporation Details

System ID: 20227000 **Phone:** (701) 222-3360
Type: BUSINESS CORPORATION
Status: Active & Good Standing
Original File Date: 10/06/2004 **Effective Date:** 10/06/2004
State of Origin: North Dakota

Nature of Business

STERILE COMPOUNDING OF MEDICATIONS

Principal Office

705 E MAIN AVE BISMARCK, ND 58501-4525

Registered Agent

KEVIN OBERLANDER
705 EAST MAIN AVE
PO BOX 835
BISMARCK, ND 58502-0835
Established Date: Oct 02, 2015

Authorized Shares

Class	Number	Par Value
	100000.000000	\$1.000000

Generate an Annual Report To File

To Generate a Annual Report form to be filed with the Secretary of State, select the appropriate year of the report you intend to file. This report does not contain details of a report previously filed with the Secretary of State. The annual report years reflected are an indication of the various report forms available in this site and is not an indication that an entity needs to file reports for all years. Missing years indicate that the forms for the missing year have not yet been deployed to the website, or have already been removed, and can be obtained by contacting the Secretary of State.

[2018](#) (generates a forms-fillable pdf in a new pop-up window)

[Return to Search Results](#)

[Contact Us](#)

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 We use Secure Sockets Layer (SSL) encryption technology to ensure your information is secure and protected.

 Will open a new window (pop-up).

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North Dakota

nd.gov Official Portal for
North Dakota State Government

SECRETARY OF STATE NORTH DAKOTA


[Home](#) | [Archived Business Records Search](#)

Archived Business Records Search

*** For Report Form to File, search for Entity Name and then select the year of report from the Available Report Form to File (pdf) column**

This database reflects information that is **current only as of January 11, 2019**, and includes records inactivated within the past twelve months from that date.

Search Results

[New Search](#)

Result Page: < **1** > - [Entities 1 - 1 of 1]

System ID	Entity Name	Type - Status	Available Report Form to File (pdf) (See * Below)
20227000	DAKOTA PRECISIONRX, INC.	Corporation - Active & Good Standing	2018

Result Page: < **1** > - [Entities 1 - 1 of 1]

[New Search](#)

* Report Forms

To generate a Report form to be filed with the Secretary of State, select the appropriate link for the report you intend to file under the Available Report Form to File column. This report does not contain details of a report previously filed with the Secretary of State. The report years reflected are an indication of the various report forms available in this site and is not an indication that an entity needs to file reports for all years. Missing years indicate that the forms for the missing years have not yet been deployed to the website, or have already been removed, and can be obtained by contacting the Secretary of State.

Please provide [feedback](#) by completing a short survey.

[Contact Us](#)
[Disclaimer](#)
[Privacy Policy](#)

We use Secure Sockets Layer (SSL) encryption technology to ensure your information is secure and protected.

Will open a new window (pop-up).

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4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Genesis Enterprises, Inc. DBA Genesis Pharmacy Services

Physical Address: 1876 Craigshire Rd. St. Louis, MO 63146

Mailing Address: 1876 Craigshire Rd

City: St. Louis State: MO Zip Code: 63146

Telephone: 314-485-8600 Fax: 314-485-1049

Toll Free Number: 855-485-8600 ✓ (Required per NAC 639.708)

E-mail: mfessler@genesis-rx.com Website: www.genesis-rx.com

Managing Pharmacist: Matthew Fessler License Number: 2005011040

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Matthew Fessler
Print Name of Authorized Person

12-02-19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Missouri

Parent Company if any: n/a

Mailing Address: 1876 Craigshire Rd

City: St. Louis State: MO Zip: 63146

Telephone: 314-485-8600 Fax: 314-485-1049

Contact Person: Nicholas Rieck

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Nicholas Rieck</u>	<u>N Hanley Rd, St. Louis, MO 63130</u>
	Name	Address
b)	<u>Sarah Rieck</u>	<u>White Ave, St. Louis, MO 63144</u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

2) Provide the number of shares issued by the corporation. 30,000

3) What was the price paid per share? \$1.00

4) What date did the corporation actually receive the cash assets? 03-01-14

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %:

Name: n/a %:

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 pm Saturday 7 am 11 pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MISSOURI)
) ss.
SAINT LOUIS COUNTY)

I, Matthew Fessler, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Compliance Officer for Genesis Enterprises Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

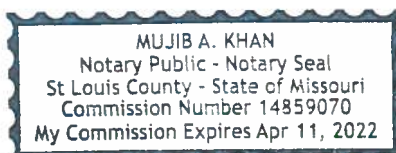
FURTHER AFFIANT SAYETH NOT.

I, Matthew Fessler, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Matthew Fessler
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
2 day of DECEMBER, 2019.

Mujib A. Khan
 NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Matthew Fessler

Responsible Person of Genesis Enterprises, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Matthew Fessler

Print Name of Authorized Person

12-02-19

Date

Board of Pharmacy

PR Home (<https://pr.mo.gov/>) » Pharmacy Home (<https://pr.mo.gov/pharmacists.asp>) » Pharmacy Licensee Search (<https://pr.mo.gov/pharmacy-licensee-search.asp>)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Genesis Enterprises Inc
Profession Name:	Pharmacy
Licensee Number:	2014004392
Expiration Date:	10/31/2021
Original Issue Date:	2/13/2014
Address:	Matthew Fessler, PIC
Address Con't:	1876 Craigshire Rd
City, State Zip:	Saint Louis, MO 63146
County:	St. Louis County
Practitioner DBA Name:	Genesis Pharmacy Services
Classification:	Class A, C, D, H

Current Discipline Status:	None
-----------------------------------	------

Board of Pharmacy (<https://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (<mailto:MissouriBOP@pr.mo.gov>)

<https://pr.mo.gov/pharmacists> (<https://pr.mo.gov/pharmacists>)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Genesis Enterprises, Inc.
01369597

was created under the laws of this State on the 15th day of January, 2014, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of December, 2019.


 Secretary of State



Certification Number: CERT-12022019-0035

Genesis Enterprises, Inc. Officers

NICHOLAS RIECK, PRESIDENT/CFO

N HANLEY RD, ST. LOUIS, MO 63130

SSN: ; DOB ; PLACE OF BIRTH: CALAMAZOO, MI
Non-Pharmacist

MATTHEW FESSLER, SECRETARY

1 OTTERVILLE RD, GRAFTON, IL 62037

SSN: DOB ; PLACE OF BIRTH: WOOD RIVER, IL
Pharmacist

Updated 4-26-18

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri Board of Pharmacy
Pharmacy

Class A, C, D, H

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2014004392
Matthew A Fessler - 2005011040
GENESIS ENTERPRISES INC
GENESIS PHARMACY SERVICES
MATTHEW FESSLER, PIC
1876 CRAIGSHIRE RD
SAINT LOUIS MO 63146
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG4383321	09-30-2022	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-06-2019

GENESIS ENTERPRISES, INC 1876 CRAIGSHIRE RD SAINT LOUIS, MO 63146-4006
--

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Compounding Pharmacies of Louisiana, Inc. dba, Professional Arts Pharmacy

Physical Address: 128 CURRAN LN, Lafayette LA 70506

Mailing Address: 128 CURRAN LN

City: Lafayette State: LA Zip Code: 70506

Telephone: 337-991-0101 Fax: 337-991-3774

Toll Free Number: 888-232-4737 ✓ (Required per NAC 639.708)

E-mail: dauidm@professionalarts.com Website: PROFESSIONALARTS.COM

Managing Pharmacist: DAVID MAYER License Number: PST. 014770

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

David Mayer
Original Signature of Person Authorized to Submit Application, no copies or stamps

DAVID MAYER
Print Name of Authorized Person

11/17/2018
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: LOUISIANA

Parent Company if any: _____

Mailing Address: 128 CURRAN LNCity: LAFAYETTE State: LA Zip: 70506Telephone: 337-991-0101 Fax: 337-981-3774Contact Person: DAVID MAYER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

→ a) ERIC VIDRINE 1 Princeton Woods Loop, LAFAYETTE LA 70508
Name Addressb) DAVID MAYER Woodbine Dr., LAFAYETTE LA 70503
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 10,0003) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NO PHYSICIAN SHAREHOLDERS %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:00 am 5:30 pm Saturday Closed am _____ pm
Sunday Closed am _____ pm 24 Hours _____A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A



Professional Arts Pharmacy

Prescription Compounding Specialist



Sole Owners/Officers and Residence Addresses

1. Eric Vidrine, President

Home: Princeton Woods Loop

Lafayette, LA. 70508

Ownership: 56.7%

Louisiana Pharmacist License Number: PST.015688

Home Phone:

2. David Mayer, Vice-President

Home: Woodbine Dr.

Lafayette, LA. 70503

Ownership: 43.3%

Louisiana Pharmacist License Number: PST.014770

Home Phone:

128 Curran Lane • Lafayette, LA 70506 • Ph. 337-991-0101 1-888-237-4737 • Fx. 337-991-0151

Eric Vidrine, P.D. F.A.C.A., F.I.A.C.P. David Mayer, P.D.
 Kevin LaGrange, P.D. Allison Seilhan, P.D.
 Ashley Day, Pharm.D. Kelly Marks, Pharm.D.

Lori Maraist, P.D.
 Shane Landry, Pharm.D.
 Chelsie Head, Pharm.D.

Leah Albarado, Pharm.D.
 Wes Harbison, P.D.
 Hai Bui, Pharm.D.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DAVID MAYER

Responsible Person of Compounding Pharmacies of Louisiana, Inc., d/b/a, Professional Arts Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

David M

Original Signature of Person Authorized to Submit Application, no copies or stamps

DAVID MAYER

Print Name of Authorized Person

11/17/2015

Date



The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

Lookup Detail View

Name and Address

Name	PublicAddress
Professional Arts Pharmacy	128 Curran Ln Lafayette, LA 70506-7222

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.003931-IR	Pharmacy - Community ~ Independent	01/06/1998	12/31/2020	Current, without restriction or limitation	David P. Mayer

List of Current Employees

Name	License	License Type	Expiration Date	Status
Aimee V. Broussard	CPT.011878	Certified Pharmacy Technician	06/30/2020	ACTIVE
Alicia Virginia Roberts	CPT.007683	Certified Pharmacy Technician	06/30/2020	ACTIVE
Alison Guidry Newman	CPT.014221	Certified Pharmacy Technician	06/30/2020	ACTIVE
Allison T. Seilhan	PST.016670	Pharmacist	12/31/2020	ACTIVE
Ashley M. Angelle	CPT.009739	Certified Pharmacy Technician	06/30/2020	ACTIVE
Ashley W. Day	PST.019840	Pharmacist	12/31/2020	ACTIVE
Breanne Slocum McEntyre	CPT.013581	Certified Pharmacy Technician	06/30/2020	ACTIVE
Chassidy L. Guidry	CPT.008844	Certified Pharmacy Technician	06/30/2020	ACTIVE
Chelsie M. Head	PST.022505	Pharmacist	12/31/2020	ACTIVE
Cheron N. Brown	CPT.008205	Certified Pharmacy Technician	06/30/2020	ACTIVE
Courtney N. Fuhrer	CPT.010982	Certified Pharmacy Technician	06/30/2020	ACTIVE
David P. Mayer	PST.014770	Pharmacist	12/31/2020	ACTIVE
Emily N. LeGrand	CPT.010938	Certified Pharmacy Technician	06/30/2020	ACTIVE
Heidi N. Leger	CPT.008316	Certified Pharmacy Technician	06/30/2020	ACTIVE
Jenni L. Judice	CPT.005660	Certified Pharmacy Technician	06/30/2020	ACTIVE
Jepera J. Davis	CPT.007857	Certified Pharmacy Technician	06/30/2020	ACTIVE
Kasey Elizabeth Foreman	CPT.013344	Certified Pharmacy Technician	06/30/2020	ACTIVE
Kelly P. Marks	PST.019978	Pharmacist	12/31/2020	ACTIVE
Kenya R. Alexander	CPT.012630	Certified Pharmacy Technician	06/30/2020	ACTIVE
Koleen M. Major	CPT.011303	Certified Pharmacy Technician	06/30/2020	ACTIVE
Laisha J. Duhon	CPT.013316	Certified Pharmacy Technician	06/30/2020	ACTIVE
LaKayla R. Roquemore	CPT.008574	Certified Pharmacy Technician	06/30/2020	ACTIVE
Leah E. Albarado	PST.017240	Pharmacist	12/31/2020	ACTIVE
Leslie M. Turner	CPT.001208	Certified Pharmacy Technician	06/30/2020	ACTIVE
Lori M. Maraist	PST.016573	Pharmacist	12/31/2020	ACTIVE
Paige M. Ward	CPT.011044	Certified Pharmacy Technician	06/30/2020	ACTIVE

Quanjalla Henry	CPT.003794	Certified Pharmacy Technician	06/30/2020	ACTIVE 153
Randy J. Faulk	CPT.005836	Certified Pharmacy Technician	06/30/2020	ACTIVE
Rebecca Lynn Preston	CPT.014299	Certified Pharmacy Technician	06/30/2020	ACTIVE
Sara J. Glines	CPT.010810	Certified Pharmacy Technician	06/30/2020	ACTIVE
Scotty J. Ziesing	CPT.012861	Certified Pharmacy Technician	06/30/2020	ACTIVE
Shane M. Landry	PST.017747	Pharmacist	12/31/2020	ACTIVE
Sherri L. Howard	CPT.006384	Certified Pharmacy Technician	06/30/2020	ACTIVE
Silas Paul Capritto	CPT.014593	Certified Pharmacy Technician	06/30/2020	ACTIVE
Thanh Hai T. Bui	PST.020626	Pharmacist	12/31/2020	ACTIVE
Tina L. Dupuis	CPT.004143	Certified Pharmacy Technician	06/30/2020	ACTIVE
Wesley N. Harbison	PST.015349	Pharmacist	12/31/2020	ACTIVE

Generated on: 11/27/2019 10:53:47 AM



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

COMPOUNDING PHARMACIES OF LOUISIANA, INC.

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on April 26, 1996,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

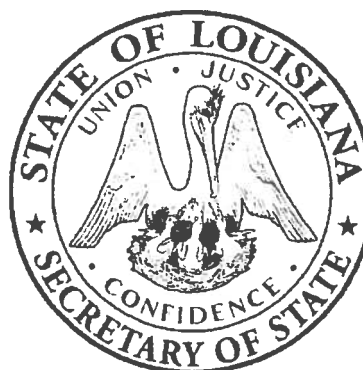
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 12, 2019

Secretary of State

Web 34525438D



Certificate ID: 11138474#4PK73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



LOUISIANA
BOARD of
PHARMACY

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov



PHARMACY PERMIT

Permit Owner: Compounding Pharmacies of LA

This is to certify that the Pharmacy listed hereon is duly permitted to operate a PHARMACY in Louisiana for the referenced period at the address noted:

Professional Arts Pharmacy
128 Curran Ln
Lafayette, LA 70506-7222

Permit Number: PHY.003931-IR

Effective Date: 01/01/2019

Expiration Date: 12/31/2019

PHY 2019

PERMIT MUST BE DISPLAYED IN PHARMACY

THIS PERMIT IS NOT TRANSFERABLE

A change in ownership or relocation of the pharmacy requires a new permit

Carl W. Aron
Carl W. Aron
President

REMINDERS

- **Relocations:** This permit is not transferable to a new address. A relocation application should be submitted at least 30 days prior to the anticipated move date.
- **Change of Ownership:** A new permit is required when the ownership of the pharmacy changes by 50% or more.
- **Controlled Dangerous Substances (CDS):** A pharmacy permit alone does not authorize the possession of Controlled Dangerous Substances. In order to procure and possess CDS, you must hold a separate CDS license.
- **Pharmacist-in-Charge (PIC):** The pharmacy shall not operate for more than ten (10) days without a designated PIC. PIC changes shall be submitted to the Board in writing.
- **Forms and applications** are available on the Board website – www.pharmacy.la.gov – under the horizontal menu "Forms & Applications."

PHYP

See Reverse Side For Easy Opening Instructions



LOUISIANA
BOARD of
PHARMACY

3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Professional Arts Pharmacy
128 Curran Ln
Lafayette, LA 70506-7222



3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov



PHARMACY PERMIT

Permit Owner: Compounding Pharmacies of LA

This is to certify that the Pharmacy listed herein is duly permitted to operate a Pharmacy and dispense drugs and chemicals as noted:

Professional Arts Pharmacy

128 Cullen Ln
Lafayette, LA 70506-7222

Permit Number: PHY 003931-IR

Effective Date: 01/01/2020

Expiration Date: 12/31/2020

PERMIT MUST BE DISPLAYED IN PHARMACY

THIS PERMIT IS NOT TRANSFERABLE

A change in ownership or relocation of the pharmacy requires a new permit

Carl W. Aron
President

PHY 2020

REMINERS

- Relocations: This permit is not transferable to a new address. A relocation application should be submitted at least 30 days prior to the anticipated move date.
- Change of Ownership: A new permit is required when the ownership of the pharmacy changes by 50% or more.
- Controlled Dangerous Substances (CDS): A pharmacy permit alone does not authorize the possession of Controlled Dangerous Substances. In order to procure and possess CDS, you must hold a separate CDS license.
- Pharmacist-In-Charge (PIC): The pharmacy shall not operate for more than ten (10) days without a designated PIC. PIC changes shall be submitted to the Board in writing.
- Forms and applications are available on the Board website - www.pharmacy.la.gov - under the horizontal menu "Forms & Applications."

4N

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 03901**)
 Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sterling Specialty Pharmacy

Physical Address: 1312 Northland Drive

Mailing Address: Same as physical

City: Mendota Heights State: MN Zip Code: 55120

Telephone: 888-618-4126 Fax: 507-697-0082

Toll Free Number: 888-618-4126 ✓ (Required per NAC 639.708)

E-mail: tim.gallagher@sterlingspecialtyrx.com Website: www.sterlingspecialtyrx.com

Managing Pharmacist: Lyle Prussman License Number: 121233

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

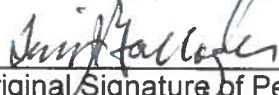
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Tim Gallagher - President

Print Name of Authorized Person

11/15/19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: MinnesotaParent Company if any: SterlingRx, Inc.Mailing Address: 1312 Northland Drive, Suite 500City: Mendota Heights State: MN Zip: 55120Telephone: 888-618-4126 Fax: 507-697-0081Contact Person: Tim Gallagher

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Daniel Astrup 5 22nd St NW Austin, MN 55912

Name

Address

b) Christopher Astrup Portland Ave, Unit 502, Minneapolis, MN 55401

Name

Address

Christopher B. Astrupc) Family Irrevocable GST Trust

Name

Address

Daniel B. Astrupd) Family Irrevocable GST Trust

Name

Address

22ND ST NW, Austin, MN 559122) Provide the number of shares issued by the corporation. 4,000,0003) What was the price paid per share? \$0.964) What date did the corporation actually receive the cash assets? 12/15/2019

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/AName: N/A %: N/A**Hours of Operation for the pharmacy:**Monday thru Friday 7:30 am 5:30 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours On-Call 888-618-4126

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Tim Gallagher

Responsible Person of Sterling Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Tim Gallagher - President
Print Name of Authorized Person

11/15/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Minnesota)
) ss.
Dakota COUNTY)

I, Tim Gallagher, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Sterling Specialty Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

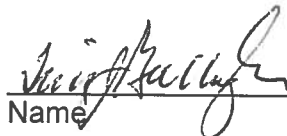
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

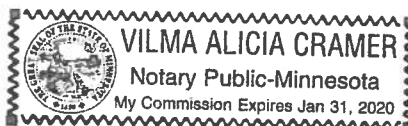
FURTHER AFFIANT SAYETH NOT.

I, Tim Gallagher, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
19th day of November, 2019.

 NOTARY PUBLIC



SterlingRx, Inc. Owners

Christopher Berg Astrup

Owner

Portland Ave, Unit 502
Minneapolis, MN 55401

DOB:

Owns 12.5%

Christopher B. Astrup Family Irrevocable GST Trust

Owns 47.5%

Daniel Berg Astrup

Owner

522nd St NW
Austin, MN 55912

DOB:

Owns 10%

Daniel B. Astrup Family Irrevocable GST Trust

Owns 30%

Officers:

President – Tim Gallagher, 522nd St NW, Austin, MN 55912, DOB:

Secretary – Daniel B. Astrup, 522nd St NW, Austin, MN 55912, DOB:

Treasurer- Randy Shindelar, 522nd St NW, Austin, MN 55912, DOB:

Office of the Minnesota Secretary of State Certificate of Incorporation

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: SterlingRx, Inc.

File Number: 925270700025

Minnesota Statutes, Chapter: 302A

This certificate has been issued on: 12/30/2016



A handwritten signature in cursive script that reads "Steve Simon".

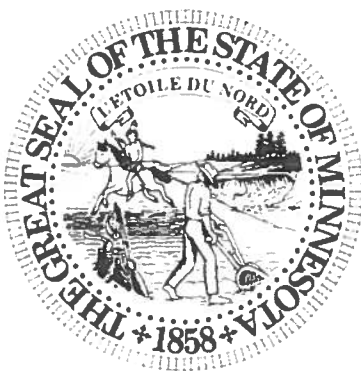
Steve Simon
Secretary of State
State of Minnesota

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	SterlingRx, Inc.
Date Filed:	12/30/2016
File Number:	925270700025
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/30/2018



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

PHARMACY LICENSE NUMBER: 265419

(ACTIVE)

Community/Outpatient, Nonsterile Product Compounding, Sterile
Product Compounding

To:

STERLING SPECIALTY PHARMACY
1312 NORTHLAND DRIVE, SUITE 500
MENDOTA HEIGHTS MN 55120

EFFECTIVE DATE

05/17/2019

EXPIRATION DATE

06/30/2020

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

PHARMACY LICENSE

NUMBER: 265419 (ACTIVE)

Check with MN Board of Pharmacy

To:

STERLING SPECIALTY PHARMACY

EFFECTIVE DATE

05/17/2019

EXPIRATION DATE

06/30/2020



0:1
47/85
STERLING SPECIALTY PHARMACY
1312 NORTHLAND DRIVE
SUITE 500
MENDOTA HEIGHTS, MN 55120-1140



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS7176971	02-29-2020	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-24-2017

STERLING SPECIALTY PHARMACY
1312 NORTHLAND DRIVE
SUITE 500
MENDOTA HEIGHTS, MN 55120-1140

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS7176971	02-29-2020	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-24-2017

STERLING SPECIALTY PHARMACY
1312 NORTHLAND DRIVE
SUITE 500
MENDOTA HEIGHTS, MN 55120-1140

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TRINITY COMPOUNDING EXPERTS LLC

Physical Address: 6631 ORION DRIVE #112 , FORT MYERS , FL , 33912

Mailing Address: 6631 ORION DRIVE #112 ,

City: FORT MYERS , State: FL , Zip Code: 33912

Telephone: 239-690-7700 Fax: 239-288-2578

Toll Free Number: 844-804-4445 ☒ (Required per NAC 639.708)

E-mail: DEANNA@APOTHICARE360.COM Website: WWW.APOTHICARE360.COM

Managing Pharmacist: JOSEPH CATALANO License Number: PS39923

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Deanna Catalano

Original Signature of Person Authorized to Submit Application, no copies or stamps

DEANNA CATALANO

Print Name of Authorized Person

NOV 19 2019

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: FL

Parent Company if any: N/A

Mailing Address: 6631 ORION DRIVE #112 ,

City: FORT MYERS State: FL Zip: 33912

Telephone: 239-690-7700 Fax: 239-288-2578

Contact Person: DEANNA CATALANO

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a)	DEANNA CATALANO	6631 ORION DRIVE #112 , FORT MYERS , FL ,33912
	Name	Address

b) JOSEPH CATALANO	6631 ORION DRIVE #112 , FORT MYERS , FL ,33912
Name	Address

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. 100

- 3) What was the price paid per share? 0

- 4) What date did the corporation actually receive the cash assets? 2/23/18

- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: DEANNA CATALANO %: 50%

Name: JOSEPH CATALANO %: 50%

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:30 pm Saturday CLOSE am pm

Sunday CLOSEam _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

DEANNA CATALANO

JOSEPH CATALANO

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DEANNA CATALANO

Responsible Person of TRINITY COMPOUNDING EXPERTS LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

DEANNA CATALANO

Print Name of Authorized Person

NOV 19 2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Dee) ss.
Dee COUNTY)

I, JOSEPH CATALANO, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST IN CHARGE / PARTNER for TRINITY COMPOUNDING EXPERTS LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

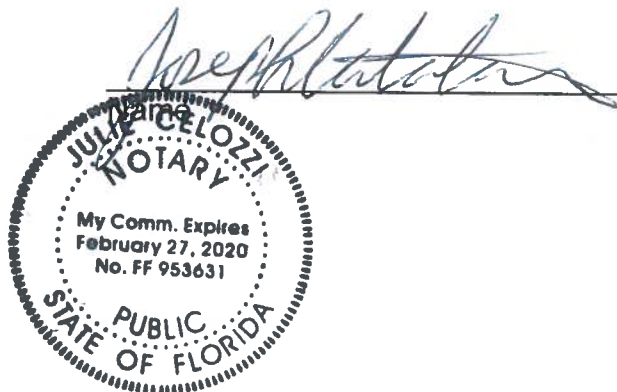
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, JOSEPH CATALANO, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
 before me, a notary public this
19th day of November, 2019.
[Signature]
 NOTARY PUBLIC



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

175

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

November 21, 2019

Trinity Compounding Experts LLC DBA ApothicAr
Deanna Catalano
6631 Orion Dr.Suite 112
Fort Myers, FL 33912

RE: License Certification for Trinity Compounding Experts Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31213
ORIGINAL CERTIFICATION:	02/23/2018
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Willie Gaines
Regulatory Specialist II

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791



ORGANIZATION CHART

Corporation Info



TRINITY COMPOUNDING EXPERTS LLC

6631 ORION DRIVE SUITE 112, FORT MYERS, FL , 33912



Corporate Officer

DEANNA CATALANO

Title: Member

Corporate Officer

JOSEPH CATALANO

Title: Member

EIN :82-2158652



License Number: PH31213

Data As Of 11/13/2019

Profession	Pharmacy
License	PH31213
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	02/23/2018
Address of Record	6631 Orion Drive #112 FORT MYERS, FL 33912
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of TRINITY COMPOUNDING EXPERTS, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 13, 2017, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L17000150208.

Authentication Code: 170713094703-200301332332#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of July, 2017



Ken Detzner
Ken Detzner
Secretary of State

To Page 4 of 7

To: Legal Zoom Page 6 of 11

2019-06-24 07:35:03 PDT

LegalZoom.com, Inc. From: Sarah Acevedo

2019-06-14 14:59:52 (GMT) 1-239-266-2578 From: ApothCare 380 Neighborhood P

COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: Trinky Compounding Experts, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryene Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

frontrowjoe36@yahoo.com

E-mail address (to be used for return of lost original document)

For further information concerning this matter, please call:

Cheryene Moseley

Name of Person

800

Area Code

773-6888 ext. 9724

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$35.00 Filing Fee &
Certificate of Status☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#change of LLC address

To: Page 2 of 7

Division of Corporations

2019-06-24 07:35:00 EDT

LegalZoom.com, Inc. From: Sarah Acoveado
Page 1 of 2

U7000150208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000195440 3)))



H190001954403ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

19 JUN 21 AM 11:50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRINITY COMPOUNDING EXPERTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

D SCOTT

JUN 25 2019

Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 5 of 7

To: Legal Zoom Page 4 of 11

2019-06-24 07:35:03 PDT

LegalZoom.com, Inc. From: Sarah Acevedo

2019-06-14 14:58:22 (GMT)

1-239-288-2576 From: ApothiCare 360 Neighborhood P

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trinity Compounding Experts, PLLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2017 and assigned
Florida document number L17000150208

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6631 Orion Dr. Ste. 112

Pt. Myers, Florida 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6631 Orion Dr. Ste. 112

Pt. Myers, Florida 33912

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

To: Page 7 of 7

To: Legal Zoom Page 2 of 11

2019-06-24 07:35 03 PDT

LegalZoom.com, Inc. Front: Sarah Acevedo

2019-06-14 14:59:32 (GMT)

1-239-266-2576 Front: Apothicare 360 Neighborhood P

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 14, 2019.

Deanna Catalano

Signature of a member or authorized representative of a member

Deanna Catalano

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

To: Page 6 of 7

2019-08-24 07:35:03 PDT

LegalZoom.com, Inc. From: Sarah Acevedo

To: Legal Zoom Page 3 of 11

2019-08-14 14:59:52 (GMT) 1-239-268-2578 From: ApothCare 380 Neighborhood P

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CATALANO, JOSEPH	MORNING SUN LN.	☐ Add
		NAPLES, FL 34119	☒ Remove
AMBR	CATALANO, DEANNA	MORNING SUN LN.	☐ Add
		NAPLES, FL 34119	☒ Remove
AMBR	CATALANO, JOSEPH	Orion Dr. Ste. 112	☒ Add
		FL Myers, Florida 33912	☐ Remove
AMBR	CATALANO, DEANNA	Orion Dr. Ste. 112	☒ Add
		FL Myers, Florida 33912	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT7788376	11-30-2020	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	RETAIL PHARMACY-COLLECTOR	07-27-2018

TRINITY COMPOUNDING EXPERTS LLC
 8631 ORION DRIVE
 #112
 FORT MYERS, FL 33912

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1808 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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Form DEA-223 (8/2016)

AC# 8765649

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/30/2019	PH 31213	110015

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III

Expiration Date: **FEBRUARY 28, 2021**

TRINITY COMPOUNDING EXPERTS LLC

Apothecare 360

6631 ORION DRIVE

#112

FORT MYERS, FL 33912

Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Community Pharmacy
Schedule II & III

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

8765649

DATE	LICENSE NO.	CONTROL NO.
01/30/2019	PH 31213	110015

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

TRINITY COMPOUNDING EXPERTS LLC

LICENSEE SIGNATURE

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/07/2019	PS 39923	306981

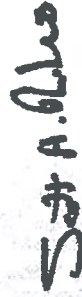
THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**
JOSEPH ANTHONY CATALANO
6631 ORION DRIVE SUITE 112
FORT MYERS, FL - 33912



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

State of Florida

Department of State

I certify from the records of this office that TRINITY COMPOUNDING EXPERTS, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 13, 2017.

The document number of this limited liability company is L17000150208.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 9, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirtieth day of October, 2019*



Randy R. Lee
Secretary of State

Tracking Number: 0907001540CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW _____)	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner - Pages 1,2,3,7
☒ Publicly Traded Corporation - Pages 1,2,3,4 ☐ Non Publicly Traded Corporation - Pages 1,2,3,5	Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: AB Sciex LLC

Physical Address: 500 Old Connecticut Path, Building B
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: Framingham, MA State: MA Zip Code: 01701 Telephone: 508-383-7800
 Fax: 508-383-7468

E-mail: _____ Website: www.sciex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Fri: 9 to 5
 Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Inese Lowenstein

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
Other: <u>Mass Spectrometers, Vit D Assay Kit</u> |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: N/A
☒ Advanced Practitioner of Nursing	Name: N/A
☒ Physician's Assistant	Name: N/A
☒ Physical Therapist	Name: N/A
☒ Occupational Therapist	Name: N/A
☒ Registered Nurse	Name: N/A
☒ Respiratory Therapist	Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Danaher Corporation

Corporation Name: AB Sciex LLC

Mailing Address: 500 Old Connecticut Path, Building B

City: Framingham State: MA Zip: 01701

Telephone: 508-383-7700 Fax: 508-383-7468

License Contact Person: Michael Cowhig

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>The Vanguard Group</u>	%: <u>6.4%</u>
2. <u>BlackRock, Inc.</u>	%: <u>6.1%</u>
3. <u>Steven M. Rales</u>	%: <u>6%</u>
4. <u>Mitchell P. Rales</u>	%: <u>5%</u>

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: AB Sciex LLC - Oct 6, 2009 Parent Co - Danaher Oct 3, 1986

Registration number issued: _____

Stock Exchange: Danaher NYSE

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

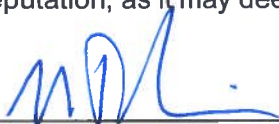
This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael T. Cowbig
Print Name of Authorized Person

12/10/2019
Date

Board Use Only

Received: _____

Amount: _____

Current Appointments

AB Sciex LLC

Date 10/24/2019

▼ Board Positions

Name	Position	Appointed	Reminder	Att.
 Lutz, Robert	Manager	Unknown		☐
 McFaden, Frank	Manager	04/12/2010		☐

▼ Officers

Name	Position	Appointed	Reminder	Att.
 Lowenstein, Inese	President	10/09/2017		☐
 Blair, Rainer	Vice President	11/19/2014		☐
 Clark, Andrew	Vice President	04/09/2013		☐
 Cornell, Brett	Vice President	07/14/2015		☐
 Lutz, Robert	Vice President	Unknown		☐
 McFaden, Frank	Vice President & Treasurer	Unknown		☐
 Tursi, Adam	Asst. Secretary/Asst. Treasurer	09/11/2018		☐
 O'Reilly, James	Vice President & Secretary	Unknown		☐

Danaher - Corporate Parent

2018 ANNUAL REPORT	FORM 10-K PART I	PART II	PART III	PART IV	SUPPLEMENTAL INFORMATION
					Supplemental Reconciliation of Non-GAAP Financial Information to Corresponding Financial Information Presented in Accordance with GAAP Comparison of 5-Year Cumulative Total Shareholder Return Directors & Executive Officers Shareholder Information

Directors

DONALD J. EHRLICH

Former President and
Chief Executive Officer
Schwab Corporation

TERI LIST-STOLL

Executive Vice President,
Chief Financial Officer
Gap Inc.

JOHN T. SCHWIETERS

Principal
Perseus TDC

LINDA HEFNER FILLER

Former President of
Retail Products and
Chief Merchandising Officer
Walgreen Co.

WALTER G. LOHR, JR.

Retired Partner
Hogan Lovells

ALAN G. SPOON

Consultant
Polaris Partners

THOMAS P. JOYCE, JR.

President and
Chief Executive Officer
Danaher Corporation

MITCHELL P. RALES

Chairman of the
Executive Committee
Danaher Corporation

RAYMOND C. STEVENS, PH.D.

Provost Professor of Biological
Sciences and Chemistry
Director of The Bridge Institute
The University of Southern California

STEVEN M. RALES

Chairman of the Board
Danaher Corporation

ELIAS A. ZERHOUNI, M.D.

Former President
Global Research and Development
Sanofi S.A.

Executive Officers

STEVEN M. RALES

Chairman of the Board

DANIEL L. COMAS

Executive Vice President

WILLIAM H. KING

Senior Vice President
Strategic Development

MITCHELL P. RALES

Chairman of the
Executive Committee

WILLIAM K. DANIEL, II

Executive Vice President

ANGELA S. LALOR

Senior Vice President
Human Resources

THOMAS P. JOYCE, JR.

President and
Chief Executive Officer

MATTHEW R. MCGREW

Executive Vice President
and Chief Financial Officer

ROBERT S. LUTZ

Senior Vice President
Chief Accounting Officer

RAINER M. BLAIR

Executive Vice President

JOAKIM WEIDEMANIS

Executive Vice President

DANIEL A. RASKAS

Senior Vice President
Corporate Development

BRIAN W. ELLIS

Senior Vice President
and General Counsel

[Previous](#)

2018 ANNUAL REPORT	FORM 10-K PART I	PART II	PART III	PART IV	SUPPLEMENTAL INFORMATION	
						Supplemental Reconciliation of Non-GAAP Financial Information to Corresponding Financial Information Presented in Accordance with GAAP Comparison of 5-Year Cumulative Total Shareholder Return Directors & Executive Officers Shareholder Information

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DANAHER CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2103594 8300

SR# 20197807291

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203896442

Date: 10-30-19

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AB SCIEX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4738932 8300

SR# 20197806960

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203896288

Date: 10-30-19



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
10/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386 Attn: Danaher.certrequest@marsh.com Fax (212) 948-0503	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
CN102997607-ALL-7/1-19-20 ABCIX NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td style="text-align: center;">22667</td> </tr> <tr> <td>INSURER B : Indemnity Ins Co Of North America</td> <td style="text-align: center;">43575</td> </tr> <tr> <td>INSURER C : ACE Fire Underwriters Insurance Company</td> <td style="text-align: center;">20702</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Indemnity Ins Co Of North America	43575	INSURER C : ACE Fire Underwriters Insurance Company	20702	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : ACE American Insurance Company	22667														
INSURER B : Indemnity Ins Co Of North America	43575														
INSURER C : ACE Fire Underwriters Insurance Company	20702														
INSURER D :															
INSURER E :															
INSURER F :															
INSURED AB SCIEX LLC 1201 RADIO ROAD REDWOOD CITY, CA 94065															

COVERAGES **CERTIFICATE NUMBER:** CLE-006500596-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liability ☒ Broad Form PD GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:		HDO G7156860A	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		ISA H25298512	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	WLR C66037460 (AOS) WLR C66037423 (CA,MA,AZ) SCF C66037381 (WI)	07/01/2019 07/01/2019 07/01/2019	07/01/2020 07/01/2020 07/01/2020	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER AB SCIEX LLC 1201 RADIO ROAD REDWOOD CITY, CA 94065	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	--

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4Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☒ Ownership Change (Please provide current license number if making changes: MP or MW <u>01550</u>) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Allegro Enterprises, Inc.

Physical Address: 360 Veterans Parkway, Suite 115, Bolingbrook, IL 60440

(This must be a business address, we can not issue a license to a home address)

c/o State License Servicing

Mailing Address: 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (630) 771-7402 Fax: (866) 590-5721

E-mail: AGO@slny.com Website: www.allegromedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 am to 7:00 pm Tue: 7:00 am to 7:00 pm Wed: 7:00 am to 7:00 pm Thu: 7:00 am to 7:00 pm

Fri: 7:00 am to 7:00 pm Sat: Closed Sun: Closed Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kray Allen Kibler

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☒ Medical Gases**

☒ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Electrotherapy, Wound Care, Personal care, Daily living aids, Incontinence Care, & Surgical Supplies.

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Kray Allan Kibler

Telephone: (630) 771-7402

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Krey Allan Kibler
Print Name of Authorized Person

10/30/19
Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Scrip Products Corporation

Corporation Name: Allegro Enterprises, Inc.

Mailing Address: c/o State License Servicing
1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Scrip Products Corporation	360 Veterans Parkway # 115 Bolingbrook IL, 60440	100% Owner
Name	Address	

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. Scrip Products Corporation - 100% Sole Owner

- 3) What was the price paid per share? N/A

- 4) What date did the corporation actually receive the cash assets? N/A

- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Allegro Enterprises, Inc.



Corporate Address: 360 Veterans Parkway, # 115, Bolingbrook, IL 60440 USA
 FEIN: 86-0897987
www.allegromedical.com

Drug Labeler Code: N/A
 Incorporation State: AZ
 Incorporation Date: 12/1/1997

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BGK	360 Veterans Parkway Suite 115 Bolingbrook, IL 60440 County: Will	N/A	N/A	N/A	No	(630) 771-7402	(866) 590-5721

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Kray Allan Kibler	Wesbrook Lane Batavia, IL 60510	President & CEO	No
			Signing Officer

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Scrip Products Corporation	1 Veterans Parkway # 115 Bolingbrook, IL 60440		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Peter A Roggeman	V. Elmhurst Avenue Mt. Prospect, IL 60056-2425	Vice President & Asst Secy	No
Kray Allan Kibler	Wesbrook Lane Batavia, IL 60510	President & CEO	No
			Signing Officer

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
National Registered Agents, Inc.
CT Corporation System

Company
Particulars²⁰⁴



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4034407



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
07/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Van Wyk Risk Solutions 2237 Wealthy Street SE Suite 200 Grand Rapids, MI 49506	CONTACT NAME: Richard Eitman	
		PHONE (A/C, No, Ext): (616)942-5070	FAX (A/C, No): (616)942-8199
		E-MAIL ADDRESS: ricke@vanwykcorp.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Phoenix Insurance Company	
		INSURER B: Charter Oak Fire Insurance Company	
		INSURER C: Travelers Property Casualty Company of America	
		INSURER D: Medmarc Insurance Group	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18-19 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			630-0L549556	7/10/2018	7/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ See Below \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BA-0L322952	7/10/2018	7/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			CUP-0L565544	07/10/2018	07/10/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products Liability \$ Excluded
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-0L535933	7/10/2018	7/10/2019	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Products Liability			N17IL380022	7/10/2018	7/10/2019	\$10,000,000 Per \$10,000,000 Policy \$500 Deductible
B	Auto Physical Dmg, & Hired Auto PD			BA-0L549556	7/10/2018	7/10/2019	Occurrence Aggregate Comp & Collision

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

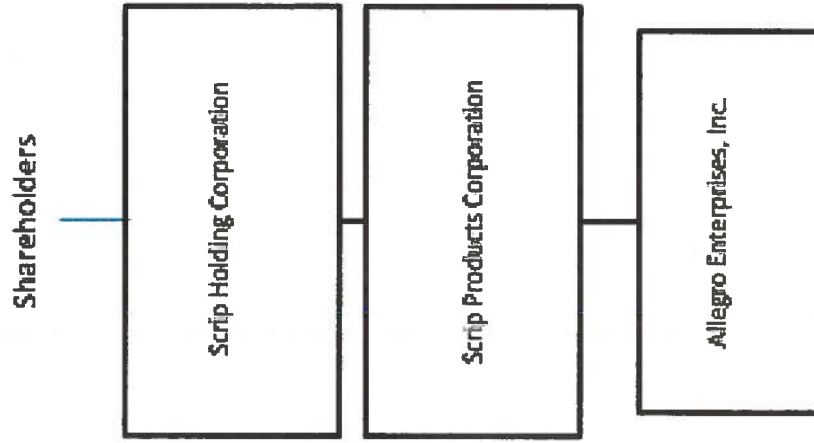
FOR INFORMATIONAL PURPOSES

CANCELLATION

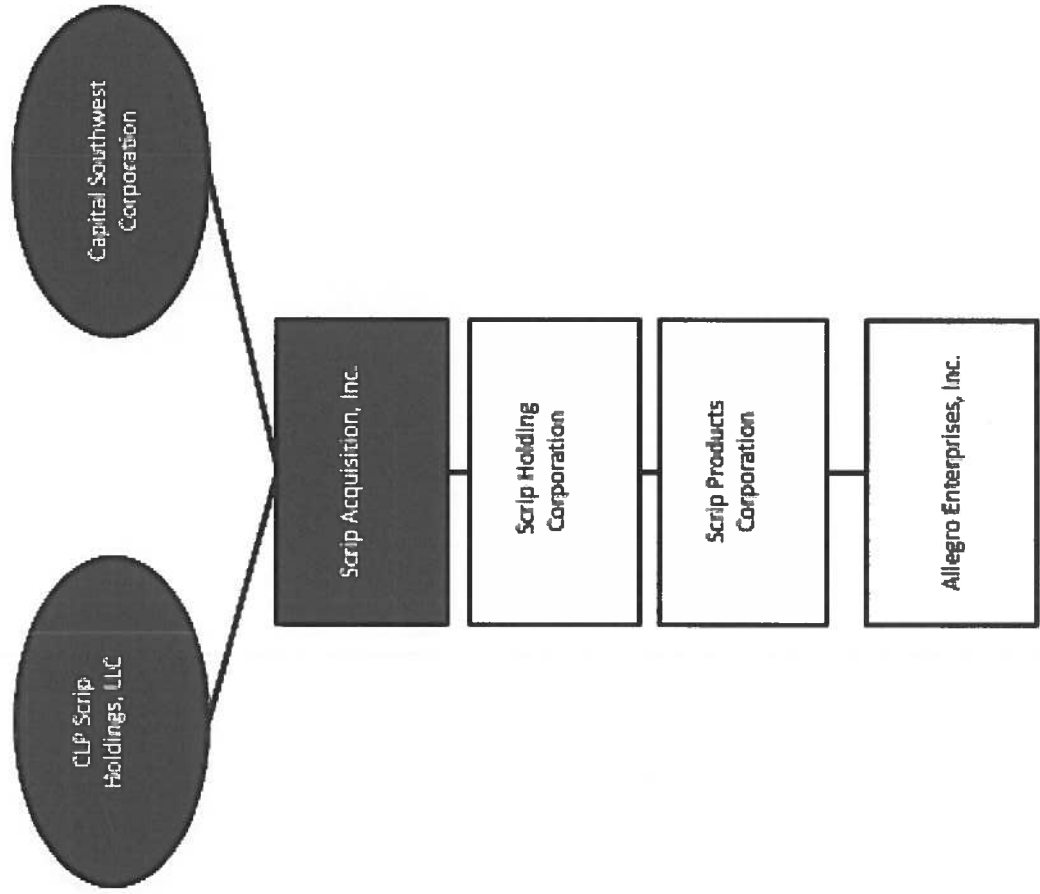
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Pre-Closing Corporate Structure



Post-Closing Corporate Structure



STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that the attached copy of the following document:

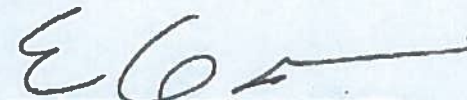
ARTICLES OF INCORPORATION, 12/01/1997

consisting of 5 pages, is a true and complete copy of the original of said document on file with this office for:

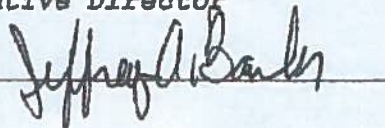
ALLEGRO ENTERPRISES, INC.
ACC file number: -0825096-3

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: February 4, 2011.




Executive Director

By:



**ARIZONA CORPORATION COMMISSION
INCORPORATING DIVISION**

Phoenix Address: 1200 West Washington
Phoenix, Arizona 85007

Tucson Address: 400 West Congress
Tucson, Arizona 85701

CERTIFICATE OF DISCLOSURE
A.R.C. Sections 10-128 & 10-1084

PLEASE SEE REVERSE SIDE

Allyre Home Health Center, Inc.
EXACT CORPORATE NAME

CHECK APPROPRIATE BOX(ES) A or B
ANSWER "C"

THE UNDERSIGNED CERTIFY THAT

- ☒ **A** No persons serving either by election or appointment as officers, directors, incorporators and persons controlling, or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation
- ☐ **1** Have been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this Certificate
- ☐ **2** Have been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses, or restraining the trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this Certificate.
- ☐ **3** Have been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this Certificate where such injunction, judgment, decree or permanent order
- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction

- ☐ **B** For any person or persons who have been or are subject to one or more of the statements in items A 1 through A 3 above, the following information MUST be attached:

- | | |
|--|--|
| <p>1 Full name and prior name(s) used</p> <p>2 Full birth name.</p> <p>3 Present home address</p> <p>4 Prior addresses (for immediate preceding 7-year period)</p> <p>5 Date and location of birth</p> | <p>6 Social Security number</p> <p>7 The nature and description of each conviction or judicial action, date and location, the court and public agency involved and file or cause number of case.</p> |
|--|--|

STATEMENT OF BANKRUPTCY, RECEIVERSHIP OR REVOCATION

A.R.C. Sections 10-128.01 and 10-1083

- ☐ **C** Has any person serving (a) either by election or appointment as an officer, director, trustee or incorporator of the corporation or (b) major stockholder possessing or controlling any proprietary, beneficial or membership interest in the corporation, served in any such capacity or held such interest in any corporation which has been placed in bankruptcy or receivership or had its charter revoked? YES NO

IF YOUR ANSWER TO THE ABOVE QUESTION IS "YES", YOU MUST ATTACH THE FOLLOWING INFORMATION FOR EACH CORPORATION

- | | |
|--|--|
| <p>1 Name and address of the corporation</p> <p>2 Full name, including alias and address of each person involved</p> <p>3 State(s) in which the corporation</p> <p>(a) Was incorporated</p> <p>(b) Was transacted business</p> | <p>4 Date of corporate operation</p> <p>5 A description of the bankruptcy, receivership or charter revocation, including the court or agency involved and the file or cause number of the case</p> |
|--|--|

Under penalty of law, the undersigned Incorporators/Officers declare that we have examined this Certificate, including any attachments and to the best of our knowledge and belief it is true, correct and complete.

BY *[Signature]* DATE 11/15/97

TITLE President / CEO / Chairman

BY *[Signature]* DATE 11/16/97

TITLE Director, Secretary, Treasurer

BY _____ DATE _____

BY _____ DATE _____

BY _____ DATE _____

TITLE _____

LEGAL COUNSEL _____

AZ CORP COMMISSION
FILED

ARTICLES OF INCORPORATION
OF
ALLIGRO HOME HEALTH CARE, INC.

DEC 11 1987
APPROVED
TERM
DATE

1. **Name.** The name of the corporation (hereinafter "Corporation") shall be ALLIGRO HOME HEALTH CARE, INC.

2. **Purpose.** The purpose for which this Corporation is organized is the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Arizona, as they may be amended from time to time.

3. **Initial Business.** The Corporation initially intends to conduct the business of providing home health care products.

4. **Authorized Capital.** The authorized capital stock of this Corporation shall be 1,000,000 shares, all to be shares of common stock, no par value.

5. **Statutory Agent.** The name and address of the initial statutory agent of the Corporation is Lawrence B. Slater & Associates, P.C., 1400 N. Gilbert Rd., #4, Gilbert, Arizona, 85234.

6. **Known Place of Business.** The known place of business of the Corporation shall be 2921 N. 68th St., #6, Scottsdale, Arizona, 85251, and places for conducting business, both within and without the State of Arizona, may be established from time to time by the Board of Directors.

7. **Board of Directors.** The initial Board of Directors shall consist of 2 directors. The persons who are elected and qualified are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Craig Howd
2921 N. 68th St., #6
Scottsdale, AZ 85251

Valerie Paxton
2921 N. 68th St., #6
Scottsdale, AZ 85251

Otherwise, the number of persons to serve on the Board of Directors shall be fixed by the Bylaws of the Corporation.

8. Quorum. A quorum at a meeting of the Board of Directors shall consist of one-half of the number of directors then serving or such other number as may be fixed by the Corporation's Bylaws as the same may be amended from time to time; provided that when a Board comprised of one member is authorized, then one director shall constitute a quorum.

9. Incorporators. The names and addresses of the incorporators of the Corporation are

Craig Houd
3921 N. 68th St., #6
Scottsdale, AZ 85251

Valerie Pazum
3921 N. 68th St., #6
Scottsdale, AZ 85251

All powers, duties and responsibilities of the incorporators shall cease at the time of delivery of these Articles of Incorporation to the Arizona Corporation Commission for filing.

10. Distribution from Capital Surplus. The Board of Directors of the Corporation may, from time to time, distribute on a pro rata basis to its shareholders out of the capital surplus of the Corporation a portion of its assets, in cash or in property.

11. Indemnification of Officers, Directors, Employees and Agents. The Corporation shall indemnify, to the maximum extent, from time to time permitted by applicable law, any person who incurs liability or expense by reason of such person acting as an officer, director or agent of the Corporation. This indemnification shall be mandatory and all circumstances in which indemnification is permitted by law.

12. Repurchase of Shares. The Board of Directors of the Corporation may, from time to time, cause the Corporation to purchase its own shares to the extent of the unreserved and unrestricted earned and capital surplus of the Corporation.

13. Dividends. The Board of Directors may authorize the payment of dividends to the holders of shares of any class of stock payable in shares of any other class.

14. Liability for Breach of Fiduciary Duty. The personal liability of any director of the Corporation to the Corporation or its shareholders for monetary damages for breach of fiduciary duties as a director, is hereby eliminated to the fullest extent allowed by law and in particular A.R.S. Section 10-054 (9), as currently enacted or as the same may be amended from time to time; provided, however that except as otherwise allowed by law, in no event shall the personal liability of a director be eliminated for the following acts: (a) Any breach of the directors' duty of loyalty to the Corporation or its shareholders, (b) Acts or omissions which are not in good faith or which involve intentional misconduct or a knowing violation of law; (c) Authorizing the unlawful payment of a dividend or other distribution to the Corporation's capital stock or the unlawful purchase of its capital stock; (d) any transaction from

which the director may derive an improper personal benefit or the violation of A.R.S. Section 10-041 as amended from time to time

IN WITNESS WHEREOF, we, the undersigned, have hereunto set our hands this 12th day of December, 1997

CRAIG HOOD

VALERIE PAXTON

STATE OF ARIZONA)

) ss.

County of)

The foregoing was acknowledged before me this 12th day of December, 1997, by CRAIG HOOD.



My commission expires

5-31-2000

STATE OF ARIZONA)

) ss.

County of)

The foregoing was acknowledged before me this 12th day of December, 1997, by VALERIE PAXTON.



My commission expires

5-31-2000

ACCEPTANCE OF STATUTORY AGENT FOR ALLGRO HOME**HEALTH CARE, INC**

I, Lawrence B. Slater, of the law offices of Lawrence B. Slater & Associates
P.C., having been designated to act as statutory agent, hereby consent to act in that capacity
until removal or resignation is submitted in accordance with the Arizona Revised Statutes.

DATED this 10th day of November, 1997.

SLATER & ASSOCIATES, P.C.

Lawrence B. Slater

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that the attached copy of the following document:

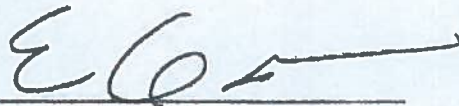
ARTICLES OF AMENDMENT, 03/03/2000

consisting of 1 pages, is a true and complete copy of the original of said document on file with this office for:

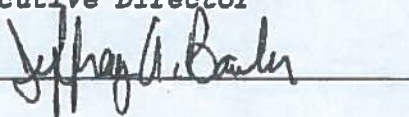
ALLEGRO ENTERPRISES, INC.
ACC file number: -0825096-3

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: February 4, 2011.




Executive Director

By:



03/01/00 WED 10:04 FAX 18024091814

DENAVY

4/003

AZ. CORP. COMMISSION
DELIVERED

MAR 03 2000

FILED BY Maury Brice
TERM 37300
DATE 0825096-3

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION OF

ALLEGRO-HOME HEALTH CARE, INC.

Craig Hood and Valerie Paxton certify that:

1. They are the President and Secretary, respectively, of Allegro-Home Health Care, Inc., an Arizona corporation.

2. Article 1 of the Articles of Incorporation of this corporation is amended to read as follows:

1. Name. The name of this corporation (hereinafter "Corporation") shall be Allegro Enterprises, Inc. W.A.

3. Article 4 of the Articles of Incorporation of this corporation is amended to read as follows:

4. Authorized Capital. The authorized capital stock of this Corporation shall be 10,000,000 shares, all to be common stock, no par value.

4. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.

5. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 10-1003 of the Arizona Business Corporation Act. The number of total outstanding shares of the corporation is 1,000 shares of common stock. The affirmative vote of more than 50% of the outstanding shares was required for approval of the amendment to the Articles of Incorporation. All of the outstanding shares voted in favor of the amendment.

We further declare under penalty of perjury under the laws of the State of Arizona that the matters set forth in this certificate are true and correct as of our own knowledge.

Executed this 13 day of December, 1999.

Craig Hood
Craig Hood, President

Valerie Paxton
Valerie Paxton, Secretary

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that the attached copy of the following document:

ARTICLES OF AMENDMENT, 05/04/2005

consisting of 1 pages, is a true and complete copy of the original of said document on file with this office for:

ALLEGRO ENTERPRISES, INC.
ACC file number: -0825096-3

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: February 4, 2011.



EG Johnson

Executive Director

By: *Jeffrey A. Baker*

AZ CORPORATION COMMISSION
FILED

MAY 04 2005

CERTIFICATE OF AMENDMENT

FILE NO. - 0825096.3

OF

ARTICLES OF INCORPORATION OF

ALLEGRO ENTERPRISES, INC.

Craig Hood and Valerie Paxton certify that:

1. They are the President and Secretary, respectively, of Allegro Enterprises, Inc., an Arizona corporation.

3. Article 4 of the Articles of Incorporation of this corporation is amended to read as follows:

4. Authorized Capital. The authorized capital stock of this Corporation shall be 10,000,000 shares, all to be common stock, par value of \$0.001 per share.

4. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.

5. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 10-1003 of the Arizona Business Corporation Act. The number of total outstanding shares of the corporation is 4,025,000 shares of common stock. The affirmative vote of more than 50% of the outstanding shares was required for approval of the amendment to the Articles of Incorporation. All of the outstanding shares voted in favor of the amendment.

We further declare under penalty of perjury under the laws of the State of Arizona that the matters set forth in this certificate are true and correct as of our own knowledge.

Executed this 3rd day of May, 2005.



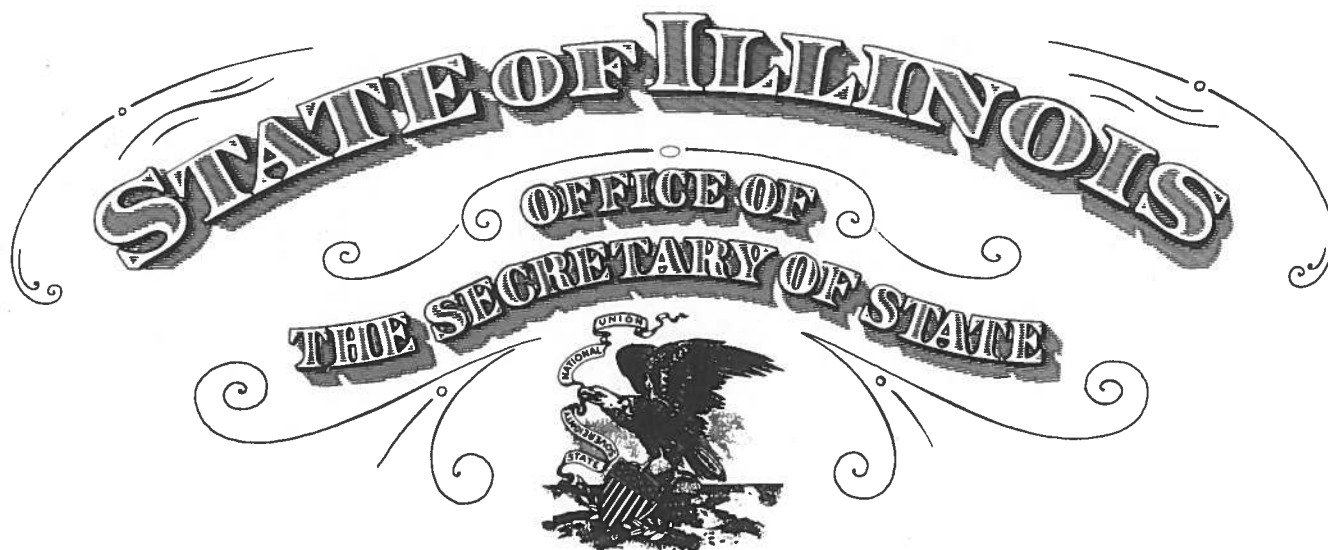
Craig Hood, President



Valerie Paxton, Secretary

File Number

7204-912-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALLEGRO ENTERPRISES, INC., INCORPORATED IN ARIZONA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MAY 23, 2019, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of NOVEMBER A.D. 2019 .

Jesse White

SECRETARY OF STATE

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW _____)	☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: BrightChoice Medical INC

Physical Address: 7373 Hodgson Memorial Drive, Suite 3A, Savannah GA 31406
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7373 Hodgson Memorial Drive, Suite 3A

City: Savannah State: GA Zip Code: 31406

Telephone: 888-878-6992 Fax: 888-878-9542

E-mail: DMeyer@cirrussoft.us Website: brightchoicemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: 9am to 5pm
 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Thomas Schupp

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosthesis
Other: _____ |
|---|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare 103341973

GA Medicaid 003121760A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner
- Advanced Practitioner of Nursing
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Registered Nurse
- Respiratory Therapist

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Drew Meyer

Print Name of Authorized Person

12-6-2019

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Drew Meyer

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Fort Lauderdale State: FL Country: USA

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____ Greenview Terr. City: Boca Raton
State: FL Zip Code: 33433 Telephone Number: _____ Fax Number: _____

Previous address (last 5 years):

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ Greenview Terr City: Boca Raton State: FL Zip Code: 33433

Address: 1401 SW 25th St City: Boca Raton State: FL Zip Code: 33433

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Bright Choice Medical, Inc.

Current Business Address: 7373 Hodgson Memorial Dr. Suite 3A

City: Savannah State: GA Zip Code: 31406

Telephone Number: 888-878-6992 Fax Number: 888-878-9542

Previous Employment (last 5 years):

Name: Cirrus Solution Address: 6600 NW 16th St Ste. #1

City: Plantation State: FL Zip Code: 33313

Name: Liberty Health & Life Address: 6600 NW 16th St Ste. #6

City: Plantation State: FL Zip Code: 33313

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____



CERTIFICATE OF LIABILITY INSURANCE

225
DATE (MM/DD/YYYY)
11/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Orrino Capital Services, LLC 500 W Main Street Suite 208 Babylon NY 11702	CONTACT NAME: Certificates Department
	PHONE (A/C, No, Ext): 631-669-0215 FAX (A/C, No): 631-669-0216
	E-MAIL ADDRESS: certificates@orinocapital.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Illinois Union Insurance Compa
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 445546899

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR ☒ Professional Lia GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			MLP G28184657 003	11/8/2019	11/8/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

National Supplier Clearinghouse
Palmetto GBA, AG-495
PO Box 100142
Columbia, SC 29202-3142

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW _____)	
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Drawbridge Health, Inc

Physical Address: 11535 Sorrento Valley Road, Suite 407, San Diego, CA 92121
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 11535 Sorrento Valley Road, Suite 407

City: San Diego State: CA Zip Code: 92121 Telephone: _____

408-421-1510 Fax: N/A

E-mail: awright@dbhealth.com Website: https://www.dbhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm
 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Elisa Romeo

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthetics
Other: <u>Medical device</u> |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: N/A
☒ Advanced Practitioner of Nursing	Name: N/A
☒ Physician's Assistant	Name: N/A
☒ Physical Therapist	Name: N/A
☒ Occupational Therapist	Name: N/A
☒ Registered Nurse	Name: N/A
☒ Respiratory Therapist	Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Annie Wright

Original Signature of Person Authorized to Submit Application, no copies or stamps

Annie Wright

Print Name of Authorized Person

20-Nov.-2019

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Drawbridge Health, Inc

Mailing Address: 11535 Sorrento Valley Road, Suite 407

City: San Diego State: CA Zip: 92121

Telephone: 408-421-1510 Fax: N/A

Contact Person: Annie Wright, Assoc. Director, RA & QA

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
a)

<u>Lee McCracken 11535 Sorrento Valley Road, Suite 407, San Diego, CA 92121</u>	
Name	Address

b)

<u>Alicia Jackson 548 Gabilan St., Los Altos, CA 94022</u>	
Name	Address

c)

<u>Greg Nagy 11535 Sorrento Valley Road, Suite 407, San Diego, CA 92121</u>	
Name	Address

d)

<u>Elisa Romeo 11535 Sorrento Valley Road, Suite 407, San Diego, CA 92121</u>	
Name	Address
- 2) Provide the number of shares issued by the corporation. 30,033,182
- 3) What was the price paid per share? \$1.75
- 4) What date did the corporation actually receive the cash assets? 26 July 2019 (latest)
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



31 October 2019

Drawbridge Health, Inc Corporate Officers

Lee R. McCracken
Chief Executive Officer
11535 Sorrento Valley Rd., Suite 407
San Diego, CA 92121

Elisa Romeo
Chief Operating Officer
11535 Sorrento Valley Rd., Suite 407
San Diego, CA 92121

Greg Nagy
Chief Marketing Officer
11535 Sorrento Valley Rd., Suite 407
San Diego, CA 92121

Holly Logue
Head of Strategic Assets
11535 Sorrento Valley Rd., Suite 407
San Diego, CA 92121

Carin Sandvik
Head of Finance & Administration
11535 Sorrento Valley Rd., Suite 407
San Diego, CA 92121

Report Date:10/31/2019		Drawbridge Health, Inc. - Detail Capitalization Table	
Name	Fully Diluted Shares	% of Fully Diluted Shares	
Athena Ventures I LLC	9,859,499.00	32.83	
Barkley, Maria	3,000.00	0.01	
Beyerlein, Dagmar	31,250.00	0.10	
Brege, Laura	50,000.00	0.17	
Chapman, Rowan	60,416.00	0.20	
Dokukin, Victor	22,500.00	0.07	
Eichler, Gabriel	8,185.00	0.03	
Gadelrab, Ruby	6,500.00	0.02	
Glorikian, Harry	150,000.00	0.50	
Grote, Ruby	10,500.00	0.03	
Haines, Arnaud	7,000.00	0.02	
Hancock, Andrew	25,000.00	0.08	
Harrington, Mindy	25,417.00	0.08	
Holscher, Todd	90,250.00	0.30	
Imperial College Health Partners	28,500.00	0.09	
Innovation Kyoto 2016 Investment Limited Partnership (Kyoto-iCap)	2,285,713.00	7.61	
Jackson, Alicia	500,000.00	1.66	
Jacobs-Nesselrodt, Alice	12,500.00	0.04	
Jordan, Brett	76,750.00	0.26	
Juneau, Kara	15,833.00	0.05	
Logue, Holly	240,000.00	0.80	
McCracken, Lee R.	1,501,006.00	5.00	
Medi-Physics, Inc.	6,716,543.00	22.36	
Mitsubishi UFJ Life Science II, Limited Partnership	285,714.00	0.95	
Nagy, Greg	541,000.00	1.80	
Nerlaker, Mukul	8,750.00	0.03	
Olsen, Jonathan	3,315.00	0.01	
Rajagopalan, Malini	5,000.00	0.02	
Rava, Richard	62,499.00	0.21	
Reinstein, James	216,667.00	0.72	
Romeo, Elisa	541,000.00	1.80	
Saed, Sabina	10,000.00	0.03	
Sandvik, Carin	180,000.00	0.60	
Sayeed, Imran	7,500.00	0.02	
Shariff, Kamraan	360,000.00	1.20	
Shores, Clyde	175,000.00	0.58	
Slatore, Harold	20,000.00	0.07	
Stack, Risa	100,000.00	0.33	
Sumitomo Dainippon Pharma Co., Ltd.	1,142,857.00	3.81	
Thorne Research, Inc.	3,142,856.00	10.46	
Williamson, Lucy	604.00	0.00	
Wright, Anneilynn	58,750.00	0.20	
OPTIONS AVAILABLE FOR ISSUANCE	1,445,308.00	4.81	
TOTALS:	30,033,182.00	100.00	

Drawbridge Health, Inc.						
Board of Directors						
31-Oct-2019						
Name	Type	Representing	Individual Ownership*		Corporate Ownership	
			Shares	%	Shares	%
Risa Stack	Chairman	Independent	100,000	0.33%	-	N/A
Alex De Winter	Member	Athena Ventures LLC (f/k/a GE Ventures)	-	N/A	9,859,499	32.83%
Paul Jacobsen	Member	Thorne, Inc.	-	N/A	3,142,856	10.46%
Lee R. McCracken	Member	Drawbridge Health, Inc.	1,501,006	5.00%	-	N/A
OPEN SEAT	Member	MediPhysics, Inc. (GEHC)	-	N/A	6,716,543	22.36%
			* Includes stock options			

Ownership* (Top 5 persons or entities to whom shares were issued. See stock register for complete information)						
<u>Last Name</u>	<u>First Name</u>	<u>Address</u>	<u>SSN or Federal Tax ID</u>	<u>DOB (if applicable)</u>	<u># of shares</u>	<u>Price per share</u>
Athena Ventures LLC	N/A	901 Main Avenue Norwalk, CT 06851	83-2967957	N/A	9,859,499	Various - Most recent \$1.75
Medi-Physics, Inc.	N/A	4636 Somerton Road, Bldg #1 Feasterville-Trevose, PA 19053	94-1718319	N/A	6,716,543	Various - Most recent \$1.75
Thorne Research, Inc.	N/A	620 Omni Industrial Blvd Summerville, SC 29486	91-1248086	N/A	3,142,856	\$1.75
Innovation Kyoto 2016 Investment Limited Partnership	N/A	36-1 Yoshido Honmachi ku, Kyoto 606-8317 Japan	N/A - Japanese entity	N/A	2,285,713	\$1.75
Sumitomo Dainippon Pharma	N/A	6-8 Doshomachi 2-chrome Ku, Osaka 541-0045 Japan	N/A - Japanese entity	N/A	1,142,857	\$1.75
*See stock register for complete ownership information.						
Corporate Structure						
<u>Name of Corp Officer</u>						
<u>Last Name</u>	<u>First Name</u>	<u>Position</u>	<u>DOB</u>	<u>Address</u>	<u>% Stock Ownership</u>	
McCracken	Lee	CEO	1/6/1958	13864 Boquita Dr.	5.00%	
Romeo	Elisa	COO	12/31/1978	200 Lapis Way, San Marcos, CA 92078	1.80%	
Nagy	Greg	Chief Marketing Officer	3/28/1975	106 Palmer Street, San Ramon CA 94583	1.80%	
Logue	Holly	Head of Strategic Assets	3/24/1975	808 Detroit Street, San Francisco 94131	0.80%	
Sandvik	Carin	Head of Finance & Administration	4/8/1963	2379 Lapis Rd. Carlsbad, CA 92009	0.60%	
Board of Directors						
<u>Name of Director</u>						
<u>Last Name</u>	<u>First Name</u>	<u>Type</u>	<u>Representing</u>	<u>Individual Ownership*</u> <u>Shares</u>	<u>%</u>	<u>Corporate Ownership</u> <u>Shares</u>
Stack	Risa	Chairman	Independent	100,000	0.33%	N/A
De Winter	Alex	Member	Athena Ventures LLC (f/a GE Ventures)	-	N/A	9,859,499
Jacobsen	Paul	Member	Thorne, Inc.	-	N/A	3,142,856
McCracken	Lee R.	Member	Drawbridge Health, Inc.	1,501,006	5.00%	N/A
OPEN SEAT		Member	MediPhysics, Inc. (GEHC)	-	N/A	6,716,543
* Includes stock options						

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DRAWBRIDGE HEALTH, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2019.



5809419 8300

SR# 20196628101

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203899798

Date: 10-30-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Electric Insurance Company 75 Sam Fonzo Drive Beverly, MA 01915-1000	CONTACT NAME: Stephanie Sullivan PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Electric Insurance Company*</td> <td>21261</td> </tr> <tr> <td>INSURER B: A.M. Best FSR of A (Excellent), ICR of a+</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Electric Insurance Company*	21261	INSURER B: A.M. Best FSR of A (Excellent), ICR of a+		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Electric Insurance Company*	21261														
INSURER B: A.M. Best FSR of A (Excellent), ICR of a+															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Drawbridge Health, Inc. 800 Long Ridge Road Fairfield, CT 06927 United States															

COVERAGES

CERTIFICATE NUMBER: 222725

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			GL 19-1	1/1/2019	1/1/2020	EACH OCCURRENCE \$ \$2,500,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000
							MED EXP (Any one person) \$ \$10,000
							PERSONAL & ADV INJURY \$ \$2,500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ \$5,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG Included in Gen Agg.
	OTHER:						\$
A	☒ AUTOMOBILE LIABILITY			ML 19-2	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ \$2,500,000
	☒ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	☐ UMBRELLA LIAB ☒ EXCESS LIAB			XS 19-1	1/1/2019	1/1/2020	EACH OCCURRENCE \$ \$2,500,000
	☐ OCCUR ☐ CLAIMS-MADE						AGGREGATE \$ \$5,000,000
	DED ☐ RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 19-1	1/1/2019	1/1/2020	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N ☒ N	N/A				E.L. EACH ACCIDENT \$ \$2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ \$2,500,000
							E.L. DISEASE - POLICY LIMIT \$ \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Solely to the extent required by the underlying contract with the Named Insured, this insurance shall provide coverage on a primary and noncontributory basis and shall contain a waiver of subrogation if made in writing prior to an "occurrence" giving rise to a loss. The policies referenced above have been endorsed to provide the following notice of cancellation to the certificate holder: Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Please see page 2 for additional insureds and any additional language.

CERTIFICATE HOLDER

San Diego Inspire 2, LLC, a Delaware limited liability company
 c/o Parallel Capital Partners
 4105 Sorrento Valley Blvd
 San Diego, CA 92121
 United States

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Electric Insurance Company		NAMED INSURED Drawbridge Health, Inc. 800 Long Ridge Road Fairfield, CT 06927 United States	
POLICY NUMBER		EFFECTIVE DATE: 1/1/2019	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Subject to the insurance policy terms and conditions, the above referenced General Liability, Excess Liability, and Automobile Liability policies shall include the Certificate Holder and Parallel Capital Partners, Inc., Longfellow Real Estate Partners, LLC and all affiliates (of the above) and their respective directors, officers, employees, partners and members as an additional insureds, but only to the extent required by the underlying written contract with the Named Insured that is in place prior to an "occurrence" giving rise to a loss.

Jobsite: 11535 Sorrento Valley Rd., Suite 407; 11555 Sorrento Valley Rd., Suite 102; AGP SORRENTO BUSINESS COMPLEX, L.P., Parallel Capital Partners, Inc. and all affiliates (of the above) and their respective directors, officers, employees, partners and members are included as Additional Insureds

GL Coverages:

- a. Premises-Operations
- b. Products/Completed Operations
- c. XCU
- d. Blanket Contractual Liability
- e. Personal and Advertising Injury Limit
- f. Independent Contractors
- g. Separation of Insureds / Cross Liability
- h. Sudden and Accidental Pollution Liability

Auto Coverages:

- a. Symbol 1 - All Vehicles

Excess Liability:

- a. Following Form

WC Coverages:

- a. USL&H
- b. Jones Act / Maritime Liability
- c. Outer Continental Shelf Lands Act
- d. The Workers Compensation policy provides coverage in all states where the insured has operations, except for monopolistic states (ND, WY, PR) and states where the insured qualifies for self-insured status (OH, WA)
- e. Employers Liability coverage is provided in all states where the insured has operations

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DEVICE MANUFACTURING LICENSE

Drawbridge Health, Inc
11535 Sorrento Valley Road, Suite 407
San Diego, Ca 92121

LICENSE NUMBER: 105443
EXPIRATION DATE: 7/16/2020

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG	☐ Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Home Sleep Delivered, L.L.C.

Physical Address: 625 E. Kaliste Saloom Road, Suite 200 S, Lafayette, LA 70508

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 625 E. Kaliste Saloom Road, Suite 200 S

City: Lafayette, LA State: LA Zip Code: 70508 Telephone: (337) 857-3646

Fax: (337) 857-3514

E-mail: info@homesleepdelivered.com

Website: (337) 857-3646

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to Fri: 8am to 5pm
 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Andrew Hill

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☒ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☐ Orthotics and Prosthesis |
| ☐ Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: _____
☒ Advanced Practitioner of Nursing	Name: _____
☒ Physician's Assistant	Name: _____
☒ Physical Therapist	Name: _____
☒ Occupational Therapist	Name: _____
☒ Registered Nurse	Name: _____
☒ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

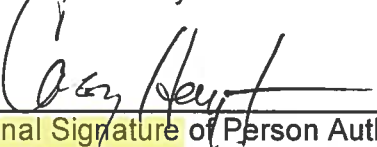
This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

CASEY HOYT
Print Name of Authorized Person

11/4/19
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION LLCState of Incorporation: LouisianaParent Company if any: Viemed Inc.Corporation Name: Home Sleep Delivered, L.L.C.Mailing Address: 625 E. Kaliste Saloom Road, Suite 200 SCity: Lafayette State: LA Zip: 70508Telephone: (337) 857-3646 Fax: (337) 857-3514Contact Person: Andrew Hill

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>Viemed Inc.</u>	<u>202 N. Luke St. Lafayette LA 70506</u>
Name	Address

b) _____	_____
Name	Address

c) _____	_____
Name	Address

d) _____	_____
Name	Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 5750 Johnson Street 5th Floor Suite 505 Lafayette, LA 70503	CONTACT NAME: Kristine LeBlanc CIC, CMIP, CISR	
	PHONE (A/C, No, Ext): 337 314-8949	FAX (A/C, No): 337-234-0776
	E-MAIL ADDRESS: kristine.leblanc@mcgriffinsurance.com	
INSURED Home Sleep Delivered, LLC 202-B N. Luke Street Lafayette, LA 70506	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Benchmark Insurance Company	NAIC # 41394
	INSURER B : Travelers Indemnity Co of CT	25682
	INSURER C : Travelers Indemnity Company	25658
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			D1018G314013	08/01/2019	08/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
C	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒			8105N822729	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			UM101850236	08/01/2019	08/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N N/A	UB1L76006A19I2G	08/01/2019	08/01/2020	☒ PER STATUTE ☐ OTH-ER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab			D1018G314013	08/01/2019	08/01/2020	Included in GL Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William Quinlan

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DESCRIPTIONS (Continued from Page 1)**Schedule of Locations:**

202-A N. Luke Street, Lafayette LA 70506
202-B N. Luke Street, Lafayette LA 70506
2426 Jake Drive, Suites 1, 2 & 3, Opelousas LA 70570
1192 Long Hollow Pike, Gallatin TN 37066
447 Call Road, Suites 211 & 212, Charleston WV 25312
1902 Corona Road, Suite 101, Columbia MO 65203
6605 Abercorn Street, Suites 107 D&E, Savannah GA 31405
8201 Ranch Boulevard, Suite B-1, Offices 1 & 8, Little Rock AR 72223
16903 Red Oak Drive, Suite 172C, Houston TX 77090
9726 E. 42nd Street, Suites 133 & 135, Tulsa OK 74146
1169 Eastern Parkway, Suite 1259, Louisville KY 40217
11801 N. Tatum Blvd, Suite 140, Phoenix AZ 85028
232 Market Street, Suites 247 & 249, Flowood MS 39232
720 S. Colorado Blvd., Penthouse North, Suite# 1375/1376, Denver CO 80246
11 North Water Street, Suite 10290, Unit #1066/1067, Mobile AL 36602
1414 Eraste Landry Road, Lafayette LA 70506
625 E. Kaliste Saloom Road, Lafayette LA 70508
200 S. Virginia, Suite 829, Reno NV 89501
1050 SW 6th Avenue, Suite 1100, Portland OR 97204
625 E. Kaliste Saloom Road, Suite 200S, Lafayette LA 70508



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

HOME SLEEP DELIVERED, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

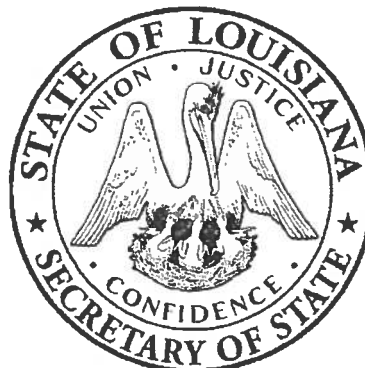
Filed charter and qualified to do business in this State on February 05, 2010,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 28, 2019



R. Kyle Ardoin

Secretary of State

Web 40120162K

Certificate ID: 11134117#C4C42

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

Louisiana Board Of Pharmacy
Application for New Durable Medical Equipment (DME) Permit for
Home Sleep Delivered, L.L.C., FEIN – 27-1990310

Section 4: Company Ownership

Owner:
Viemed, Inc.

FEIN: 38-4052008
Address: 202 N. Luke St., Lafayette, LA 70506
Phone: 337-769-9611

100% owner

Key Management: *None of the officers listed below has held a professional license from any state licensing or regulatory authority.*

- 1) Casey Bryan Hovt, CFO (and Viemed Managing Officer)

SS#:

DOB:

Saddlewood Corner, Lafayette, LA 70508

Business Phone: 337-504-3802

- 2) Michael Brandon Moore, President

SS#:

DOB:

Mont De Marson Dr, Lafayette, LA 70507

Business Phone: 337-504-3802

4U

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG	☐ Ownership Change {Please provide current license number if making changes: MP or MW _____}
☐ Publicly Traded Corporation - Pages 1,2,3,4	☒ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation - Pages 1,2,3,5	☐ Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Hospital Overstock LLC

Physical Address: 1160 S. Rogers Circle UNIT 3 Boca Raton, FL 33487

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1020 Holland Dr. STE 121

City: Boca Raton

State: Florida

Zip Code: 33487

Telephone: 561-999-3244

Fax: 561-994-9633

E-mail: dkula@hospitaloverstock.net

Website: www.hospitaloverstock.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel Kula

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

None	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

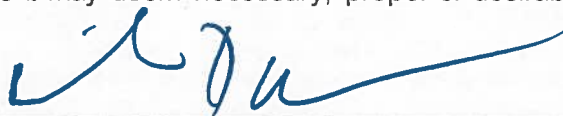
This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

DANIEL KULA

Print Name of Authorized Person

11/8/19

Date

Board Use Only

Received: -----

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP 15 A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Florida _____

Parent Company if any: _____

Corporation Name: Hospital Overstock LLC _____

Mailing Address: 1020 Holland Dr. STE 121 _____

City: Boca Raton _____ State: Florida _____ Zip: 33487 _____

Telephone: 561-999-3244 _____ Fax: 561-994-9633 _____

Contact Person: Daniel Kula _____

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Daniel Kula 122 NW Gardner St. Boca Raton, FL 33432 _____

Name Address

b) _____

Name Address

c) _____

Name Address

d) _____

Name Address

- 2) Provide the number of shares issued by the corporation. 10 _____
- 3) What was the price paid per share? \$10 _____
- 4) What date did the corporation actually receive the cash assets? 6/19/09 _____
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Daniel Kula Managing Member

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General --

Limited -- ^XPartnership Name: Hospital Overstock LLCMailing Address: 1020 Holland Dr. STE 121City: Boca RatonState: FloridaZip: 33487Telephone: 561-999-3244Fax: 561-994-9633Daniel Kula

Contact Person: -----

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
 Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Daniel Kula</u>	<u>G</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ or: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

State of Florida

Department of State

I certify from the records of this office that HOSPITAL OVERSTOCK LLC is a limited liability company organized under the laws of the State of Florida, filed on June 19, 2009.

The document number of this limited liability company is L09000059958.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 18, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fifth day of October,
2019*



Randy R.
Secretary of State

Tracking Number: 2163782853CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

255
DATE (MM/DD/YYYY)
6/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321		CONTACT NAME: Michellita Swaney PHONE (A/C, No, Ext): 954-724-7000 E-MAIL ADDRESS: mswaney@keyescor.com	
		FAX (A/C, No): 924-724-7024	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hanover Insurance Company	
		INSURER B: Massachusetts Bay Ins Co	
		INSURER C: Zenith Insurance Co.	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1690313471 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER	Y		RDJ 9908326-06	4/14/2019	4/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			UJH 9908688 06	4/14/2019	4/14/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	Z127023305	2/13/2019	2/13/2020	☒ PER STATUTE ☐ OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Leased Premises: 1020 Holland Drive Ste 121, Boca Raton, FL 33487 (Daniel Kula)
Holland Drive Industrial Park, LTD and Danburg Management Corporation are Additional Insured with regards to the above leased premises.

CERTIFICATE HOLDER Holland Drive Industrial Park, LTD. Danburg Management Corporation 7700 Congress Avenue, Suite 3100 Boca Raton FL 33487	CANCELLATION 30 Days Notice/10 Days for Non-Pay SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

**OPERATING AGREEMENT
OF
HOSPITAL OVERSTOCK, LLC**

This Operating Agreement of HOSPITAL OVERSTOCK, LLC, (the "Company") is entered into effective for all purposes as of June 19, 2009, by DANIEL KULA, as the initial Member.

**ARTICLE I
INTRODUCTION**

1.1 Formation of Limited Liability Company. The Company has been formed by filing Articles of Organization (the "Articles") with the Department of the Secretary of State of Florida. This Operating Agreement is subject to, and governed by, the Act and the Articles. In the event of a conflict between the provisions of this Operating Agreement and the mandatory provisions of the Act or the provisions of the Articles, such provisions of the Act or the Articles, as the case may be, are controlling.

1.2 Defined Terms. The following terms used in this Operating Agreement with their initial letters capitalized, unless the context requires otherwise or unless otherwise expressly provided in this Operating Agreement, have the meanings specified in this Section 1.2. The singular includes the plural and vice versa, as the context requires.

(a) "Act" means the Florida Limited Liability Company Act, as it may be amended from time to time.

(b) "Additional Member" means any individual or Entity admitted as a Member pursuant to Section 2.7 of this Operating Agreement.

(c) "Affiliate" means any individual or Entity which, directly or indirectly, or through one or more intermediaries, controls, is controlled by, or is under common control with a Member. The term "control," as used in the immediately preceding sentence, means the possession, directly or indirectly, of the power to direct or cause the direction of the management or policies of the controlled Entity.

(d) "Bankruptcy" means, and a Member shall be deemed a "Bankrupt Member" on (i) the entry of a decree or order for relief against the Member by a court of competent jurisdiction in any involuntary case brought against the Member under any bankruptcy, insolvency, or other similar law (collectively, "Debtor Relief Laws") generally affecting the rights of creditors and relief of debtors now or hereafter in effect, (ii) the appointment of a receiver, liquidator, assignee, custodian, trustee, sequestrator or other similar agent under applicable Debtor Relief Laws for the Member or for any substantial part of its assets or property, (iii) the ordering of the winding up or liquidation of the Member's affairs, (iv) the filing of a petition in any such involuntary bankruptcy case that remains undismissed or suspended pursuant to Section 305 of the Federal Bankruptcy Code (or any corresponding provision of any future United States bankruptcy law), (v)

HOSPITAL OVERSTOCK, LLC
EXHIBIT "A" TO OPERATING AGREEMENT

<u>Members/ Addresses</u>	<u>Capital Contribution</u>	<u>Percentage Interest</u>
DANIEL KULA 1 NW Gardner St. Boca Raton, FL 33432	\$100	100%
Total	<u>\$100</u>	<u>100%</u>

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____)
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: MEDICO INTERNACIONAL, LLC

Physical Address: 3400 SW 20 STREET, PEMBERG PARK, FL 33023
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4150 NW 93 AVENUE

City: GAINESVILLE State: FL Zip Code: 32653

Telephone: 305-405-6169 Fax: _____

E-mail: KELLEY.FWLEN@MEDICOINTERNACIONAL.COM Website: WWW.MEDICOINTERNACIONAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 10pm Tue: 6am to 10pm Wed: 6am to 10pm Thu: 6am to 10pm Fri: 6am to 10pm
Sat: 7am to 12pm Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JESSE OPPENHEIMER

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: DISPOSABLE MEDICAL SUPPLIES

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner
- Advanced Practitioner of Nursing
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Registered Nurse
- Respiratory Therapist

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Kelley Finlen
Original Signature of Person Authorized to Submit Application, no copies or stamps

KELLEY FINLEN
Print Name of Authorized Person

12/5/19
Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: FLORIDA

Parent Company if any: _____

Corporation Name: MEDICO INTERNACIONAL, LLCMailing Address: 4150 NW 93 AVENUECity: GAINESVILLE State: FL Zip: 32653Telephone: 305-405-6169 Fax: _____Contact Person: JESSE OPPENHEIMER

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) DAVID P. FRANK 3400 SW 20th STREET, PEMBROKE PARK, FL 33023
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 100 SHARES3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information N/A**Include with the application for a non-publicly traded corporation**

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Medico Internacional, LLC list of Officers and Directors:

Owner: David Frank

Manager: Harvey Budd



MEDIC-4

OP ID: SF

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 TCC Associates, Inc.
 PO Box 11975
 Fort Lauderdale, FL 33339-1975
 Thomas C Cundy, Jr.

954-565-1117

CONTACT Thomas C Cundy, Jr.

PHONE (A/C No. Ext) 954-565-1117

FAX (A/C No) 954-565-1131

E-MAIL ADDRESS

INSURED
 Medico Internacional, LLC
 The Glove Store, LLC
 3400 S.W. 20th Street
 Pembroke Park, FL 33023

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Burlington

INSURER B: North River Insurance Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PER ☐ LOC ☐ OTHER		604BW51547	05/03/2019	05/03/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Each Occurrence) \$ 100,000 MED EXP (Per person) \$ 1,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRE/AUTO ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		5821121736	05/03/2019	05/03/2020	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 Prod/Comp \$ 8,000,000 PER STATE ☐ OTH- ☐ EP EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYED \$ EL DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N/A If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Medical Supplies

CERTIFICATE HOLDER

FOR INFO

CANCELLATION

For Informational Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

State of Florida

Department of State

I certify from the records of this office that MEDICO INTERNACIONAL, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 19, 2006.

The document number of this limited liability company is L06000006895.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on February 7, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventeenth day of December,
2019*



Randy R. ...
Secretary of State

Tracking Number: 7829691575CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW _____)	☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Midland Mobility & Surgical Supply, LLC

Physical Address: 800 Midland Avenue Thomasville, NC
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 800 Midland Avenue

City: Thomasville State: NC Zip Code: 27360

Telephone: 855 481-9150 Fax: 336-481-9133

E-mail: jasonherlocker@gmail Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 3 Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jason F. Herlocker

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosthesis
Other: _____ |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

104 371 2219 _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

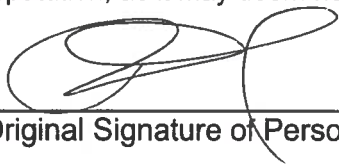
This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Jason Herlocker

Print Name of Authorized Person

12-11-19

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Jason Herlocker

List all previous names: _____

Social Security Number: 5 - - - - -

Date of Birth: 11 - 11 - 1988

Place of Birth: City: Greensboro State: NC Country: USA

Citizenship: USA ☒ other ☐

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 5 N. Old Greensboro Rd City: High Point

State: NC Zip Code: 27265 Telephone Number: _____ Fax Number: _____

Previous address (last 5 years):

Address: _____ City: _____ State: _____ Zip Code: _____

Address: 4007 Tanback Ct. City: Greensboro State: NC Zip Code: 27408

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Midland mobility + Surgical Supply

Current Business Address: 800 Midland Ave

City: Thomasville State: NC Zip Code: 27360

Telephone Number: 855 481 9150 Fax Number: 336 481 - 9133

Previous Employment (last 5 years):

Name: Once Upon A Child Address: 6011 Poyner Village Pkwy

City: Raleigh State: NC Zip Code: 27608

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Good Deeds Insurance 6285 Shallowford Road, Ste 150 Lewisville, NC 27023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Zach Manning</td> </tr> <tr> <td>PHONE (A/C No. Ext): 336-564-2418</td> <td>FAX (A/C No): 336-232-1758</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: zach@gooddeedsinsurance.com</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: Bankers Insurance Company</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Zach Manning		PHONE (A/C No. Ext): 336-564-2418	FAX (A/C No): 336-232-1758	E-MAIL ADDRESS: zach@gooddeedsinsurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Bankers Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Zach Manning																					
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Midland Mobility & Surgical Supply LLC 800 Midland Ave Thomasville NC 27360	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NAIC #</td> </tr> </table>	NAIC #																			
NAIC #																					

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC ☐ OTHER		32 0004933907 1 0	03/26/2019	03/26/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
CANCELLATION

BOC 10461 Mill Run Circle Ste 1250 Owings Mills, MD 21117	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Zach Manning
--	--

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North Carolina
Board of Pharmacy

License Verification

Only the top 250 records are shown

This serves as **Primary Source Verification** of the credential issued by the North Carolina Board of Pharmacy

Name:

Midland Mobility & Surgical Supply LLC

Permit-Number:

02695

Address:

800 Midland Ave

Permit Status:

Active

City:

Thomasville

Issue Date:

09/16/2019

State/Zip:

NC 27360

Expire Date:

12/31/2020

Person in Charge:

Jason Forest Herlocker

Discipline:

No

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
---	---

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: New Britain Medical Supplies

Physical Address: 74 Vine Street, Fl 3
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 74 Vine Street, Fl 3

City: New Britain State: CT Zip Code: 06052

Telephone: 860-224-9017 Fax: 860-223-1658

E-mail: herdi.taylor@wellspect.com Website: newbritainmedicalsupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5 Fri: 8:30 to 5
 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sarah McMillan

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
Other: <u>Continence, incontinence + Ostomy</u> |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>605427001</u>	<u>004246022</u>	_____
<u>Medicare</u>	<u>CT Medicaid</u>	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Eric Hymes
Print Name of Authorized Person

12/02/2019
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
----------------	-----------------	-----------------------

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Connecticut

Parent Company if any: _____

Corporation Name: New Britain Medical Supplies

Mailing Address: 74 Vine Street Fl 3

City: New Britain State: CT Zip: 06052

Telephone: 860-224-9017 Fax: 860-223-1658

Contact Person: Heldi Taylor

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) none
Name Address

d) _____
Name Address

- 2) Provide the number of shares issued by the corporation. 0

- 3) What was the price paid per share? 200

- 4) What date did the corporation actually receive the cash assets? _____

- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

NEW BRITAIN MEDICAL SUPPLIES, INC.

a domestic STOCK corporation, was filed in this office on July 11, 2006, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of The State of Connecticut

Date Issued: November 15, 2019



74 Vine Street, New Britain, CT 06052 | Office: 860.224.9017 Fax: 860-223-1658
| Toll Free: 855.332.0285

New Britain Medical Supplies Officers

Svenn Poulsen, President (svenn.poulsen@wellspect.com)

Eric Hymes, Vice President (eric.hymes@wellspect.com)

Robert J. Winters, Vice President (bob.winters@dentsplysirona.com)

Justin H. McCarthy II, Secretary (Justin.mccarthy@dentsplysirona.com)

William E. Reardon, Treasurer (william.reardon@dentsplysirona.com)

Mailing Address:

590 Lincoln Street
Waltham, MA 02451
(P) 877.456.3742



Accredited by
Joint Commission





CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0007040401

280

DATE (MM/DD/YYYY)
08/24/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 WEST, PO BOX 370 ALGONA, IA 50511-0370	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800-247-5930 FAX (A/C, No):	
INSURED NEW BRITAIN MEDICAL SUPPLIES INC 74 VINE ST FL 3 NEW BRITAIN CT 06052-1431	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Pharmacists Mutual Insurance Company	13714
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER			BOP 0095649 12 Includes- Health Care Consultation Services Liability	11/15/2019	11/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INCLUDE GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ 50,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	N/A					PER STATUTE ☐ OTH ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Remarks for Location Schedule

CERTIFICATE HOLDER**CANCELLATION****FOR EVIDENCE ONLY**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

GAIL T. WOLFE, CISR, API

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY		NAMED INSURED
POLICY NUMBER BOP 0095649 12		NEW BRITAIN MEDICAL SUPPLIES I 74 VINE ST FL 3 NEW BRITAIN CT 06052-1431
CARRIER Pharmacists Mutual	NAIC CODE 13714	EFFECTIVE DATE: 11/15/19

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM****FORM NUMBER:** Acord25 **FORM TITLE:** EVIDENCE OF COMMERCIAL LIABILITY INSURANCE**LOCATION SCHEDULE**

Loc. 001 Bldg. 001
74 VINE ST FL 3
NEW BRITAIN, CT 06052-1431

4Y

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW MP00582)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: National Seating & Mobility, Inc.

Physical Address: 6553 South Cottonwood St Murray, UT 84107-6981

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd Ste 443

City: Chattanooga State: TN Zip Code: 37421-2245

Telephone: (Phys) 801-281-6601 (Mail) 423-756-2268 Fax: (Phys) 877-263-9918 (Mail) 423-362-5413

(Phys) satlakecity@nsm-seating.com (Mail) NSMWest@nsm-seating.com

E-mail: _____ Website: www.nsm-seating.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: _____

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases** ☒ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: DME/CRT

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>See Attached</u>	<u>See Attached</u>	<u>See Attached</u>
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

	N/A	
☐ Practitioner	Name:	_____
☐ Advanced Practitioner of Nursing	Name:	_____
☐ Physician's Assistant	Name:	_____
☐ Physical Therapist	Name:	_____
☐ Occupational Therapist	Name:	_____
☐ Registered Nurse	Name:	_____
☐ Respiratory Therapist	Name:	_____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeffrey Matukewicz

Print Name of Authorized Person

Date

12/9/2019

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: TN

Parent Company if any: _____

Corporation Name: National Seating & Mobility, Inc.Mailing Address: 5959 Shallowford Rd Ste 443City: Chattanooga State: TN Zip: 37421-2245Telephone: 423-756-2268 Fax: 423-362-5413Contact Person: Stephanie Baggett

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation? NAa) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address**NOTE: All persons who are stockholders must accurately complete a personal history record form.** Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

1/31/2017

DATE (MM/DD/YYYY)
10/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT	
		NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	1418818 National Seating & Mobility 5959 Shallowford Road, Suite 443 Chattanooga, TN 37421	INSURER(S) AFFORDING COVERAGE	
		INSURER A : National Fire and Marine Insurance Co	NAIC # 20079
		INSURER B : New Hampshire Indemnity Company, Inc.	23833
		INSURER C : Granite State Insurance Company	23809
		INSURER D : New Hampshire Insurance Company	23841
		INSURER E : Insurance Company of the State of PA	19429
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 14351439

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER	N	N	42-GLO-100396-02	10/31/2015	1/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY	N	N	2305047 (AOS)	10/31/2016	1/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ AUTOS ONLY			2305050 (MA)	10/31/2016	1/31/2017	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$	N	N	42-UMO-100397-02	10/31/2015	1/31/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	12852207(AOS)	10/31/2016	1/31/2017	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	12852208 (CA)	10/31/2016	1/31/2017	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Location #88 Vegas - 7665 Commercial Way, Ste H. Henderson NV 89011

OCT 31 2016

CERTIFICATE HOLDER

CANCELLATION See Attachments

14351439

Nevada State Board of Pharmacy
 431 W Plumb Ln
 Reno NV 89509

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles M. McDaniel



STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

TRICIA H PAGE
 STE #443
 5959 SHALLOWFORD RD
 CHATTANOOGA, TN 37421

December 19, 2012

Request Type: Certificate of Existence/Authorization
 Request #: 0085514

Issuance Date: 12/19/2012
 Copies Requested: 1

Document Receipt

Receipt #: 862666

Filing Fee: \$22.25

Payment-Credit Card - TennesseeAnytime Online Payment #: 148161510

\$22.25

Regarding: **NATIONAL SEATING & MOBILITY, INC.**

Filing Type: Corporation For-Profit - Domestic

Control #: 215678

Formation/Qualification Date: 05/10/1989

Date Formed: 05/10/1989

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

NATIONAL SEATING & MOBILITY, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

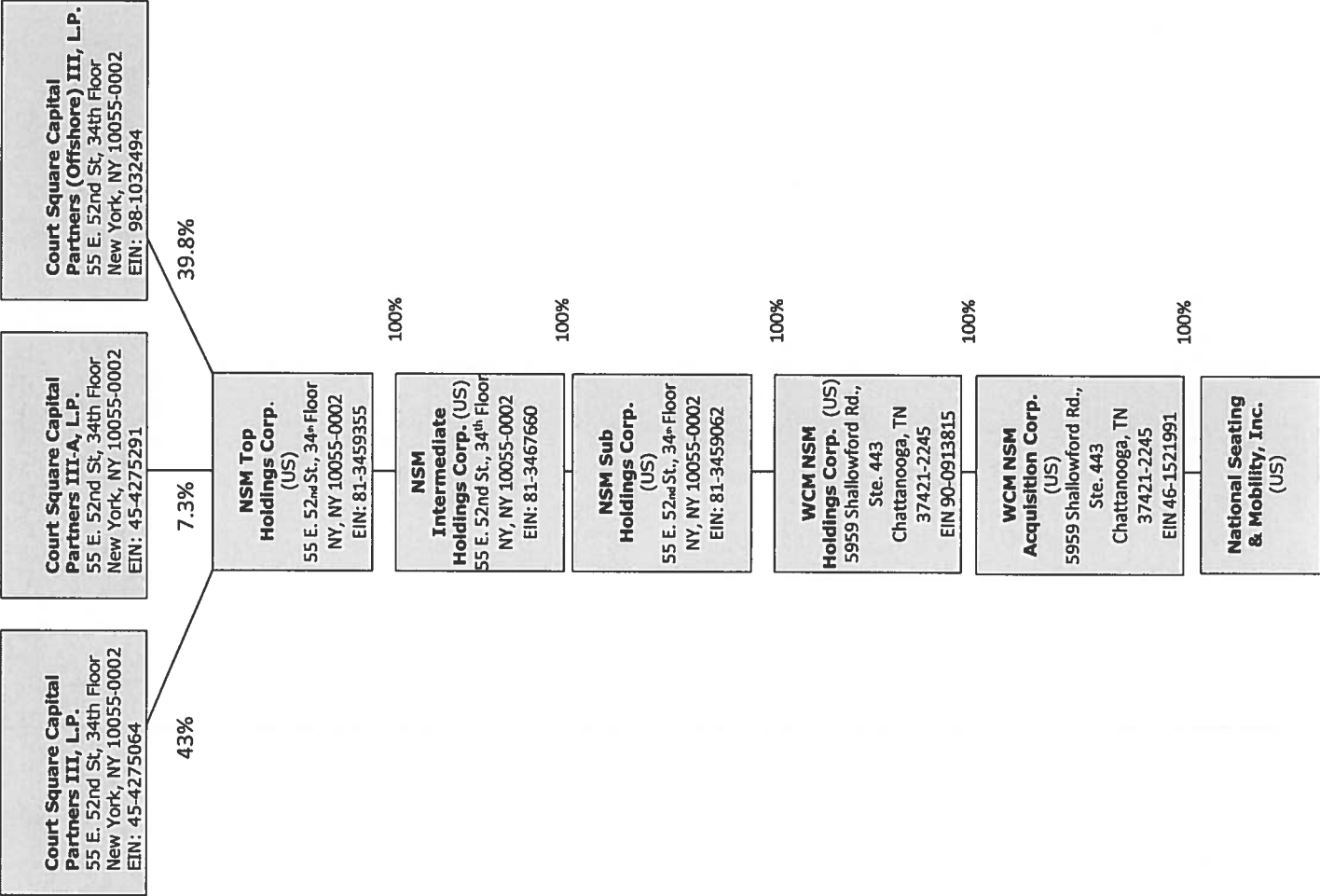
* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
 Secretary of State

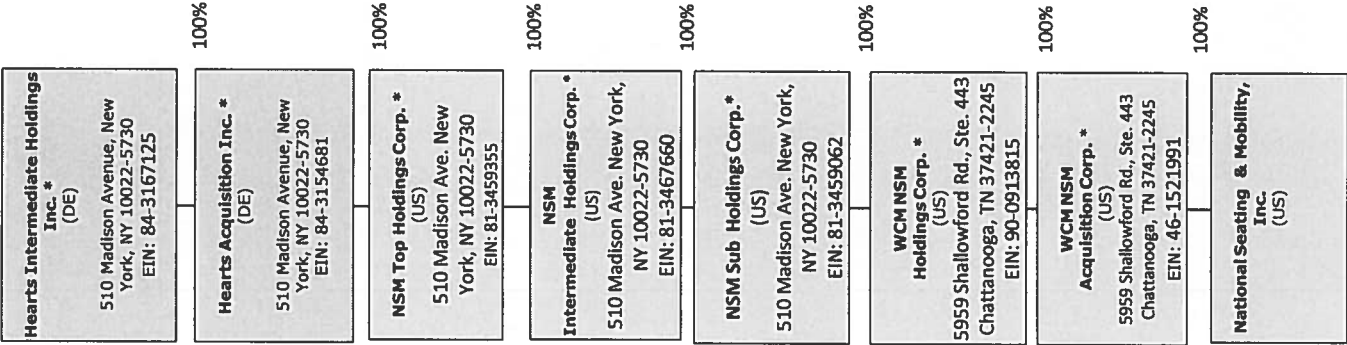
Processed By: Cert Web User

Verification #: 002228217

Pre-Close Legal Entity Structure



Post-Close Legal Entity Structure



* Entity may be converted to LLC following the close but will maintain the same FEIN and business address

Branch #	Branch Name	Taxid	NPI	ProviderName	Branch Address	Branch City	Branch State	Zip Code	Medicare ID	Medicaid ID
02	Birmingham	62-1400785	1548235260	National Seating & Mobility, Inc.	2521 MeadowView Lane Suite D	Pelham	AL	35124-4343	0570710003	000057245
03	Miami	62-1400785	1174596019	National Seating & Mobility, Inc.	1335 NW 98th Court Unit 1	Doral	FL	33172-2777	0570710004	029905700
04	Houston	62-1400785	1477526333	National Seating & Mobility, Inc.	9494 Kirby Drive	Houston	TX	77054-3905	570710006	016241404
05	Atlanta	62-1400785	1770556623	National Seating & Mobility, Inc.	3417 Oakcliff Road, STE 106	Doraville	GA	30340-3004	0570710002	000521595A
07	Arlington	62-1400785	1891768735	National Seating & Mobility, Inc.	2300 Valley View Lane, STE 205	Farmers Branch	TX	75234-5737	570710005	009921006
08	Chatsworth	62-1400785	1053384990	National Seating & Mobility, Inc.	21807 Plummer Street	Chatsworth	CA	91311-4110	570710008	1053384990
11	Anaheim	62-1400785	1235102179	National Seating & Mobility, Inc.	1125 East Stanford Court	Anaheim	CA	92805-6822	570710011	1235102179
13	Mobile	62-1400785	1558334474	National Seating & Mobility, Inc.	854 Lakeside Drive Suite B	Mobile	AL	36606-2034	0570710075	009507090
16	Chicago	62-1400785	1003889684	National Seating & Mobility, Inc.	5444 East Ave Unit A	Countryside	IL	60525-3671	0570710020	621400785001
18	Stockton	62-1400785	1194799635	National Seating & Mobility, Inc.	4515 South B Street	Stockton	CA	95206-3956	570710019	1194799635
19	San Jose	62-1400785	1376516922	National Seating & Mobility, Inc.	1190 Dell Ave., Unit L	Campbell	CA	95008-6614	570710016	1376516922
20	Evansville	62-1400785	1265405104	National Seating & Mobility, Inc.	2626 Kotter Ave., STE C	Evansville	IN	47715-8530	0570710018	100194330C
22	Hayward	62-1400785	10533384982	National Seating & Mobility, Inc.	2462 Tripaldi Way	Hayward	CA	94545-5017	570710026	1053384982
23	Milwaukee	62-1400785	1972576528	National Seating & Mobility, Inc.	12020 W. Feerick St Ste A	Wauwatosa	WI	53222-2120	0570710024	1972576528
24	Madison	62-1400785	1013980945	National Seating & Mobility, Inc.	726 Walsh Rd	Madison	WI	53714-1370	0570710023	1013980945
25	San Diego	62-1400785	1356314900	National Seating & Mobility, Inc.	7945 Dunbrook Rd. Suite F&G	San Diego	CA	92126-6323	570710026	1356314900
26	Bakersfield	62-1400785	1790758340	National Seating & Mobility, Inc.	4705 New Horizon Blvd., Ste. 2	Bakersfield	CA	93313-2369	570710027	1790758340
28	Toledo	62-1400785	1881667434	National Seating & Mobility, Inc.	6501 Angiola Road Unit P	Holland	OH	43528-9651	0570710029	2058464
29	Greenville	62-1400785	1427021369	National Seating & Mobility, Inc.	153 Grace Dr. Unit A	Easley	SC	29640-9088	570710032	DE1262
30	Montgomery	62-1400785	1508839432	National Seating & Mobility, Inc.	1406 I-85 Parkway	Montgomery	AL	36106-2813	0570710031	009814350
33	Troy	62-1400785	1891768719	National Seating & Mobility, Inc.	1967 Woodslee Drive	Troy	MI	48083-2236	0570710035	1891768719
34	Lexington	62-1400785	1205809126	National Seating & Mobility, Inc.	2025 Leestown Rd. Unit L	Lexington	KY	40511-1000	570710036	90001470
36	Fresno	62-1400785	1538132444	National Seating & Mobility, Inc.	4980 E. University Ave., Unit 114	Fresno	CA	93727-1659	570710042	1538132444
38	Sacramento	62-1400785	1225001894	National Seating & Mobility, Inc.	3651 Business Dr. STE 120	Sacramento	CA	95820-2176	570710043	1225001894
39	Santa Rosa	62-1400785	1982677530	National Seating & Mobility, Inc.	3535 Industrial Drive Suite B1	Santa Rosa	CA	95403-2039	570710040	1982677530
40	Fairfield	62-1400785	1265405815	National Seating & Mobility, Inc.	2850 Cordelia Rd. Ste. 150	Fairfield	CA	94534-1655	570710044	1265405815
45	Philadelphia	62-1400785	1326011263	National Seating & Mobility, Inc.	1957 Pioneer Road, BLDG C	Huntingdon Valley	PA	19006-2503	570710045	1007504120017

47	Natick	62-1400785	1679546519	National Seating & Mobility, Inc.	8 Erie Drive Unit A	Natick	MA	01760-1313	570710046	110028194a
48	Memphis	62-1400785	1932172871	National Seating & Mobility, Inc.	3930 South Perkins Road	Memphis	TN	38118-7029	570710053	1454087
49	Little Rock	62-1400785	1417920067	National Seating & Mobility, Inc.	7123 Interstate 30 Suite 13	Little Rock	AR	72209-3165	0570710047	140980716
50	Fort Smith	62-1400785	1043283963	National Seating & Mobility, Inc.	6901 Dallas Street Ste. A	Fort Smith	AR	72903-5037	0570710048	1043283963
52	Champaign	62-1400785	1467425017	National Seating & Mobility, Inc.	3808 W. Springfield Ave. Suite 8	Champaign	IL	61822-8806	0570710054	621400785-006
53	Peoria	62-1400785	1932172848	National Seating & Mobility, Inc.	4209 Pfeiffer Rd	Bartonville	IL	61607-2812	0570710055	621400785-005
54	Charleston, WV	62-1400785	1124091038	National Seating & Mobility, Inc.	200 Roxalana Business Park	Dunbar	WV	25064-2777	570710056	WV - 6203054000 KY - 7100275600 KY - 7100298740 OH - 0087013
57	Buffalo	62-1400785	1003889940	National Seating & Mobility, Inc.	198 Ransier Drive	West Seneca	NY	14224-2259	570710059	02527228
58	Wichita	62-1400785	1205809860	National Seating & Mobility, Inc.	1635 East 37th Street North Ste. 5	Wichita	KS	67219-3557	570710061	200253730A
59	Connecticut	62-1400785	1659344505	National Seating & Mobility, Inc.	11 Freedom Way A3-A6	Niantic	CT	06357-1041	570710060	004240339
60	Honolulu	62-1400785	1184699209	National Seating & Mobility, Inc.	96-1173 Waihona Street Ste A3	Pearl City	HI	96782-1931	570710062	55561701
61	Fort Wayne	62-1400785	1497728331	National Seating & Mobility, Inc.	3927 Kraft Pkwy Ste A	Fl. Wayne	IN	46825-4444	0570710021	1001943300
65	Chicopee	62-1400785	1841263621	National Seating & Mobility, Inc.	150 Padgett St. Unit F	Chicopee	MA	01022-1333	570710066	1100281948
68	Nashville	62-1400785	1598812232	National Seating & Mobility, Inc.	1610 Elm Hill Pike, Suite A	Nashville	TN	37210-3625	570710070	1455201
70	Redlands	62-1400785	1558428979	National Seating & Mobility, Inc.	350 Alabama St. Suites C,D & E	Redlands	CA	92373-8098	570710073	1558428979
71	Phoenix	62-1400785	1740347129	National Seating & Mobility, Inc.	8550 N. 91st Ave. Suite 79	Peoria	AZ	85345-8368	570710069	832341
72	San Antonio	62-1400785	1518174242	National Seating & Mobility, Inc.	8666 Huebner RD STE 100	San Antonio	TX	78240-1844	570710072	192883005
75	Orlando	62-1400785	1124218672	National Seating & Mobility, Inc.	715 West SR 434, STE Q	Longwood	FL	32750-4937	0570710076	003494000
76	Austin	62-1400785	1811183288	National Seating & Mobility, Inc.	2211 Denton Drive Suites G&L	Austin	TX	78758-4532	570710074	195210304
77	Salt Lake City	62-1400785	1710149299	National Seating & Mobility, Inc.	6553 South Cottonwood Street	Murray	UT	84107-6981	570710077	1710149299
79	Lafayette	62-1400785	1235381575	National Seating & Mobility, Inc.	207 Roto Park Drive	Broussard	LA	70518-4355	0570710080	1807981
80	New Orleans	62-1400785	1639322316	National Seating & Mobility, Inc.	5515 Pepsi St. Ste. A/B	Harahan	LA	70123-3272	0570710085	1808016
82	Beaumont	62-1400785	1932347606	National Seating & Mobility, Inc.	10945 Eastex Freeway	Beaumont	TX	77708-0902	570710081	219171003
84	Louisville	62-1400785	1730327883	National Seating & Mobility, Inc.	11003 Bluegrass Parkway, Suite 460	Louisville	KY	40299-2392	570710078	7100101240
85	Ogden	62-1400785	1184863060	National Seating & Mobility, Inc.	1719 West 2800 South #102	Ogden	UT	84401-3263	570710084	1184863060
87	Columbus	62-1400785	1144458209	National Seating & Mobility, Inc.	306 E. 5th Ave	Columbus	OH	43201-2820	0570710087	3032800

88	Las Vegas	62-1400785	1154635878	National Seating & Mobility, Inc.	7665 Commercial Way, Suite H	Henderson	NV	85011-4084	570710089	1154635878
89	Minneapolis	62-1400785	1013224112	National Seating & Mobility, Inc.	1775 Old Highway & NW Ste 103	New Brighton	MN	55112-1891	0570710088	1013224112
91	McAllen	62-1400785	1225333099	National Seating & Mobility, Inc.	1201 W. Houston Avenue	McAllen	TX	78501-5012	570710090	285803705
92	Appleton	62-1400785	1508153370	National Seating & Mobility, Inc.	N922 Tower View Drive Unit N	Greenville	WI	54942-8097	0570710092	1508153370
94	Asheville	62-1400785	1649551474	National Seating & Mobility, Inc.	65 Shiloh Rd.	Asheville	NC	28803-2929	570710093	7705396
96	Billings	62-1400785	1740538883	National Seating & Mobility, Inc.	2747 Enterprise Ave Ste. 4	Billings	MT	59102-7412	570710095	1740538883
97	Denver	62-1400785	1407198047	National Seating & Mobility, Inc.	12503 E. Euclid Dr. Ste. 60	Centennial	CO	80111-6400	570710096	08003717
98	Norfolk	62-1400785	1013351998	National Seating & Mobility, Inc.	3347 Enterprise Rd	Norfolk	VA	23502-1912	570710098	1013351998
99	Richmond	62-1400785	1710321690	National Seating & Mobility, Inc.	3941 Deep Rock Road	Richmond	VA	23233-1474	570710099	1710321690
101	Fishersville	62-1400785	1417391392	National Seating & Mobility, Inc.	88 Ivy Ridge Lane	Fishersville	VA	22939-3421	570710102	1417391392
103	Roanoke	62-1400785	1699114884	National Seating & Mobility, Inc.	5306 Peters Creek Rd. Ste. D.	Roanoke	VA	24019-3874	570710101	1699114884
105	Valdese	62-1400785	1821423229	National Seating & Mobility, Inc.	1031 Malcolm Blvd	Connelly Springs	NC	28612-7923	570710104	1821423229
106	Albany	62-1400785	1902232390	National Seating & Mobility, Inc.	12 Jupiter Lane, Unit 4	Albany	NY	12205-6918	570710103	03841967
107	Charlotte, NC	62-1400785	1740603075	National Seating & Mobility, Inc.	800 Central Ave.	Charlotte	NC	28204-2026	570710105	1740603075
108	Charleston, SC	62-1400785	1730504630	National Seating & Mobility, Inc.	2551 Oscar Johnson Drive, Suite C	North Charleston	SC	29405-6884	570710108	DE3533
109	New Jersey	62-1400785	1891113346	National Seating & Mobility, Inc.	5146 W. Hurley Pond Road	Wall Township	NJ	07727-1620	570710107	Out of Network
110	Jackson, MS	62-1400785	1295153674	National Seating & Mobility, Inc.	108 North Layfair Drive	Flowood	MS	39232-9782	0570710106	05826572
111	Providence, RI	62-1400785	1275947053	National Seating & Mobility, Inc.	11 Knight Street Unit F22-F23	Warwick	RI	02886-1397	570710109	1275947053
112	Oklahoma City	62-1400785	1982012951	National Seating & Mobility, Inc.	3500 S. Lakeside Drive	Oklahoma City	OK	73179-8400	570710111	100794550 D
113	Pittsburgh	62-1400785	1043619505	National Seating & Mobility, Inc.	730 Vista Park Ave	Pittsburgh	PA	15205-1214	570710110	1007304120019
115	Youngstown	62-1400785	1689078701	National Seating & Mobility, Inc.	1087 N. Meridian Rd.	Youngstown	OH	44509-1016	0570710113	0121640
116	Cleveland	62-1400785	1538556360	National Seating & Mobility, Inc.	6430 Eastland Rd	Brook Park	OH	44142-1340	0570710119	0152992
117	Hudson	06-1026214	1922285741	Hudson Home Health Care, Inc.	315 Derry Road, Unit 4 & 5	Hudson	NH	03051-3050	396640007	3076664
118	Fairfield	06-1026214	1730407768	Hudson Home Health Care, Inc.	1 Frassetto Way, Suite 1	Lincoln Park	NJ	07035-2056	396640010	0195553
119	Plainview	06-1026214	1003052598	Hudson Home Health Care, Inc.	101 Fairchild Ave, Suite 2	Plainview	NY	11803-1725	396640009	03161502
122	Woburn	06-1026214	1962470112	Hudson Home Health Care, Inc.	470 Wildwood Ave, Suite 4	Woburn	MA	01801-2082	396640005	1100293028
123	Franklin, MA	06-1026214	1750332797	Hudson Home Health Care, Inc.	101 Constitution Blvd Ste E	Franklin	MA	02038-2587	396640006	110029302C

124	Newington	06-1026214	1043209794	Hudson Home Health Care, Inc.	151 Rockwell Road	Newington	CT	06111-5535	396640001	004021234
126	Iowa City	62-1400785	1003213448	National Seating & Mobility, Inc.	2415 Heinz Rd, Ste 1	Iowa City	IA	52240-2660	570710115	1003213448
127	Des Moines	62-1400785	1407253560	National Seating & Mobility, Inc.	3936 NW Urbandale Dr.	Urbandale	IA	50322-7922	570710114	1407253560
129	Indy NW	62-1400785	1093112435	National Seating & Mobility, Inc.	7050 N. Guion Rd. Ste. A & B	Indianapolis	IN	46268-4812	0570710118	1001943301
130	Redding	62-1400785	1215323266	National Seating & Mobility, Inc.	1240 Redwood Blvd	Redding	CA	96003-1964	570710117	1215323266
131	New York	55-0808048	1215933791	Home Medical Equipment, LLC.	1050 Stewart Ave. STE 120	Garden City	NY	11530-4888	4689850001	02386423
132	Fort Lauderdale	62-1400785	1225401284	National Seating & Mobility, Inc.	1406 SW 13th Court	Pompano Beach	FL	33069-4709	0570710124	0185-42500
133	Allentown	62-1400785	1760846836	National Seating & Mobility, Inc.	2030 Center Street Ste. 103	Northampton	PA	18067-1357	570710123	100730412 0020
134	Reading	62-1400785	1760842082	National Seating & Mobility, Inc.	3324 Plaza Drive	Reading	PA	19605-2418	570710122	100730412
135	Marquette	62-1400785	1922468321	National Seating & Mobility, Inc.	2612 US 41 West	Marquette	MI	49855-8879	0570710120	1922468321
136	La Crosse	62-1400785	1467812867	National Seating & Mobility, Inc.	1551 Miller Street, STE A & B	La Crosse	WI	54601-5219	0570710121	1467812867
138	Cartersville	62-1400785	1977950293	National Seating & Mobility, Inc.	15 Heatco Court SW STE A	Cartersville	GA	30120-1804	570710125	003189842A
139	Indianapolis Access	62-1400785	1093112435	National Seating & Mobility, Inc.	7050 N. Guion Rd. Ste. A & B	Indianapolis	IN	46268-4812	0570710118	N/A
140	Portland	62-1400785	1245786235	National Seating & Mobility, Inc.	8239 SW Cirrus Drive, STE 166	Beaverton	OR	97008-5995	570710126	1245786235
141	Washington DC	62-1400785	1134672066	National Seating & Mobility, Inc.	7420 Fullerton Road Suite 100	Springfield	VA	22153-2836	570710127	1134672066
142	Raleigh	62-1400785	198217429	National Seating & Mobility, Inc.	12362 Oak Avenue	Bailey	NC	27807-9331	570710136	198217429
143	Tampa	62-1400785	1255881587	National Seating & Mobility, Inc.	7219 Bryan Dairy Rd	Largo	FL	33777-1505	0570710130	021022000
144	Los Angeles	62-1400785	1780135178	National Seating & Mobility, Inc.	1210 E. 223rd Street, Ste 322	Carson	CA	90745-4248	570710129	1780135178
145	Columbia	62-1400785	1669924551	National Seating & Mobility, Inc.	1401 St. Andrews Rd. Suite 120	Columbia	SC	29210-1333	570710132	DE3789
146	Augusta	62-1400785	1104378009	National Seating & Mobility, Inc.	1022 Walton Way, Ste D	Augusta	GA	30901-2861	0570710128	003189842A
148	Savannah	62-1400785	1659823557	National Seating & Mobility, Inc.	6409 Abercorn ST, STE B-1	Savannah	GA	31405-5796	0570710133	003198345A
149	Baltimore	62-1400785	1821531922	National Seating & Mobility, Inc.	7389 Washington Blvd. Suite 101	Elkridge	MD	21075-6348	0570710131	2002701 00
150	Cumberland	62-1400785	1881133569	National Seating & Mobility, Inc.	1313 National Highway Suite 13	La Vale	MD	21502-7616	0570710134	1400304 00
151	Jacksonville	62-1400785	1700311065	National Seating & Mobility, Inc.	11651 Central Parkway, STE 121	Jacksonville	FL	32224-2709	0570710145	024650400
152	Seattle	27-0793241	1568695476	Dependable Medical Equipment, Inc.	6601 220th ST SW STE 6	Mountlake Terrace	WA	98043-2166	6443570001	9063108
155	Lansing	62-1400785	1912423849	National Seating & Mobility, Inc.	419 Lantz Court	Lansing	MI	48917-3702	0570710153	1912423849
157	Lincoln	62-1400785	1851819338	National Seating & Mobility, Inc.	3900 S 6th St Ste 10	Lincoln	NE	68502-5354	0570710139	10025202502

158	Harrisburg	62-1400785	1649798794	National Seating & Mobility, Inc.	6360 Flank Dr., STE 1500	Harrisburg	PA	17112-2279	0570710140	100730412 0024
159	Abilene	62-1400785	1295245223	Mobility, Inc.	3374 S. Treadaway BLVD	Abilene	TX	79602-6736	570710137	383008501
160	Midland	62-1400785	1396255329	National Seating & Mobility, Inc.	1020 Andrews HWY, STE E	Midland	TX	79701-3811	570710138	388958601
161	St. Louis	62-1400785	1053823856	National Seating & Mobility, Inc.	502 Earth City Plaza Ste 200	Earth City	MO	63045-1315	0570710141	Rejected - in the process of resubmitting
162	Bangor	06-1026214	1235643289	Hudson Home Health Care, Inc.	625 Broadway Unit C	Bangor	ME	04401-3375	39664011	1181340003
164	Anchorage	62-1400785	1790289957	Mobility, Inc.	2000 W. International Airport Rd Suite D3 & D4	Anchorage	AK	99518-1106	570710142	1686421
165	Olympia	62-1400785	1912494626	National Seating & Mobility, Inc.	5709 Lacey BLVD SE Ste 200	Lacey	WA	98503-2495	570710143	2106060
166	Flint Michigan	62-1400785	1881198430	Mobility, Inc.	G1101 N Ballenger Hwy STE B	Flint	MI	48504-4433	0570710149	1881198430
167	Temperance	62-1400785	1013405984	National Seating & Mobility, Inc.	3200 W. Temperance Rd STE B	Temperance	MI	48182-2415	0570710151	1013405984
168	Chattanooga	62-1400785	1407344740	Mobility, Inc.	2180 Stein Drive, Ste 106	Chattanooga	TN	37421-7247	0570710146	Q041254
169	Knoxville	62-1400785	1952899205	National Seating & Mobility, Inc.	115 Hayfield Road, Ste A	Knoxville	TN	37922-2361	0570710144	Q038508
170	Kingsport	62-1400785	1124516471	National Seating & Mobility, Inc.	3708 E Stone Drive	Kingsport	TN	37660-7112	0570710150	Q049306
174	South Burlington	62-1400785	1053898585	National Seating & Mobility, Inc.	1225 Airport Parkway Ste B	South Burlington	VT	05403-5805	570710148	Pending
175	Oklahoma City North	62-1400785	1720565898	National Seating & Mobility, Inc.	3401 N. May Ave., STE 3401 A & C	Oklahoma City	OK	73112-6904	PENDING	PENDING
177	Sayre	62-1400785	1669959904	National Seating & Mobility, Inc.	117 N Keystone Ave	Sayre	PA	18840-1403	570710147	1007304120025
178	Santa Barbara	62-1400785	1235612607	National Seating & Mobility, Inc.	310 Pine Ave. STE A	Goleta	CA	93117-3735	570710152	Pending
180	Albuquerque	62-1400785	1093285330	National Seating & Mobility, Inc.	7216 Washington NE, STE F	Albuquerque	NM	87109-4514	0570710154	PENDING
181	The Bronx	06-1026214	1093280455	Hudson Home Health Care, Inc.	1513 Olmstead Ave	Bronx	NY	10462-4254	570710147	Pending
186	Ft Worth	62-1400785	1295299899	National Seating & Mobility, Inc.	5470 E Loop 820 Ste 110	Fort Worth	TX	76119-6515	PENDING	Not Submitted
188	Martinez	62-1400785	1447718994	National Seating & Mobility, Inc.	825 Arnold Drive Suite 112	Martinez	CA	94553-6837	0570710156	Pending
190	North Charlotte	62-1400785	1447719810	National Seating & Mobility, Inc.	8421 Old Statesville Road, Suite 18	Charlotte	NC	28269-1838	PENDING	PENDING

4Z

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG	☒ Ownership Change (Please provide current license number if making changes: MP or MW <u>MP01605</u>)
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Onduo, LLC

Physical Address: 55 Chapel Street, Suite 300 Newton, MA 02458
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 55 Chapel Street, Suite 300

City: Newton State: MA Zip Code: 02458

Telephone: 833-446-6386 Fax: _____

E-mail: Legal@onduo.com Website: www.onduo.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM

Fri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Patrick Cunningham, VP of Commercial Development Administrator unchanged from original application

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
Other: <u>Continuous Glucose Monitor (CGM) Devices</u> |
|---|--|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Onduo, LLC does not serve Medicare or Medicaid populations, and does not maintain provider numbers to bill for services

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name. No

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Patrick Cunningham, VP of Commercial Development

Print Name of Authorized Person

11/19/2019

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Onduo, LLCMailing Address: 55 Chapel Street, Suite 300City: Newton State: MA Zip: 02458Telephone: 833-446-6386 Fax: 833-446-6386Contact Person: Patrick Cunningham

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Verily Life Sciences, LLC</u>	<u>269 East Grand Ave. South San Francisco, CA 94080</u>
	Name	Address

b)	<u>Aventis, Inc</u>	<u>55 Corporate Drive Bridgewater, NJ 08807</u>
	Name	Address

c)	_____	_____
	Name	Address

d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. 1,199,604,6873) What was the price paid per share? \$1.434) What date did the corporation actually receive the cash assets? November 11, 2019

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



Onduo, LLC
55 Chapel Street, Suite 300
Newton, MA, 02458

Onduo, LLC - Ownership Structure

Entity Name: Onduo, LLC

Entity Type: Limited Liability Company

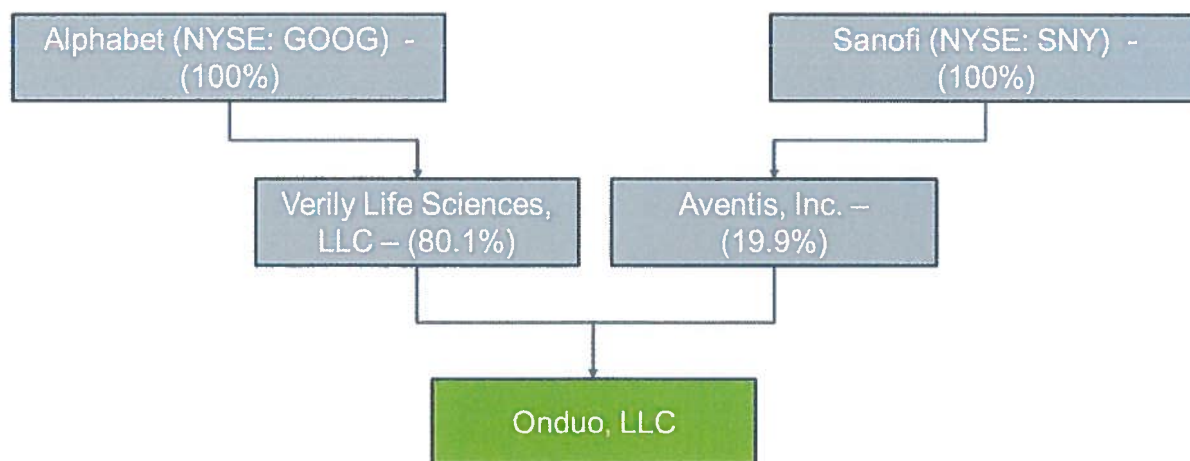
State of Formation: Delaware

Date of Formation: February 23rd, 2016

Ownership Structure – New Structure as of 11/14/2019

Stockholder	Ownership	Location
Verily Life Sciences, LLC	80.1%	269 East Grand Avenue South San Francisco, CA 94080
Aventis, Inc.	19.9%	55 Corporate Drive Bridgewater, NJ 08807

Ownership Structure Second Level



Shares were formerly held 50% by Verily Life Sciences, LLC and 50% by Aventis, Inc.



Onduo, LLC
 55 Chapel Street, Suite 10
 Newton, MA, 02458

Onduo, LLC - Officer Schedule

Name	Title	Office Location
Dr. Joshua Riff	Chief Executive Officer	55 Chapel Street Newton, MA 02458
Patrick Cunningham	VP of Commercial Development	55 Chapel Street Newton, MA 02458
Dr. Ronald F. Dixon	Head of Clinical Affairs	55 Chapel Street Newton, MA 02458
Gino Korolev	VP of Product	55 Chapel Street Newton, MA 02458
Michael Lawrence	Head of Strategy	55 Chapel Street Newton, MA 02458
Daniel Moloney	Head of Data Analytics	55 Chapel Street Newton, MA 02458
Lori Scanlon	VP of Marketing	55 Chapel Street Newton, MA 02458
Heather Zeitz	Head of Programs & User Experience	55 Chapel Street Newton, MA 02458

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONDUO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONDUO LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.



5971749 8300

SR# 20198166050

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204037041

Date: 11-19-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 100 Front St, Ste 800 Worcester MA 01608	CONTACT NAME: PHONE (A/C, No, Ext): 888-850-9400 FAX (A/C, No): 866-795-8016 E-MAIL ADDRESS: MMA.NewEngland.CLines@marshmc.com
INSURER(S) AFFORDING COVERAGE NAIC #	
INSURER A: Great Northern Insurance Company 20303	
INSURER B: Federal Insurance Company 21784	
INSURER C: Lloyd's Syndicate 2623/623 55555	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 88983340 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			36039618	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☐ OTHER:			1973601717	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			78180861	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Tech Products Liability Professional Liability			W20ADD190201	1/1/2019	1/1/2020	Each Claim/Agg/Ded. \$1M / \$3M / \$10K Each Claim/Agg/Ded. \$1M / \$3M / \$10K Policy Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Onduo, LLC Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
------------------------------------	---

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The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Professions Licensure

Office of Public Protection

239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0865
TTY : 617-973-0988
Fax : 617-973-0985
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Onduo, LLC
Attn: Patrick Cunningham
55 Chapel Street, Suite 10
Newton, MA 02458

To whom it may concern:

I am writing in response to your inquiry to the Massachusetts Board of Registration in Pharmacy regarding state licensing requirements for medical devices.

In Massachusetts, all medical devices fall under the jurisdiction of the Massachusetts Drug Control Program (DCP) of the Department of Public Health (DPH).

A controlled substance registration would be required if a company were to manufacture, distribute, or dispense a medical device containing a prescription pharmaceutical.

If the device does not contain medication, registration is not required.

Also, if the medical device is not manufactured, stored, dispensed, or distributed from within the Commonwealth, then a controlled substance registration would not be required.

Regards,


David Sencabaugh



Joshua Riff
Onduo LLC
55 Chapel Street
Newton, MA 02458

October 25, 2018

RE: Accreditation Award

Dear Joshua Riff,

The Healthcare Quality Association on Accreditation is pleased to inform you that Onduo LLC meets the DME accreditation requirements under section 1834(a)(20) of the Social Security Act (SSA) and the federal regulations at 42 CFR 424.58. HQAA has based this finding on a review of your application and an onsite survey conducted October 24, 2018.

This three-year accreditation award applies to the following Onduo LLC location through October 24, 2021:

55 Chapel Street
Newton, MA 02458
NPI # 1831620293

Please maintain a copy of your current equipment list with this letter. We look forward to working with you as you serve your customers throughout your service area. If you have any questions, please contact us.

Sincerely,

A handwritten signature in black ink that reads "Rhonda Pearce".

Rhonda Pearce
Executive Director



HEALTHCARE QUALITY ASSOCIATION
ON ACCREDITATION

PO Box 1948 | Waterloo, IA 50704 | Toll Free: 866.909.HQAA | Fax: 877.226.5564 | www.HQAA.org

Award of Accreditation

For DMEPOS Products & Services

Awarded to

Onduo LLC

d/b/a: Onduo LLC

Newton, MA

HQAA ID # 6V5XDYTBM

On this day of

October 24, 2018

*For the dedicated commitment of demonstrating
high standards of quality in business and patient care.*

HEALTHCARE QUALITY ASSOCIATION
ON ACCREDITATION

HQAA

Theresa Davis

President, CEO Signature
or Executive Director Signature

This accreditation award is in effect for three years from the above date.



4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG	☐ Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5	☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Golden Max LLC (dba Optimal)

Physical Address: 12701 Directors Drive, Stafford, Texas 77477
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12701 Directors Drive

City: Stafford State: TX Zip Code: 77477 Telephone: 832-886-5300

Fax: 832-886-5311

E-mail: customer@optimalmax.com Website: http://www.optimalmax.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 am to 5pm Tue: 6am to 5pm Wed: 6am to 5pm Thu: 6am to 5pm Fri: 6am to 5pm
Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Christopher Johnson

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| ☐ Medical Gases** | ☒ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthesis |
| ☒ Diabetic Supplies | Other: <u>AEDs</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: N/A
☒ Advanced Practitioner of Nursing	Name: N/A
☒ Physician's Assistant	Name: N/A
☒ Physical Therapist	Name: N/A
☒ Occupational Therapist	Name: N/A
☒ Registered Nurse	Name: N/A
☒ Respiratory Therapist	Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Victor Bacchioni

Original Signature of Person Authorized to Submit Application, no copies or stamps

Victor Bacchioni (CFO)
Print Name of Authorized Person

10/14/2019
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
----------------	-----------------	-----------------------

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Eric Jin-Shin Liu
 List all previous names: Jin-Shin Liu
 Social Security Number: _____
 Date of Birth: _____
 Place of Birth: City: _____ State: _____ Country: Taiwan
 Citizenship: USA YES other _____
 If applicable, list Naturalization Number: _____ Passport Number: (_____

Current residence address: Bradford Road City: Manhasset
 State: NY Zip Code: 11030 Telephone Number: _____ Fax Number: _____

Previous address (last 5 years):
 Address: Same as above City: _____ State: _____ Zip Code: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Golden Max LLC (dba Optimal)
 Current Business Address: 12701 Directors Drive
 City: Stafford State: Texas Zip Code: 77477
 Telephone Number: 832-886-5300 Fax Number: 832-886-5311

Previous Employment (last 5 years):
 Name: Golden Max LLC (Owner) Address: 12701 Directors Drive
 City: Stafford State: Texas Zip Code: 77477
 Name: GMAX Industries, Inc.(Owner) Address: 2150 Joshua's Path, Suite 205
 City: Hauppauge State: NY Zip Code: 11788
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Foa & Son Corporation 68 South Service Road Suite 210 Melville NY 11747-2357	CONTACT NAME: Nancy Gannon PHONE (A/C, No, Ext): (516) 228-1234 FAX (A/C, No): (516) 228-1235 E-MAIL ADDRESS: Nancy.Gannon@FoaSon.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Great Northern Ins. Company</td> <td>20303</td> </tr> <tr> <td>INSURER B: Federal Insurance Co.</td> <td>20281</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Ins. Company	20303	INSURER B: Federal Insurance Co.	20281	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Golden Max LLC dba Optimal 12701 Directors Drive Stafford TX 77477															

COVERAGES **CERTIFICATE NUMBER: CL191254716** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			3602-87-51	1/1/2019	1/1/2020	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ *See below
	☒ POLICY ☐ PROJECT ☐ LOC							\$
	OTHER							\$
B	AUTOMOBILE LIABILITY			7359-14-38	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	☒ HIRED AUTOS	☒ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	☒ UMBRELLA LIAB		☒ OCCUR	7989-60-69	1/1/2019	1/1/2020	EACH OCCURRENCE	\$ 10,000,000
	☐ EXCESS LIAB		☐ CLAIMS-MADE				AGGREGATE	\$ 10,000,000
	DED ☒ RETENTION \$		0					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
B	*Products/Completed Ops			9949-68-98	1/1/2019	1/1/2020	EACH OCCURRENCE	\$ 10,000,000
	Claims Made / \$50,000 Ded						AGGREGATE	\$ 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Justin Foa/DL <i>Justin Foa</i> ENCLOSURE REG194
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4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG		☐ Ownership Change	
(Please provide current license number if making changes: MP or MW _____)			
☐ Publicly Traded Corporation – Pages 1,2,3,4		☐ Partnership - Pages 1,2,3,6	
☐ Non Publicly Traded Corporation – Pages 1,2,3,5		☒ Sole Owner – Pages 1,2,3,7	
Please check box for type of ownership and complete correct part of the application.			

FACILITY INFORMATION

Facility Name: Southeast Medical Services Inc

Physical Address: 280 Wekiva Springs Road Suite 2000
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same

City: Longwood State: FL Zip Code: 32779

Telephone: 800-404-9761 Fax: 888-404-9762

E-mail: scott@smsnational.net Website: https://smsnational.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 7:00 Tue: 8:30 to 7:00 Wed: 8:30 to 7:00 Thu: 8:30 to 7:00 Fri: 8:30 to 7:00
 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Scott Higley VP of Operations

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| ☐ Medical Gases** | ☒ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthesis |
| ☒ Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NA		

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: NA
☒ Advanced Practitioner of Nursing	Name: _____
☒ Physician's Assistant	Name: _____
☒ Physical Therapist	Name: _____
☒ Occupational Therapist	Name: _____
☒ Registered Nurse	Name: _____
☒ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

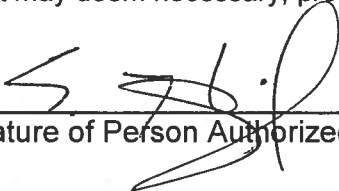
This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott Higley

Print Name of Authorized Person

12/4/2019

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Eileen Salem
 List all previous names: Eileen Mastrapa Salem
 Social Security Number: _____
 Date of Birth: _____
 Place of Birth: City: Santa Clara State: _____ Country: Cuba
 Citizenship: USA Yes other _____
 If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____
1 Magnolia Lake Court City: Longwood
 State: FL Zip Code: 32779 Telephone Number: _____ Fax Number: 888-404-9762

Previous address (last 5 years):
 Address: 920 Fairmeadows Ct City: Lake Mary State: FL Zip Code: 32746
 Address: _____ City: _____ State: _____ Zip Code: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Southeast Medical Services Inc. dba SMS National
 Current Business Address: 280 Wekiva Springs Road, Ste 2000
 City: Longwood State: FL Zip Code: 32779
 Telephone Number: 800-404-9761 Fax Number: 888-404-9762

Previous Employment (last 5 years):
 Name: NA Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliance and Associates Financial Services II, LLC 1091 Oakleaf Plantation Pkwy Orange Park FL 32065		CONTACT NAME: Commercial Service PHONE (A/C, No, Ext): 855-792-2804 FAX (A/C, No): 904-930-4672 E-MAIL ADDRESS: certificates@alliance321.com															
INSURED Southeast Medical Services 280 Wekiva Springs Rd. Suite 2000 Longwood FL 32779		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : United Specialty Ins Co</td> <td>12537</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Specialty Ins Co	12537	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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INSURER B :																	
INSURER C :																	
INSURER D :																	
INSURER E :																	
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			VGM10812000718-5	01/16/2019	01/16/2020	EACH OCCURRENCE \$ 3,000,000
	☒ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	☒ Professional Liability						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE \$ 5,000,000
	☐ OTHER						PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB	☐ OCCUR					\$
	☐ EXCESS LIAB	☐ CLAIMS-MADE					EACH OCCURRENCE \$
	☐ DED ☐ RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☐ N					PER STATUTE ☐ OTH-ER ☐
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Sexual or Physical Abuse			VGM10812000718-5	01/16/2019	01/16/2020	Aggregate \$300,000 Each claim \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

For Insurance Purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Melody McCoy

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4CC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW MP00731)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: National Seating & Mobility, Inc.

Physical Address: 7666 Commercial Way Ste H Henderson NV 89011-6630

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd Ste 443

City: Chattanooga State: TN Zip Code: 37421-2245

Telephone: (Phys) 702-565-5570 (Mail) 423-756-2268 Fax: (Phys) 800-264-9032 (Mail) 423-362-5413

(Phys) lasvegas@nsm-seating.com (Mail) NSMWest@nsm=seating.com

E-mail: _____ Website: www.nsm-seating.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: Closedto Sun: Closedto Holidays: Closedto

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: N/A

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases** ☒ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: DME/CRT

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>See Attached</u>	<u>See Attached</u>	<u>See Attached</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

N/A

☐ Practitioner	Name:
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☐ Physical Therapist	Name:
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeffrey Matukewicz

Print Name of Authorized Person

Date

11/25/2019

Board Use Only

Received: _____

Amount: 600.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: TN

Parent Company if any: _____

Corporation Name: National Seating & Mobility, Inc.Mailing Address: 5959 Shallowford Rd Ste 443City: Chattanooga State: TN Zip: 37421-2245Telephone: 423-756-2268 Fax: 423-362-5413Contact Person: Stephanie Baggett

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

1/31/2017

DATE (MM/DD/YYYY)

10/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Fire and Marine Insurance Co		20079
INSURER B: New Hampshire Indemnity Company, Inc.		23833
INSURER C: Granite State Insurance Company		23809
INSURER D: New Hampshire Insurance Company		23841
INSURER E: Insurance Company of the State of PA		19429
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 14351439**REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	N	N	42-GLO-100396-02	10/31/2015	1/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	N	N	2305047 (AOS)	10/31/2016	1/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			2305050 (MA)	10/31/2016	1/31/2017	BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$			42-UMO-100397-02	10/31/2015	1/31/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	12852207(AOS)	10/31/2016	1/31/2017	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E				12852208 (CA)	10/31/2016	1/31/2017	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location #88 Vegas - 7665 Commercial Way, Ste H, Henderson NV 89011

OCT 31 2016

CERTIFICATE HOLDER**CANCELLATION** See Attachments

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

14351439

Nevada State Board of Pharmacy
431 W Plumb Ln
Reno NV 89509

Charles M. McDaniel



STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

TRICIA H PAGE
 STE #443
 5959 SHALLOWFORD RD
 CHATTANOOGA, TN 37421

December 19, 2012

Request Type: Certificate of Existence/Authorization
 Request #: 0085514

Issuance Date: 12/19/2012
 Copies Requested: 1

Document Receipt

Receipt #: 862666 Filing Fee: \$22.25
 Payment-Credit Card - TennesseeAnytime Online Payment #: 148161510 \$22.25

Regarding:	NATIONAL SEATING & MOBILITY, INC.		
Filing Type:	Corporation For-Profit - Domestic	Control # :	215678
Formation/Qualification Date:	05/10/1989	Date Formed:	05/10/1989
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	HAMILTON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

NATIONAL SEATING & MOBILITY, INC.

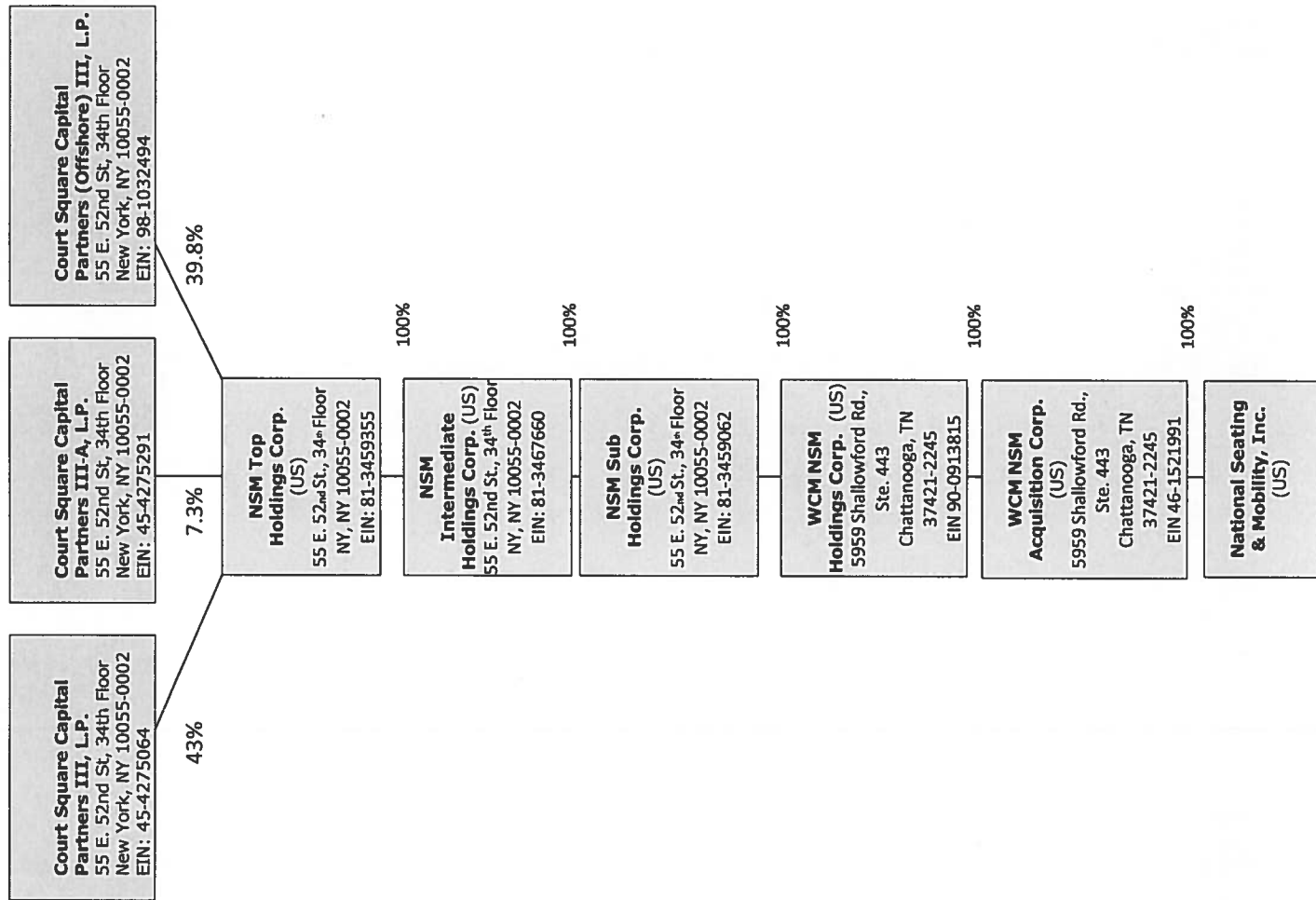
- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
 Secretary of State

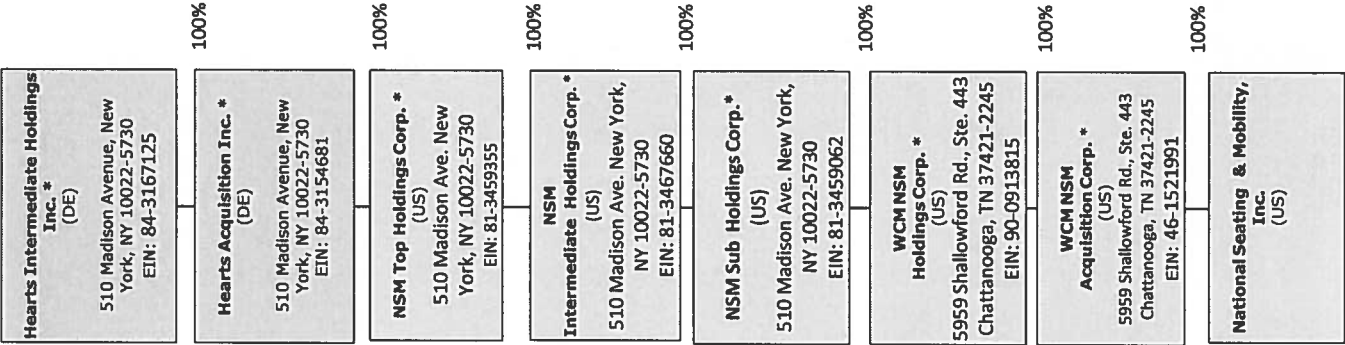
Processed By: Cert Web User

Verification #: 002228217

Pre-Close Legal Entity Structure



Post-Close Legal Entity Structure



* Entity may be converted to LLC following the close but will maintain the same FEIN and business address

Branch #	Branch Name	Taxid	NPI	ProviderName	Branch Address	Branch City	Branch State	Zip Code	Medicare ID	Medicaid ID
02	Birmingham	62-1400785	1548235260	National Seating & Mobility, Inc.	2521 MeadowView Lane Suite D	Pelham	AL	35124-4343	0570710003	000057245
03	Miami	62-1400785	1174596019	National Seating & Mobility, Inc.	1335 NW 98th Court Unit 1	Doral	FL	33172-2777	0570710004	029905700
04	Houston	62-1400785	1477526333	National Seating & Mobility, Inc.	9494 Kirby Drive	Houston	TX	77054-3905	570710006	016241404
05	Atlanta	62-1400785	1770556623	National Seating & Mobility, Inc.	3417 Oakcliff Road, STE 106	Doraville	GA	30340-3004	0570710002	000521595A
07	Arlington	62-1400785	1891768735	National Seating & Mobility, Inc.	2300 Valley View Lane, STE 205	Farmers Branch	TX	75234-5737	570710005	009921006
08	Chatsworth	62-1400785	1053384990	National Seating & Mobility, Inc.	21807 Plummer Street	Chatsworth	CA	91311-4110	570710008	1053384990
11	Anaheim	62-1400785	1235102179	National Seating & Mobility, Inc.	1125 East Stanford Court	Anaheim	CA	92805-6822	570710011	1235102179
13	Mobile	62-1400785	1558334474	National Seating & Mobility, Inc.	854 Lakeside Drive Suite B	Mobile	AL	36606-2034	0570710075	009507090
16	Chicago	62-1400785	1003889684	National Seating & Mobility, Inc.	5444 East Ave Unit A	Countryside	IL	60525-3671	0570710020	621400785001
18	Stockton	62-1400785	1194799635	National Seating & Mobility, Inc.	4515 South B Street	Stockton	CA	95206-3956	570710019	1194799635
19	San Jose	62-1400785	1376516922	National Seating & Mobility, Inc.	1190 Dell Ave., Unit L	Campbell	CA	95008-6614	570710016	1376516922
20	Evansville	62-1400785	1265405104	National Seating & Mobility, Inc.	2626 Kottler Ave., STE C	Evansville	IN	47715-8530	0570710018	100194330C
22	Hayward	62-1400785	10533384982	National Seating & Mobility, Inc.	2462 Tripaldi Way	Hayward	CA	94545-5017	570710026	1053384982
23	Milwaukee	62-1400785	1972576528	National Seating & Mobility, Inc.	12020 W. Feerick St Ste A	Wauwatosa	WI	53222-2120	0570710024	1972576528
24	Madison	62-1400785	1013980945	National Seating & Mobility, Inc.	726 Walsh Rd	Madison	WI	53714-1370	0570710023	1013980945
25	San Diego	62-1400785	1356314900	National Seating & Mobility, Inc.	7945 Dunbrook Rd. Suite F&G	San Diego	CA	92126-6323	570710026	1356314900
26	Bakersfield	62-1400785	1790758340	National Seating & Mobility, Inc.	4705 New Horizon Blvd., Ste. 2	Bakersfield	CA	93313-2369	570710027	1790758340
28	Toledo	62-1400785	1881667434	National Seating & Mobility, Inc.	6501 Angola Road Unit P	Holland	OH	43528-9651	0570710029	2058464
29	Greenville	62-1400785	1427021369	National Seating & Mobility, Inc.	153 Grace Dr. Unit A	Easley	SC	29640-9088	570710032	DE1262
30	Montgomery	62-1400785	1508839432	National Seating & Mobility, Inc.	1406 I-85 Parkway	Montgomery	AL	36106-2813	0570710031	009814350
33	Troy	62-1400785	1891768719	National Seating & Mobility, Inc.	1967 Woodilee Drive	Troy	MI	48083-2236	0570710035	1891768719
34	Lexington	62-1400785	1205809126	National Seating & Mobility, Inc.	2025 Leestown Rd. Unit L	Lexington	KY	40511-1000	570710036	90001470
36	Fresno	62-1400785	1538132444	National Seating & Mobility, Inc.	4980 E. University Ave., Unit 114	Fresno	CA	93727-1659	570710042	1538132444
38	Sacramento	62-1400785	1225001894	National Seating & Mobility, Inc.	3651 Business Dr. STE 120	Sacramento	CA	95820-2176	570710043	1225001894
39	Santa Rosa	62-1400785	1982677530	National Seating & Mobility, Inc.	3535 Industrial Drive Suite B1	Santa Rosa	CA	95403-2039	570710040	1982677530
40	Fairfield	62-1400785	1265405815	National Seating & Mobility, Inc.	2850 Cordelia Rd. Ste. 150	Fairfield	CA	94534-1655	570710044	1265405815
45	Philadelphia	62-1400785	1326011263	National Seating & Mobility, Inc.	1957 Pioneer Road, BLDG C	Huntingdon Valley	PA	19006-2503	570710045	1007304120017

47	Natick	62-1400785	1679546519	National Seating & Mobility, Inc.	8 Erie Drive Unit A	Natick	MA	01760-1313	570710046	110028194a
48	Memphis	62-1400785	1932172871	National Seating & Mobility, Inc.	3930 South Perkins Road	Memphis	TN	38118-7029	570710053	1454087
49	Little Rock	62-1400785	1417920067	National Seating & Mobility, Inc.	7123 Interstate 30 Suite 13	Little Rock	AR	72209-3165	0570710047	140980716
50	Fort Smith	62-1400785	1043283963	National Seating & Mobility, Inc.	6901 Dallas Street Ste. A	Fort Smith	AR	72903-5037	0570710048	1043283963
52	Champaign	62-1400785	1467425017	National Seating & Mobility, Inc.	3808 W. Springfield Ave. Suite B	Champaign	IL	61822-8806	0570710054	621400785-006
53	Peoria	62-1400785	1932172848	National Seating & Mobility, Inc.	4209 Pfeiffer Rd	Bartonville	IL	61607-2812	0570710055	621400785-005
54	Charleston, WV	62-1400785	1124091038	National Seating & Mobility, Inc.	200 Roxalana Business Park	Dunbar	WV	25064-2727	570710056	WV - 6203054000 KY - 7100275600 KY - 7100298740 OH - 0087013
57	Buffalo	62-1400785	1003889940	National Seating & Mobility, Inc.	198 Ransler Drive	West Seneca	NY	14224-2259	570710059	02577228
58	Wichita	62-1400785	1205809860	National Seating & Mobility, Inc.	1635 East 37th Street North Ste. 5	Wichita	KS	67219-3557	570710061	200253730A
59	Connecticut	62-1400785	1659344505	National Seating & Mobility, Inc.	11 Freedom Way A3-A6	Niantic	CT	06357-1041	570710060	004240339
60	Honolulu	62-1400785	1184699209	National Seating & Mobility, Inc.	96-1173 Waihona Street Ste A3	Pearl City	HI	96782-1931	570710062	55561701
61	Fort Wayne	62-1400785	1497728331	National Seating & Mobility, Inc.	3927 Kraft Pkwy Ste A	Ft. Wayne	IN	46825-4444	0570710021	1001943300
65	Chicopee	62-1400785	1841263621	National Seating & Mobility, Inc.	150 Padgett St. Unit F	Chicopee	MA	01022-1333	570710066	1100281948
68	Nashville	62-1400785	1598812232	National Seating & Mobility, Inc.	1610 Elm Hill Pike, Suite A	Nashville	TN	37210-3625	570710070	1455201
70	Redlands	62-1400785	1558428979	National Seating & Mobility, Inc.	350 Alabama St. Suites C,D & E	Redlands	CA	92373-8098	570710073	1558428979
71	Phoenix	62-1400785	1740347129	National Seating & Mobility, Inc.	8550 N. 91st Ave. Suite 79	Peoria	AZ	85345-8368	570710069	832341
72	San Antonio	62-1400785	1518174242	National Seating & Mobility, Inc.	8666 Huebner RD STE 100	San Antonio	TX	78240-1844	570710072	192883005
75	Orlando	62-1400785	1124218672	National Seating & Mobility, Inc.	715 West SR 434, STE Q	Longwood	FL	32750-4937	0570710076	003494000
76	Austin	62-1400785	1811183288	National Seating & Mobility, Inc.	2211 Denton Drive Suites GJ&L	Austin	TX	78758-4532	570710074	195210304
77	Salt Lake City	62-1400785	1710149299	National Seating & Mobility, Inc.	6553 South Cottonwood Street	Murray	UT	84107-6981	570710077	1710149299
79	Lafayette	62-1400785	1235381575	National Seating & Mobility, Inc.	207 Roto Park Drive	Broussard	LA	70518-4355	0570710080	1807981
80	New Orleans	62-1400785	1639322316	National Seating & Mobility, Inc.	5515 Pepsi St. Ste. A/B	Harahan	LA	70123-3272	0570710085	1808016
82	Beaumont	62-1400785	1932347606	National Seating & Mobility, Inc.	10945 Eastex Freeway	Beaumont	TX	77708-0902	570710081	219171003
84	Louisville	62-1400785	1730327883	National Seating & Mobility, Inc.	11003 Bluegrass Parkway, Suite 460	Louisville	KY	40299-2392	570710078	7100101240
85	Ogden	62-1400785	1184863060	National Seating & Mobility, Inc.	1719 West 2800 South #102	Ogden	UT	84401-3263	570710084	1184863060
87	Columbus	62-1400785	1144458209	National Seating & Mobility, Inc.	306 E. 5th Ave	Columbus	OH	43201-2820	0570710087	3032800

88	Las Vegas	62-1400785	1154635878	National Seating & Mobility, Inc.	7665 Commercial Way, Suite H	Henderson	NV	89011-4084	570710089	1154635878
89	Minneapolis	62-1400785	1013224112	National Seating & Mobility, Inc.	1775 Old Highway 8 NW Ste 103	New Brighton	MN	55112-1891	0570710088	1013224112
91	McAllen	62-1400785	1225333099	National Seating & Mobility, Inc.	1201 W. Houston Avenue	McAllen	TX	78501-5012	570710090	285803705
92	Appleton	62-1400785	1508153370	National Seating & Mobility, Inc.	N922 Tower View Drive Unit N	Greenville	WI	54942-8097	0570710092	1508153370
94	Asheville	62-1400785	1649551474	National Seating & Mobility, Inc.	65 Shiloh Rd.	Asheville	NC	28803-2929	570710093	7705396
96	Billings	62-1400785	1740538883	National Seating & Mobility, Inc.	2747 Enterprise Ave Ste. 4	Billings	MT	59102-7412	570710095	1740538883
97	Denver	62-1400785	1407198047	National Seating & Mobility, Inc.	12503 E. Euclid Dr. Ste. 60	Centennial	CO	80111-6400	570710096	08003717
98	Norfolk	62-1400785	1013351998	National Seating & Mobility, Inc.	3347 Enterprise Rd	Norfolk	VA	23502-1912	570710098	1013351998
99	Richmond	62-1400785	1710321690	National Seating & Mobility, Inc.	3941 Deep Rock Road	Richmond	VA	23233-1474	570710099	1710321690
101	Fishersville	62-1400785	1417391392	National Seating & Mobility, Inc.	88 Ivy Ridge Lane	Fishersville	VA	22939-3421	570710102	1417391392
103	Roanoke	62-1400785	1699114884	National Seating & Mobility, Inc.	5306 Peters Creek Rd. Ste. D.	Roanoke	VA	24019-3874	570710101	1699114884
105	Valdese	62-1400785	1821423229	National Seating & Mobility, Inc.	1031 Malcolm Blvd	Connelly Springs	NC	28612-7923	570710104	1821423229
106	Albany	62-1400785	1902232390	National Seating & Mobility, Inc.	12 Jupiter Lane, Unit 4	Albany	NY	12205-6918	570710103	03841967
107	Charlotte, NC	62-1400785	1740603075	National Seating & Mobility, Inc.	800 Central Ave.	Charlotte	NC	28204-2026	570710105	1740603075
108	Charleston, SC	62-1400785	1730504630	National Seating & Mobility, Inc.	2551 Oscar Johnson Drive, Suite C	North Charleston	SC	29405-6884	570710108	DE3533
109	New Jersey	62-1400785	1891113346	National Seating & Mobility, Inc.	5146 W. Hurley Pond Road	Wall Township	NJ	07727-1620	570710107	Out of Network
110	Jackson, MS	62-1400785	1295153674	National Seating & Mobility, Inc.	108 North Layfair Drive	Flowood	MS	39327-9782	0570710106	05826572
111	Providence, RI	62-1400785	1275947053	National Seating & Mobility, Inc.	11 Knight Street Unit F22-F23	Warwick	RI	02886-1397	570710109	1275947053
112	Oklahoma City	62-1400785	1982012951	National Seating & Mobility, Inc.	3500 S. Lakeside Drive	Oklahoma City	OK	73179-9400	570710111	100794550 D
113	Pittsburgh	62-1400785	1043619505	National Seating & Mobility, Inc.	730 Vista Park Ave	Pittsburgh	PA	15205-1214	570710110	1007304120019
115	Youngstown	62-1400785	1689078701	National Seating & Mobility, Inc.	1087 N. Meridian Rd.	Youngstown	OH	44509-1016	0570710113	0121640
116	Cleveland	62-1400785	1538556360	National Seating & Mobility, Inc.	6430 Eastland Rd	Brook Park	OH	44142-1340	0570710119	0152992
117	Hudson	06-1026214	1922285741	Hudson Home Health Care, Inc.	315 Derry Road, Unit 4 & 5	Hudson	NH	03051-3050	396640007	3076664
118	Fairfield	06-1026214	1730407768	Hudson Home Health Care, Inc.	1 Frassetto Way, Suite I	Lincoln Park	NJ	07035-2056	396640010	0195553
119	Plainview	06-1026214	1003052598	Hudson Home Health Care, Inc.	101 Fairchild Ave, Suite 2	Plainview	NY	11803-1725	396640009	03161502
122	Woburn	06-1026214	1962470112	Hudson Home Health Care, Inc.	470 Wildwood Ave, Suite 4	Woburn	MA	01801-2082	396640005	1100293028
123	Franklin, MA	06-1026214	1750332797	Hudson Home Health Care, Inc.	101 Constitution Blvd Ste E	Franklin	MA	02038-2587	396640006	110029302C

124	Newington	06-1026214	1043209794	Hudson Home Health Care, Inc.	151 Rockwell Road	Newington	CT	06111-5535	396640001	004021234
126	Iowa City	62-1400785	1003213448	National Seating & Mobility, Inc.	2415 Heinz Rd, Ste 1	Iowa City	IA	52240-2660	570710115	1003213448
127	Des Moines	62-1400785	1407253560	National Seating & Mobility, Inc.	3936 NW Urbandale Dr.	Urbandale	IA	50322-7922	570710114	1407253560
129	Indy NW	62-1400785	1093112435	National Seating & Mobility, Inc.	7050 N. Gulon Rd. Ste. A & B	Indianapolis	IN	46268-4812	0570710118	1001943301
130	Redding	62-1400785	1215323266	National Seating & Mobility, Inc.	1240 Redwood Blvd	Redding	CA	96003-1964	570710117	1215323266
131	New York	55-0808048	1215933791	Home Medical Equipment, LLC.	1050 Stewart Ave. STE 120	Garden City	NY	11530-4888	4689850001	02386423
132	Fort Lauderdale	62-1400785	1275401284	National Seating & Mobility, Inc.	1406 SW 13th Court	Pompano Beach	FL	33069-4709	0570710124	018542500
133	Allentown	62-1400785	1760846836	National Seating & Mobility, Inc.	2030 Center Street Ste. 103	Northampton	PA	18067-1357	570710123	100730412 0020
134	Reading	62-1400785	1760842082	National Seating & Mobility, Inc.	3324 Plaza Drive	Reading	PA	19605-2418	570710122	100730412
135	Marquette	62-1400785	1922468321	National Seating & Mobility, Inc.	2612 US 41 West	Marquette	MI	49855-8879	0570710120	1922468321
136	La Crosse	62-1400785	1467812867	National Seating & Mobility, Inc.	1551 Miller Street, STE A & B	La Crosse	WI	54601-5219	0570710121	1467812867
138	Cartersville	62-1400785	1972950293	National Seating & Mobility, Inc.	15 Heatco Court SW STE A	Cartersville	GA	30120-1804	570710125	003189842A
139	Indianapolis Access	62-1400785	1093112435	National Seating & Mobility, Inc.	7050 N. Gulon Rd. Ste. A & B	Indianapolis	IN	46268-4812	0570710118	N/A
140	Portland	62-1400785	1245786235	National Seating & Mobility, Inc.	8239 SW Cirrus Drive, STE 16G	Beaverton	OR	97008-5995	570710126	1245786235
141	Washington DC	62-1400785	1134672066	National Seating & Mobility, Inc.	7420 Fullerton Road Suite 100	Springfield	VA	22153-2836	570710127	1134672066
142	Raleigh	62-1400785	1982127429	National Seating & Mobility, Inc.	12362 Oak Avenue	Bailey	NC	27807-9331	570710136	1982127429
143	Tampa	62-1400785	1255881587	National Seating & Mobility, Inc.	7219 Bryan Dairy Rd	Largo	FL	33777-1505	0570710130	021022000
144	Los Angeles	62-1400785	1780135178	National Seating & Mobility, Inc.	1210 E. 223rd Street, Ste 322	Carson	CA	90745-4248	570710129	1780135178
145	Columbia	62-1400785	1669924551	National Seating & Mobility, Inc.	1401 St. Andrews Rd. Suite 120	Columbia	SC	29210-1333	570710132	DE3789
146	Augusta	62-1400785	1104378009	National Seating & Mobility, Inc.	1022 Walton Way, Ste D	Augusta	GA	30901-2861	0570710128	003189842A
148	Savannah	62-1400785	1659823557	National Seating & Mobility, Inc.	6409 Abercorn ST, STE B-1	Savannah	GA	31405-5796	0570710133	003198345A
149	Baltimore	62-1400785	1821531922	National Seating & Mobility, Inc.	7389 Washington Blvd. Suite 101	Elkridge	MD	21075-6348	0570710131	2002701 00
150	Cumberland	62-1400785	1881133569	National Seating & Mobility, Inc.	1313 National Highway Suite 13	La Vale	MD	21502-7616	0570710134	1400304 00
151	Jacksonville	62-1400785	1700311065	National Seating & Mobility, Inc.	11651 Central Parkway, STE 121	Jacksonville	FL	32224-2709	0570710145	024650400
152	Seattle	27-0793241	1568695476	Dependable Medical Equipment, Inc	6601 220th ST SW STE 6	Mountlake Terrace	WA	98043-2166	6443570001	9063108
155	Lansing	62-1400785	1912423849	National Seating & Mobility, Inc.	419 Lentz Court	Lansing	MI	48917-3702	0570710153	1912423849
157	Lincoln	62-1400785	1851819338	National Seating & Mobility, Inc.	3900 S 6th St Ste 10	Lincoln	NE	68502-5354	0570710139	10025202502

158	Harrisburg	62-1400785	1649798794	National Seating & Mobility, Inc.	6360 Flank Dr., STE 1500	Harrisburg	PA	17112-2279	0570710140	100730412 0024
159	Abilene	62-1400785	1295245223	National Seating & Mobility, Inc.	3374 S. Treadaway BLVD	Abilene	TX	79602-6736	570710137	383008501
160	Midland	62-1400785	1396255329	National Seating & Mobility, Inc.	1020 Andrews HWY, STE E	Midland	TX	79701-3811	570710138	388958601
161	St. Louis	62-1400785	1053823856	National Seating & Mobility, Inc.	502 Earth City Plaza Ste 200	Earth City	MO	63045-1315	0570710141	Rejected - in the process of resubmitting
162	Bangor	06-1026214	1235643289	Hudson Home Health Care, Inc.	625 Broadway Unit C	Bangor	ME	04401-3375	39664011	1181340003
164	Anchorage	62-1400785	1790289957	National Seating & Mobility, Inc.	2000 W. International Airport Rd Suite D3 & D4	Anchorage	AK	99518-1106	570710142	1686421
165	Olympia	62-1400785	1912494626	National Seating & Mobility, Inc.	5709 Lacey BLVD SE Ste 200	Lacey	WA	98503-2495	570710143	2106060
166	Flint Michigan	62-1400785	1881198430	National Seating & Mobility, Inc.	G1101 N Ballenger Hwy STE B	Flint	MI	48504-4433	0570710149	1881198430
167	Temperance	62-1400785	1013405984	National Seating & Mobility, Inc.	3200 W. Temperance Rd STE B	Temperance	MI	48182-2415	0570710151	1013405984
168	Chattanooga	62-1400785	1407344740	National Seating & Mobility, Inc.	2180 Stein Drive, Ste 106	Chattanooga	TN	37421-7247	0570710146	Q041254
169	Knoxville	62-1400785	1952899205	National Seating & Mobility, Inc.	115 Hayfield Road, Ste A	Knoxville	TN	37922-2361	0570710144	Q038508
170	Kingsport	62-1400785	1124516471	National Seating & Mobility, Inc.	3708 E Stone Drive	Kingsport	TN	37660-7112	0570710150	Q049306
174	South Burlington	62-1400785	1053898585	National Seating & Mobility, Inc.	1225 Airport Parkway Ste B	South Burlington	VT	05403-5805	570710148	Pending
175	Oklahoma City North	62-1400785	1720565898	National Seating & Mobility, Inc.	3401 N. May Ave., STE 3401 A & C	Oklahoma City	OK	73112-6904	PENDING	PENDING
177	Sayre	62-1400785	1669959904	National Seating & Mobility, Inc.	117 N Keystone Ave	Sayre	PA	18840-1403	570710147	1007304120025
178	Santa Barbara	62-1400785	1235612607	National Seating & Mobility, Inc.	310 Pine Ave. STE A	Goleta	CA	93117-3735	570710152	Pending
180	Albuquerque	62-1400785	1093285330	National Seating & Mobility, Inc.	7216 Washington NE, STE F	Albuquerque	NM	87109-4514	0570710154	PENDING
181	The Bronx	06-1026214	1093280455	Hudson Home Health Care, Inc.	1513 Olmstead Ave	Bronx	NY	10462-4254	570710147	Pending
186	Fl Worth	62-1400785	1295299899	National Seating & Mobility, Inc.	5470 E Loop 820 Ste 110	Fort Worth	TX	76119-6515	PENDING	Not Submitted
188	Martinez	62-1400785	1447718994	National Seating & Mobility, Inc.	825 Arnold Drive Suite 112	Martinez	CA	94553-6837	0570710156	Pending
190	North Charlotte	62-1400785	1447719810	National Seating & Mobility, Inc.	8421 Old Statesville Road, Suite 18	Charlotte	NC	28269-1838	PENDING	PENDING

4DD

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public
 Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Albertsons Pharmacy #0155

Physical Address: 2582 Idaho Street

City: Elko State: NV Zip Code: 89801

Telephone: TBD Fax: TBD

Toll Free Number: NA E-mail: rxlicenses@albertsons.com

Website: www.albertsons.com

Managing Pharmacist: Eric VanMeter License Number: 17356

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☒ ☐ Other Services: Immunizations and Pet
 meds with prescription

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Robert Gordon

Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert Gordon

Print Name of Authorized Person

Date

11/21/2019

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Albertsons Companies IncMailing Address: 250 E. Parkcenter BlvdCity: Boise State: ID Zip: 83706Telephone: 208-395-4301 Fax: 208-395-4158Contact Person: Mike Wallace

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) See attached officer list
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. NA3) What was the price paid per share? NA

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 7 pm Saturday 10 am 5 pm
Sunday 10 am 5 pm 24 Hours _____A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20061105524

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Robert Gordon

Responsible Person of Albertsons LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Robert Gordon

Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert Gordon

Print Name of Authorized Person

Date

11/21/2019

Managing Pharmacist

 Pharmacist Name: Eric VanMeter

 License #: 17356

 Pharmacy Name: Albertsons LLC dba Albertsons Pharmacy #3489

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

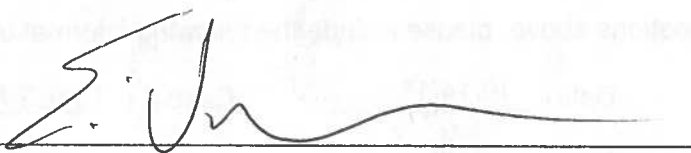
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

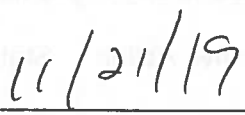
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☒	☐
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>10/14/15</u> Case #: <u>15-022-RPH-B-S</u>		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


Signature


Date

Albertson's LLC
 FEIN 82-0184434
 250 E. Parkcenter Blvd.
 Boise, ID 83706
 (208) 395-6200

Delaware Limited Liability Company; Incorporated/Formed 4/3/1969
Ownership/Control Disclosure Document

Officers of Albertson's LLC			
Name	Title	Address	Phone
Robert A. Gordon	Executive Vice President, General Counsel & Secretary	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Robert B. Dimond	Executive Vice President & Chief Financial Officer	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Mark C. Panzer	Senior Vice President, Pharmacy, Health & Wellness	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Gary R. Morton	Vice President, Treasurer & Assistant Secretary	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Ownership Information	5% or Greater Ownership Interests	Address	FEIN
Albertsons Companies, Inc.	100% Owner of Albertson's LLC	250 E. Parkcenter Blvd., Boise, ID 83706	47-4376911

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBERTSON'S LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



708424 8300

SR# 20198173074

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204039252

Date: 11-19-19



Pharmacy Professional Services Department
 250 E Parkcenter Blvd
 Boise, ID 83706
 (208)395-3200
 (623)282-3882 fax

December 5, 2019

Nevada State Board of Pharmacy
 431 W. Plumb Ln
 Reno, NV 89509

To whom it may concern:

Re: New Pharmacy Application
 Albertsons Pharmacy #155 located in Elko, Nevada

Please accept this letter and copy of my POA as the signed statement of explanation requirement of the application.

Enclosed you will find separate statements of explanation, with the final orders, for the questions on page 2 where we designated a "yes" answer.

Should you need any additional information or have any questions please don't hesitate to reach out to me.

Thank you

Julie Loftus
 Pharmacy License Supervisor
Julie.loftus@albertsons.com
 208-395-4320



**CERTIFICATE OF AUTHORITY AND
LIMITED POWER OF ATTORNEY**

I, Shane Sampson, Chief Marketing & Merchandising Officer of Albertson's LLC, a Delaware limited liability company ("Company"), by authority granted to me under a standing resolution duly adopted by the Board of Managers on June 3, 2015, hereby delegate authority and grant a limited power of attorney to Julie Loftus individually, for and on behalf of the Company and its consolidated subsidiaries, to execute the following:

Make application to the various states and other governmental bodies for, and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.

Notwithstanding this Certificate of Authority and Limited Power of Attorney, Julie Loftus individually remains subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policy on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for the individual named above for so long as such individual remains in her present position (or any more senior position of authority) and maintains responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

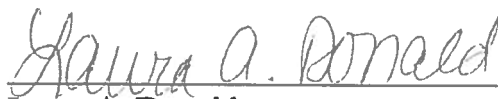
Dated: November 16, 2015.



Shane Sampson
Chief Marketing & Merchandising Officer

I, Laura A. Donald, hereby certify that I am Vice President, Corporate & Business Law and Assistant Secretary of the Company; that the standing resolution duly adopted by the Board of Managers of the Company on June 3, 2015 is still, on this day, in full force and effect; that Shane Sampson is Chief Marketing & Merchandising Officer of the Company and that Shane Sampson has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

Dated: November 17, 2015.



Laura A. Donald
Vice President Corporate & Business Law
and Assistant Secretary



Pharmacy Professional Services Department
 250 E Parkcenter Blvd
 Boise, ID 83706
 (208)395-3200
 (623)282-3882 fax

On January 3, 2018, Albertsons LLC dba Sav-on Pharmacy #536, located in Troutdale, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy as a result of a floating technician who had not renewed her license. The individual had accidentally been classified as a pharmacy clerk and, as such, the division's annual review of personnel licenses mistakenly did not include hers. This resulted in an unlicensed individual performing the duties of a pharmacy technician without a pharmacy technician license. As a result, Sav-on Pharmacy #536 was ordered to pay a \$4,500 civil penalty that had been stayed in a separate case (Case No. 2014-0298; Sav-on Pharmacy #570) for a similar violation that occurred in September of 2014 (which is outside the five year lookback period requested on the Nevada license application; please let us know if you would like additional information). In addition, Sav-on Pharmacy #536 also paid a \$10,000 civil penalty (\$50,000 total, with \$40,000 stayed pending no further similar violations for three years) and as part of the stipulation, Albertsons must audit compliance with a Quality Assurance Plan at all Oregon drug outlets quarterly for a period of three years and submit quarterly reports to the Board. There are no additional restrictions placed on Sav-on Pharmacy #536's registration that would affect its ability to operate as a pharmacy in the State of Oregon.



RECEIVED

DEC 27 2017

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2016-0579
Drug Outlet Registration of)
ALBERTSONS LLC dba:) CONSENT ORDER
SAV-ON PHARMACY #536)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board the \$4,500 civil penalty stayed in Case No. 2014-0298 Consent Order.

2. The registrant shall pay the Board a civil penalty in the amount of \$50,000 for violations noticed in Case No. 2016-0579, with \$40,000 stayed pending no similar violation at an Oregon registrant location for 3 years and compliance with this order.

3. The combined \$14,500 civil penalty payment not stayed shall be made within ten days from the date this Consent Order becomes final. If registrant violates any term or condition of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty.

4. The registrant shall submit a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan, along with a copy of this order, to be

submitted within ten days from the date this Consent Order becomes final.

5. Registrant shall audit compliance with Quality Assurance Plan at all Oregon drug outlets quarterly for a period of three (3) years and submit quarterly reports on registrant compliance with Quality Assurance plan to the Board office. Quarterly report due dates will be determined once the QA Plan is approved by the Board. Quarterly reports are to be clearly identified with Case No. 2016-0579, with one copy to be filed with Pharmacist-in-Charge Self Inspection form on site, and one copy to be submitted to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

6. The registrant must comply with all laws and rules regarding pharmacy practice.

7. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative
ALBERTSONS LLC dba
Sav-On Pharmacy #536
Registrant (Reg. No. RP-0001883)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brienne Efremoff, Pharm.D., R.Ph.,
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the	)	Case No. 2016-0579
Drug Outlet Registration of	)	
	)	
ALBERTSONS LLC dba:	)	NOTICE OF PROPOSED
SAV-ON PHARMACY #536	)	DISCIPLINARY ACTION;
	)	ANSWER REQUIRED
	)	
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001883 because Sav-On Pharmacy #536 violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On 9/16/2014, Albertsons LLC entered into Consent Order 2014-0298 with the Oregon Board of Pharmacy. Violations admitted to in Case No. 2014-0298 included Albertsons LLC dba: Savon Pharmacy #570 employing, allowing, aiding, and abetting an unlicensed individual to perform the duties of a pharmacy technician without a pharmacy technician license at Albertsons LLC Eugene and Roseburg pharmacies. Sanction 1 of Consent Order 2014-0298 stayed \$4,500 of their \$5,000 civil penalty with the submission of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice and with no similar violation at an Oregon outlet for 3 years.

From on or about 7/1/2016 to 12/19/2016, Sav-On pharmacies in OR, employed, allowed, aided, and abetted an unlicensed individual to perform the duties of a pharmacy technician without a pharmacy technician license.

The above conduct is contrary to accepted standards of practice and unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and in violation of and grounds for discipline under OAR 855-025-0040(2), OAR 855-025-0035(2) and (3), OAR 855-041-1010(2), OAR 855-041-1040(7), ORS 689.486(5) and ORS 689.405(1)(a), (e)(B), (h), and (i).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$10,000 per violation, and impose \$4,500 civil penalty stayed in Consent Order 2014-0298.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a

request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:

Consequences of Failure to Answer

855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

4/17/17
Date

DATE OF MAILING 4-18-2017



Pharmacy Professional Services Department
 250 E Parkcenter Blvd
 Boise, ID 83706
 (208)395-3200
 (623)282-3882 fax

On November 5, 2019, Albertsons LLC dba Sav-on Pharmacy #135, located in Texarkana, Texas, entered into a Board Order with the Texas Board of Pharmacy relating to a misfill event that occurred on or about January 30, 2018. The pharmacy's license was reprimanded and paid a fine of \$3500. As part of the Order, a Continuous Quality Improvement Program has been developed for this location which will review all medication errors. No restrictions are on the pharmacy license.



AGREED BOARD ORDER #2019-01547

**RE: IN THE MATTER OF
SAVON PHARMACY #135
(PHARMACY LICENSE #18610)**

**BEFORE THE TEXAS STATE
BOARD OF PHARMACY**

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 18610 issued to Savon Pharmacy #135 (Respondent), 4415 West 7th, Texarkana, Texas 75501.

By letter dated June 21, 2019, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(19) and (26); 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.7(a)(3), (12) and (13); 291.31(1), (15), (16), (17), (20) and (32); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B), (D), (E) and (H); 291.33(c)(1)(A) and (B); 291.33(c)(2)(A); 291.34(a); 291.34(c)(3)(G); 291.34(e)(2)(C); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), in that allegedly:

COUNTS

- (1) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, dispensed doxepin 100 mg capsules to R.C., a 73-year-old patient, on a new electronically transmitted prescription calling for doxycycline 100 mg capsules. The prescription was incorrectly data entered into the pharmacy's data processing system by a pharmacy technician, and the data entry was incorrectly verified by Ms. Abed. The prescription vial was labeled 20 doxepin 100 mg capsule with directions to "take one capsule by mouth twice daily with food for 10 days." Patient R.C. took approximately six doses of the wrong drug as directed by the label, and experienced adverse effects, including disorientation, urinary retention, and exacerbation of a preexisting prostate condition. The prescription was assigned prescription number 6762459.
- (2) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant high dosage of the dispensed prescription described above in Count (1). Patient R.C. had not previously received a prescription for doxepin from the pharmacy. For adult patients, the recommended initial daily oral dosage of doxepin is 75 mg, and may be titrated upward to achieve a higher desired dose. The prescription as dispensed instructed patient R.C. to take an initial dosage

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Savon Pharmacy #135

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of 100 mg twice daily, resulting in an initial daily dosage of 200 mg, which is more than two-and-a-half times the recommended initial daily oral dosage.

- (3) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant drug-disease interactions of the dispensed prescription described above in Count (1). Patient R.C. had previously received an antihypertensive, namely lisinopril 2.5 mg tablets, from the pharmacy. It is recommended that doxepin be used with caution in patients, especially elderly patients, with hypertension, due to the increased risk for adverse cardiovascular effects. The pharmacy's data processing system alerted Ms. Abed that doxepin 100 mg tablets should be used with "extreme caution" given patient R.C.'s history of lisinopril use, and there is no documentation regarding the steps taken by Ms. Abed to avoid or resolve the problem or demonstrating that she consulted with the prescriber.
- (4) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to evaluate and identify the clinically significant rational therapy-contraindications of the dispensed prescription described above in Count (1). Patient R.C. had previously received tamsulosin 0.4 mg capsules from the pharmacy, which is indicated for the treatment of the signs and symptoms associated with benign prostatic hyperplasia, including urinary retention. Doxepin is contraindicated in patients with severe urinary retention, and it is recommended that the drug be used with caution in patients with risk factors for urinary retention.
- (5) On or about January 30, 2018, Sahar Naim Abed, while acting as an employee (staff pharmacist) of Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to provide verbal patient counseling to patient R.C. on the prescription described above in Count (1).
- (6) On or about January 30, 2018, Savon Pharmacy #135, 4415 West 7th Street, Texarkana, Texas 75501, failed to maintain complete and accurate records of dispensing for the prescription described above in Count (1). Specifically, the patient medication record and daily dispensing log do not contain information that the prescription was dispensed to patient R.C.

An informal conference was held in the Board's office on September 10, 2019, with Nicholas Ryan LaBarbera, R.Ph., Divisional Pharmacy Manager, Albertson's Companies, Inc., on behalf of Respondent, and Nanette K. Beard, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Members: Dennis F. Wiesner, R.Ph.; and Jenny Downing Yoakum, R.Ph.; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

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By signing this Order, Anthony Provenzano, Vice President, Pharmacy Compliance and Government Affairs, Albertson's Companies, Inc., on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent's license is reprimanded.
- (2) Respondent shall pay an administrative penalty of three thousand five hundred dollars (\$3,500) due one hundred twenty (120) days after the entry of this Order.
- (3) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:
 - (a) The peer review committee will:
 - review incident reports;
 - determine what caused errors;
 - make recommendations to correct the problem that caused the errors; and
 - monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.
 - (b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.
 - (c) The peer review committee will meet regularly, and no less than quarterly.
 - (d) The peer review committee will make a record indicating:
 - date of meeting;
 - location of meeting;
 - names of persons attending the meeting;

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Savon Pharmacy #135

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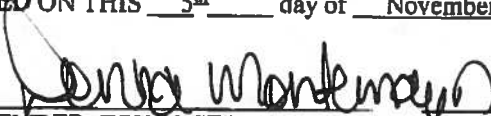
- description of activities;
 - discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
 - findings;
 - description of recommendations; and
 - review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.
- (4) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.
- (5) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.
- (6) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (7) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2019), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019).

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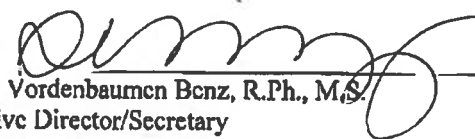
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

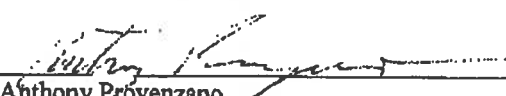
SIGNED AND ENTERED ON THIS 5th day of November, 2019.

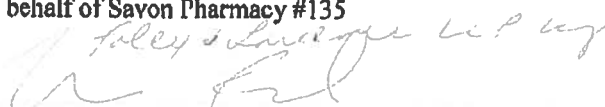

 MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

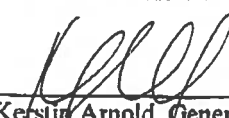

 Allison Vordenbaumen Benz, R.Ph., M.S.
 Executive Director/Secretary
 Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


 Anthony Provenzano
 Vice President, Pharmacy Compliance and Government Affairs, Albertson's Companies, Inc.
 On behalf of Savon Pharmacy #135


 Nanette K. Beard, Legal Counsel for Savon Pharmacy #135
 Foley Gardere
 Foley & Lardner LLP
 600 Congress Avenue, Suite 3000
 Austin, Texas 78701

APPROVED AS TO FORM:


 Kerstin Arnold, General Counsel
 Texas State Board of Pharmacy



Pharmacy Professional Services Department
 250 E Parkcenter Blvd
 Boise, ID 83706
 (208)395-3200
 (623)282-3882 fax

On September 21, 2018, Safeway Pharmacy #3836 (an Albertsons LLC store) entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding multiple violations found during inspections over a four-year period. As a result of the settlement, Safeway Pharmacy #3836's registration will be on probation for a period of three years. As part of the probation, Albertsons has contracted with an independent consultant to audit the pharmacy on a quarterly basis to ensure compliance. There are not additional restrictions being placed on Safeway Pharmacy #3836's registration that would affect its ability to operate as a pharmacy in the State of Colorado.

On November 15, 2019, as a result of additional record keeping violations, Safeway Pharmacy #3836 entered into a new Stipulation and Final Agency Order with Colorado State Board of Pharmacy. The probation has been extended by one year.



BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2019-3314**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #3836, REGISTRATION NO. PDO 441,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #3836, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-3314, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about October 17, 2002, being issued registration #PDO 441, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 200 Quebec St., #400, Denver, CO 80230.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On September 18, 2018, Respondent Pharmacy entered into a Stipulation and Final Agency Order ("2018 Order"). The 2018 Order was entered into as a result of an inspection of Respondent Pharmacy on April 2, 2018, during which a Board inspector found nine (9) repeated deficiencies from previous inspections:
 - a. All prescriptions for anabolic steroids were not labeled with an indication for use (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.

- b. Administration records did not include the site of administration (ten (10) or more patients). This was a repeated deficiency from the 2015, 2016, and 2017 inspections.
 - c. Administration records did not include the date the VIS was provided to the patient (nine (9) or more patients). This was a repeated deficiency from the 2016 and 2017 inspections.
 - d. Compounding records did not include the lot number of each ingredient used in a preparation and identity of pharmacist approving/checking the preparation (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.
 - e. Transferred orders did not include the address of transferring pharmacy (one (1) prescription had no street, city, or state). This was a repeated deficiency from the 2015 and 2016 inspections.
 - f. A beyond-use date was assigned to a compounded preparation that exceeded what is allowed in Board Rule 21.10.80. Prescription numbers 6387271 (magic mouth wash) and 6410794 (rocky mountain oral rinse) had one-year BUD's, in the absence of stability studies. This was a repeated deficiency from the 2016 and 2017 inspections. Consequently, Respondent Pharmacy assigned a beyond use date to a compounded preparation that exceeded the expiration dates of individual ingredients used in the preparation (two (2) prescriptions).
 - g. Electronic practitioner signatures were used but are not acceptable for controlled substance orders (two (2) prescriptions). This was a repeated deficiency from the 2015 and 2017 inspections.
 - h. Invoices detailing the receipt of prescription drugs were not marked with a date of receipt (three (3) McKesson and three (3) Safeway prescriptions). This was a repeated deficiency from the 2015 and 2016 inspections.
 - i. Changes or clarifications to an order did not include the date contacted, identity of pharmacist or pharmacy intern, and name of person conveying change or clarification (two (2) prescriptions). This was a repeated deficiency from the 2015 inspection.
6. In an inspection of Respondent Pharmacy on May 10, 2019, a Board inspector found three repeated deficiencies:
- a. Electronic practitioner signatures were used but are not acceptable for controlled substances. This deficiency was repeated from the 2017 and 2018 inspections.

- b. Transferred orders did not include the address of the transferring pharmacy. This was a repeated deficiency from the 2015, 2016, and 2018 inspections.
 - c. Changes or clarifications of orders failed to note the date contacted when obtaining the change or clarification with the prescribing practitioner. This was a repeated deficiency from the 2015 and 2018 inspections.
7. This Final Agency Order supersedes the 2018 Order and also includes case number 2018-2414.
8. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice;

(m) Has violated any lawful board order.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

21 CFR 1306.05. Manner and issuance of prescriptions. (d) A practitioner may sign a paper prescription in the same manner as he would sign a check or legal document (e.g., J.H. Smith or John H. Smith). Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil,

typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer-generated prescription that is printed out or faxed by the practitioner must be manually signed.

* * *

Pharmacy Board Rules and Regulations

2.01.10. Information to Appear on Each Order. The following information must appear on each written or oral order except as provided for chart orders for hospitalized patients (hospital chart orders):

- a. The date the order was compounded and dispensed;
- b. The assigned serial number (hospital chart orders are exempt from this requirement);
- c. The quantity dispensed if differs from the quantity ordered (LTCF chart orders are exempt from this requirement provided this information is recorded within another appropriate uniformly maintain and readily retrievable permanent record of the dispensing pharmacy);
- d. In the case of a controlled substance order, the patient address, prescriber address, and prescriber's Drug Enforcement Administration (DEA) registration; and
- e. Patient address, prescriber address, and prescriber DEA registration number need not appear on any type of order for a non-controlled substance prescription.

2.01.20. Additional Information. The following shall also appear on the prescription or LTCF chart order when appropriate:

- a. Any change in or clarification of an order shall be documented on the order and shall bear the initials of the responsible pharmacist or intern, the date contacted and the name of the individual conveying such change or clarification.

2.01.53. The pharmacist receiving the transferred prescription order information shall:

Reduce the transferred information to writing or print; write or print the word "transfer" on the face of the transferred prescription order; and provide all information required by law or rule to be on the prescription order, including:

(9) The address and telephone number of the transferring prescription drug outlet.

* * *

9. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

10. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Five Hundred Dollars and No Cents (\$1,500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand Seven Hundred Twenty Five Dollars and No Cents (\$1,725.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
11. **Probation.** Respondent Pharmacy's registration shall be placed on probation for a period of three (3) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

12. **Practice Monitor.** Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent Pharmacy shall be monitored by a Board-approved practice monitor ("Practice Monitor"). The Practice Monitor shall not have been previously engaged by Respondent Pharmacy for such services.
- a. **Qualifications:** The Practice Monitor must:
- i. Be a Colorado-licensed pharmacist in good standing;
 - ii. Practice pharmacy at least eighty (80) hours per month;
 - iii. Have no current or past Board discipline;
 - iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
 - v. Otherwise have no financial or personal interest in Respondent Pharmacy.
- b. **Board Approval.** Within twenty (20) days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board

or its designated authority during the ordinary course of business, the name of a qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

- c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:
- i. Conduct random (unscheduled) inspections once every three (3) months (quarterly) during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;
 - ii. Notify the Board by means of a written report, within seventy-two (72) hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;
 - iii. Prepare and submit to the Board quarterly written reports no later than the 15th day of January, April, July, and October, which detail the results of the random on-site inspections during the previous quarter throughout the duration of probation; and

- iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 15th day of January, April, July, and October throughout the duration of probation.
13. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
15. **Completion of Terms.** Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.
16. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

17. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
18. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
19. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
20. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy


Authorized Representative

Dated: 11/17/2014

Arthur Provenzano VP, Pharmacy Compliance
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 15 day of November, 2019.

State Board of Pharmacy

BY: *Dmitry Kunin*

Dmitry Kunin

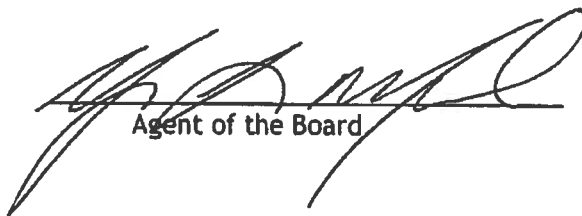
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 15th day of NOVEMBER 2019, addressed as follows:

Safeway Pharmacy #3836
Attn: Benjamin Herr, Pharmacy Manager
200 Quebec St, #400
Denver, CO 80203
Email: rxlicenses@albertsons.com

Charles Painter
Manager, Pharmacy Professional Services Dept.
Albertson's Companies
Email: Charles.Painter@albertsons.com


Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2018-2414**

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION
DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY
#3836, REGISTRATION NO. PDO 441,**

Respondent Pharmacy.

**IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board
of Pharmacy ("Board") and Safeway Pharmacy #3836 ("Respondent Pharmacy") to
resolve all matters pertaining to Board Case Number 2018-2414, as follows:**

FINDINGS AND CONCLUSIONS

- 1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2017).**
- 2. Respondent Pharmacy was originally registered in the State of Colorado on or about June.30, 2004, being issued registration number PDO 441, and has been so registered at all times relevant to this disciplinary action.**
- 3. Respondent Pharmacy's address of record with the Board and current location is 200 Quebec St., #400, Denver, CO 80230.**
- 4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.**
- 5. During a Board inspection on April 2, 2018, the following repeated deficiencies occurred:**
 - a. All prescriptions for anabolic steroids were not labeled with an indication for use (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.**
 - b. Administration records did not include the site of administration (ten (10) or more patients). This was a repeated deficiency from the 2015, 2016, and 2017 inspections.**

- c. Administration records did not include the date the VIS was provided to the patient (nine (9) or more patients). This was a repeated deficiency from the 2016 and 2017 inspections.
 - d. Compounding records did not include the lot number of each ingredient used in a preparation and identity of pharmacist approving/checking the preparation (two (2) prescriptions). This was a repeated deficiency from the 2016 and 2017 inspections.
 - e. Transferred orders did not include the address of transferring pharmacy (one (1) prescription had no street, city, or state). This was a repeated deficiency from the 2015 and 2016 inspections.
 - f. A beyond-use date was assigned to a compounded preparation that exceeded what is allowed in Board Rule 21.10.80. Prescription numbers 6387271 (magic mouth wash) and 6410794 (rocky mountain oral rinse) had one-year BUD's, in the absence of stability studies. This was a repeated deficiency from the 2016 and 2017 inspections. Consequently, Respondent Pharmacy assigned a beyond use date to a compounded preparation that exceeded the expiration dates of individual ingredients used in the preparation (two (2) prescriptions).
 - g. Electronic practitioner signatures were used but are not acceptable for controlled substance orders (two (2) prescriptions). This was a repeated deficiency from the 2015 and 2017 inspections.
 - h. Invoices detailing the receipt of prescription drugs were not marked with a date of receipt (three (3) McKesson and three (3) Safeway prescriptions). This was a repeated deficiency from the 2015 and 2016 inspections.
-
- i. Changes or clarifications to an order did not include the date contacted, identity of pharmacist or pharmacy intern, and name of person conveying change or clarification (two (2) prescriptions). This was a repeated deficiency from the 2015 inspection.
6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-121. Labeling.

(2) Except as otherwise required by law, any drug dispensed pursuant to a prescription order must bear a label prepared and placed on or securely attached to the medicine container stating at least the name and address of the prescription drug outlet, the serial number and the date of the

prescription or of its dispensing, the name of the drug dispensed unless otherwise requested by the practitioner, the name of the practitioner, the name of the patient, and, if stated in the prescription, the directions for use and cautionary statements, if any, contained in the prescription.

12-42.5-123. Unprofessional conduct - grounds for discipline. (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-126. Unlawful acts - civil fines. (1) It is unlawful:

(g) To sell, compound, dispense, give, receive, or possess any drug or device unless it was sold, compounded, dispensed, given, or received in accordance with sections ~~12-42.5-118 to 12-42.5-122.~~

18-18-306. Records of registrants.

Persons registered to manufacture, distribute, or dispense controlled substances under this part 3 shall keep records and maintain inventories in conformance with the record keeping and inventory requirements of federal law and with any additional rules adopted by the board or department.

Pharmacy Board Rules and Regulations

2.01.20. Additional Information. The following shall also appear on the prescription or LTCF chart order when appropriate:

a. Any change in or clarification of an order shall be documented on the order and shall bear the initials of the responsible pharmacist or intern, the date contacted and the name of the individual conveying such change or clarification.

2.01.53. The pharmacist receiving the transferred prescription order information shall:

Reduce the transferred information to writing or print; write or print the word "transfer" on the face of the transferred prescription order; and provide all information required by law or rule to be on the prescription order, including:

(9) The address and telephone number of the transferring prescription drug outlet.

11.01.00. Records in General. All outlets registered and/or licensed by the Board shall maintain such records and inventories of prescription drugs as may be required by these rules or any other state or federal law or rule pertaining to such drugs. Such records shall be maintained on a current basis and shall be complete and accurate for all drugs which the outlet manufactures, receives, dispenses, distributes or otherwise disposes of in any other manner. Records and inventories of controlled substances shall be deemed to be "complete" only if each individual record and inventory contains all required information regarding each specific transaction, and if the set of records and inventories contains all information and documents required to be kept by state and federal laws, and rules. A record or inventory shall be deemed to be "accurate" only if it is a complete, true and factual statement regarding or reflecting each specific transaction. A set of records or inventories shall be deemed to be "accurate" only if they are complete, and when considered as a whole, they demonstrate that the controlled substances and/or the records and inventories pertaining thereto have been handled in compliance with all applicable laws or rules and that all such controlled substances are properly accounted for.

All such records shall be retained for a period of at least two years after the date of any transaction relating to such record or inventory by any process providing an exact duplicate of the original order in a reproducible quality acceptable to the Board. Records shall be retained in a format that cannot be altered.

Records on an automated data processing system or subsequent storage of such records must be immediately retrievable (via monitor display or hard copy printout). Upon written Board approval, outlets capable of meeting the above standards may not be required to retain the original prescription order or LTCF chart order for non-controlled drugs.

11.06.10. Records of receipts of prescription drugs and controlled substances shall contain the following information for each such substance received:

e. Date received.

19.01.40. Recordkeeping.

a. The following information must be maintained by the prescription drug outlet for three years for each dose of vaccine or immunization administered:

(3) The date of the administration and site of injection of the immunization or vaccine;

(9) The date the VIS was provided.

21.00.10. Limitations and Record-Keeping.

b. No expired components may be used in compounding. No component may be used which will expire prior to the beyond-use date of the final compounded product. No expired final compounded product shall be dispensed or distributed.

21.10.60. Components.

a. Compounding personnel shall ascertain that ingredients for compounded products are in compliance with rule 21.00.10(b) and are of the correct identity and appropriate quality using the following information: vendors' labels, labeling, certificates of analysis, direct chemical analysis, and knowledge of compounding facility storage conditions. No expired components may be used in compounding. No component may be used which will expire prior to the beyond-use date of the preparation.

21.10.80. Storage and Beyond-Use Dating.

a. Completed compounded preparations that are not immediately dispensed or distributed shall be stored according to the guidelines in the formulation record.

b. In the absence of stability information that is applicable to the lowest and highest dose or concentration of a specific preparation compounded at the outlet, the following maximum beyond-use dates are to be used for non-sterile compounded preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature unless otherwise indicated.

(1) For non-aqueous liquids and solid formulations

(a) Where the manufactured drug product is the source of the active ingredient, the beyond-use date shall not exceed 25% of the time remaining until the product's expiration date or 6 months, whichever is earlier;

(b) Where a USP/NF substance is the source of active ingredient, the beyond-use date shall not be greater than 6 months;

(2) For water-containing oral formulations prepared from ingredients in solid form, regardless of whether an ingredient contains water or water by itself is an ingredient, the beyond-use date shall not be greater than 14 days when stored at cold temperatures;

(3) For intranasal formulations, the beyond-use date shall not be greater than 30 days;

(4) For all other formulations, including topical, dermal, mucosal, liquids and semi-solid formulations, the beyond-use date shall not be greater than the intended duration of therapy or 90 days;

(5) The beyond-use date limits may be exceeded when there is supporting valid scientific stability information that is directly applicable to the specific preparation. This information shall be retained on-site at the outlet and be available for inspection.

21.11.00. Compounding Record.

a. For each compounded product prepared, a record shall be maintained and available for inspection for two years on the original order, or on a separate, uniform, and readily retrievable record documenting the following:

(4) Sources, lot numbers, and expiration dates of each component;

(7) Name of the pharmacist who approved the preparation.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Probation.** Respondent Pharmacy's registration shall be placed on probation for a period of three (3) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

9. **Practice Monitor.** Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period,

Respondent Pharmacy shall be monitored by Affiliated Monitors, Inc. ("AMI"), or another Board-approved practice monitor ("Practice Monitor").

a. Qualifications: The Practice Monitor must:

- i. Be a Colorado-licensed pharmacist in good standing;
- ii. Practice pharmacy at least eighty (80) hours per month;
- iii. Have no current or past Board discipline;
- iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
- v. Otherwise have no financial or personal interest in Respondent Pharmacy.

b. Board Approval. Within twenty (20) days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board or its designated authority during the ordinary course of business, AMI or the name of another qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, and that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:

1. Conduct random (unscheduled) inspections once every three (3) months (quarterly) during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;

- ii. Notify the Board by means of a written report, within 72 hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;
- iii. Prepare and submit to the Board quarterly written reports no later than the 15th day of January, April, July, and October, which detail the results of the random on-site inspections and audits during the previous quarter throughout the duration of probation; and
- iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 15th day of January, April, July, and October throughout the duration of probation.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

- a. promptly pay all its own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Completion of Terms. Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent has completed all terms of this

Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.

13. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent

Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Anthony P. [Signature]
Authorized Representative

Dated: 9/7/18

Anthony P. [Signature]
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 10th day of September, 2018.

State Board of Pharmacy

BY: *[Signature]*

Joe Liber

Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of September 2018, addressed as follows:

By electronic mail to Respondent:
Safeway Pharmacy #3836
Attn: Kenneth DiMarco, R.Ph.
200 Quebec St., #400
Denver, CO 80230
Email: rxlicenses@albertsons.com

Anthony Provenzano, PharmD
Vice President, Pharmacy Compliance and Government Affairs
Albertsons Companies
Email: anthony.provenzano@albertsons.com

Charlie Painter
Manager, Pharmacy Professional Services Dept.
Albertson's Companies
Email: Charlie.Painter@albertsons.com

Kinda Stanke
Agent of the Board

Case View Screen

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Page 1 of 5

AUG 28 '18 / 10

09/14/18

Case View Screen

Case	2018-5103 (PUBLIC Internal Online)	Date Created	07/02/2018	Audit	
Status	Open in Board	Date Received	07/02/2018	Entry Items	
Note: Case is in compliance		Date Reopened	08/23/2018	Notes	
Respondent ID	1228181	Receiving Board	PHARMACY	Master Cases	
Respondent	The Daily Dose	Receiving Profession	Prescription Drug Outlet-	Participants	
Credential	OSP 0008936	Receiving Department	Out-of-State	Timeline History	
Address	The Daily Dose	Received By	Board	Docket Report	
	☒ Public ☐ Mail	Case Manager	Linda Slanko	Companion Case	
	The Daily Dose 4534 Westgate Blvd Ste 111 Austin, TX 78745-1468	Alleged Issues			
		Failure to Report			
		Case Nature	Informal		
Complainant ID					
Complainant	Anonymous				
Comments: Case opened due to failure to report manager change in timely manner					

RECEIVED
SEP 14 2018

BY: _____



Pharmacy Professional Services Department
 250 E Parkcenter Blvd
 Boise, ID 83706
 (208)395-3200
 (623)282-3882 fax

On November 25, 2019, Albertsons LLC, d/b/a/ Sav-on Pharmacy #2798, Sav-on Pharmacy #709, Sav-on Pharmacy #3747, Sav-on Pharmacy #775, Sav-on Pharmacy #3713, Sav-on Pharmacy #714, Sav-on Pharmacy #775, Sav-on Pharmacy #3215 ("Albertsons") entered into a civil settlement agreement with the Drug Enforcement Administration ("DEA") for record keeping violations involving proper completion of DEA form 222. Albertsons paid a fine of \$10,000 and must prepare and complete DEA form 222 as required by the DEA. There are no additional terms and conditions imposed on Albertsons, nor is Albertsons restricted in providing pharmacy services at these locations.



CIVIL SETTLEMENT AGREEMENT

This Civil Settlement Agreement (“Agreement”) is entered by and between the United States Attorney’s Office for the Western District of Louisiana, acting on behalf of the United States Department of Justice and the United States Drug Enforcement Administration (“DEA”) (collectively referred to as the “United States”) and DEA registrants Albertsons Pharmacy #2798 - BA7593482; Albertsons/Sav-on Pharmacy #709 – BA3075048; Albertsons/Sav-on Pharmacy #3747 – BA7088532; Albertsons/Sav-on Pharmacy #775 – BA6985228; Albertsons/Sav-on Pharmacy #3713 – BA2552114; Albertsons/Sav-on Pharmacy #714 – BA0282703; Albertsons/Sav-on Pharmacy #775 – BA6985228; Albertsons/Sav-on Pharmacy #3215 – BA2244123 operated by Albertson’s LLC (collectively “Albertsons”)(each a “Party” and collectively the “Parties”).

RECITALS

A. Albertsons owns and operates numerous pharmacies that are or were registered with DEA as dispensers of Schedule II – V controlled substances under the provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §801 *et seq.* (Controlled Substances Act or “CSA”).

B. While pharmacies are typically dispensers of drugs, when returning, transferring or disposing of controlled substances, they are bound by the requirements applicable to suppliers of controlled substances. 21 C.F.R. §1305.06. These requirements include completing the supplier’s portion of the DEA 222 form, recording the number of containers and recording the date of shipping. See 21 C.F.R. §§1304.22 and 1305.13.

C. Albertsons acknowledges that its DEA-registered pharmacies were and are required to comply with the CSA and the regulations promulgated thereunder, including the requirements described in Paragraph B.

D. The United States contends that Albertsons failed to comply with the regulations in certain instances and that these failures subject Albertsons to civil penalties under 21 U.S.C. §§842(a)(10) and (c)(1)(B).

E. This Agreement is neither an admission of liability by Albertsons nor a concession by the United States that its claims are not well founded.

F. To avoid the delay, expense, inconvenience, and uncertainty of litigating the above-referenced claims, and in consideration of the mutual promises and obligations of this Agreement, the Parties agree and covenant as follows:

TERMS AND CONDITIONS

1. Paragraphs A-F set forth above are fully adopted herein.
2. For purposes of this Agreement, "Covered Conduct" shall mean the written preparation and completion of the DEA 222 forms identified on Appendix A.
3. Albertsons shall pay to the United States the total sum of TEN THOUSAND U.S. DOLLARS (\$10,000.00) (the "Settlement Amount"), within seven (7) business days after the Effective Date of this Agreement by electronic funds transfer pursuant to the written instructions provided to Albertsons by the United States Attorney's Office for the Western District of Louisiana. Failure of Albertsons to pay the Settlement Amount as set forth herein will void this Agreement and, in such an event, the United States may pursue any and all available remedies against Albertsons for any of the Covered Conduct herein.
4. In consideration of the above and subject to the exceptions contained in paragraph 5, the United States fully and finally releases the Albertsons from any claims (including attorney's fees, costs and expenses of every kind and however denominated) that the United States has asserted or could have asserted against Albertsons for the Covered Conduct. Albertsons also agrees to fully and finally release the United States, including the DEA and its

agents, from any claims (including attorney's fees, costs and expenses of every kind and however denominated) related to the investigation, prosecution, and settlement of the Covered Conduct.

5. Notwithstanding the release given in Paragraph 4 of this Agreement, the United States specifically reserves and does not release:

- i. Any administrative action by the DEA based on or related to the Covered Conduct, but which does not solicit or impose civil penalties;
- ii. Any federal criminal liability;
- iii. Any criminal, civil or administrative claim arising under Title 26, United States Code (Internal Revenue Code);
- iv. Any liability under the False Claims Act, 31 U.S.C. §3729 or the Program Fraud Civil Remedies Act, 31 U.S.C. § 3801-3812;
- v. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct; and/or
- vi. Any liability based on obligations created by this Agreement.

6. Nothing in the Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue law, Title 26 of the United States Code.

7. This Agreement binds and is intended to benefit only the Parties. This Agreement is not intended to be, and shall not be interpreted to constitute, a release of any person or entity not identified or referred to herein.

8. Each Party shall bear its own legal or other costs incurred in connection with this matter, including the preparation, execution and performance of this Agreement.

9. Each Party and signatory to this Agreement represents that he, she or it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

10. This Agreement is governed by the laws of the United States. Each Party may seek judicial enforcement of this Agreement upon a material breach by the other Party. The Parties agree that the jurisdiction and venue for any dispute arising between and among the Parties will be the United States District Court for the Western District of Louisiana.

11. For the purposes of construing this Agreement, the Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not be construed against any Party for that reason in any subsequent dispute.

12. This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement. Each of the Parties expressly agrees and acknowledges that, in entering this Agreement, it is relying on only the statements and promises expressly set forth in this written Agreement. This Agreement cannot be amended, nor any provisions waived, except in writing and when signed by all Parties to this Agreement.

13. The undersigned individuals represent and warrant that they are fully authorized to execute this Agreement on behalf of the Parties listed below.

14. This Agreement may be executed in counterparts, including by facsimile, pdf, or other electronic form or signature, each of which constitutes an original and all of which constitute one and the same Agreement.

15. This Agreement is binding on Albertsons and its successors, transferees, heirs, and assigns.

16. The Parties may disclose the existence of and information about this Agreement to the public without restriction.

17. This Agreement shall be effective (final and binding) on the date of signature by the last signatory to the Agreement (the "Effective Date" of this Agreement).

ON BEHALF OF ALBERTSON'S LLC

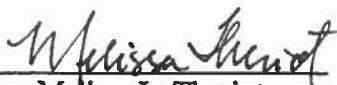


Anthony Provenzano
Vice President, Pharmacy Compliance

DATED: November 20, 2019

ON BEHALF OF THE UNITED STATES

David C. Joseph
United States Attorney
Western District of Louisiana

By: 

Melissa L. Theriot
Assistant United States Attorney
Western District of Louisiana

DATED: November 25, 2019

Appendix A

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4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Smith Plastic Surgery Building, LLC

Physical Address: 7650 W. Sahara Ave

City: Las Vegas State: Zip Code: 89117 Telephone:

(702) 838-2455 Fax: (702) 838-7055 Toll Free Number:

E-mail: info@smithsurgery.com

Website: smithsurgery.com

Managing Pharmacist: Mary Grear, RPH License Number: 10687

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☒ ☐ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☒ ☐ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Lane F Smith, M.D.
Print Name of Authorized Person

Dec 13, 2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 7650 W Sahara Ave

City: Las Vegas State: NV Zip: 89117

Telephone: (702) 838-2455 Fax: (702) 838-67055

Contact Person: Lane F. Smith, M.D

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Lane F. Smith, M.D. 100% 7650 W Sahara
Name Business Address Ave Las Vegas NV
89117

b) _____ 8977

Name	Business Address
------	------------------

c) _____

Name	Business Address
------	------------------

d) _____

Name	Business Address
------	------------------

- 2) Provide the number of shares issued by the corporation. 100% owner N/A
LLC
- 3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: Lane F. Smith, M.D. %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV Business ID NV 20151648004

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Lane F. Smith, M.D.
 Business Name: Smith Plastic Surgery Building, LLC
 Current Business Address: 7650 W. SAHARA AVE
 City: Las Vegas State: NV Zip Code: 89117
 Telephone: (702) 838-2455 Fax: (702) 838-7055

List any physician shareholders and percentage of ownership.

Name: Lane F. Smith, M.D. %: 100
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

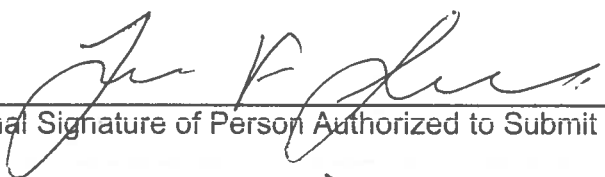
NV Business ID: NV20151648004

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Lane F Smith
Responsible Person of Smith Plastic Surgery Building LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps
Lane F Smith, M.D. Dec 13, 2019
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name: Mary Greer, RPh License #: 10687

Pharmacy Name: Smith Plastic Surgery Buildings, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: <u>NV</u>	Date: <u>Apr 2002</u>	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Maryferan, RPh
 Signature

12/13/19
 Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SMITH PLASTIC SURGERY BUILDING LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/28/2015, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/11/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191211433623

You may verify this certificate
online at <http://www.nvsos.gov>

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

398

Date 12/13/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy
Smith Plastic Surgery Building LL
7650 W. Sahara Avenue Las Vegas, NV 89117
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Smith Lane Fielding
Last Name First Name Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cascade Creek Lane Las Vegas, NV 89113
Present Residence Address-Street or RFD City State/Zip

7650 W. Sahara Ave Las Vegas, NV 89117
Present Business Address City State/Zip

Medical Doctor Jan 2019 - pres. Las Vegas NV 89117
Present Position with the Pharmacy or Wholesaler Dates

1 1
Phone:
Residence
Business

1-1-19 Las Vegas, NV
Date of Birth Place of Birth (City, County, State)

56 Male
Age Sex

Blue Auburn White 220 Med. 6' 4"
Color of Eyes Color of Hair Complexion Weight Build Height

N/A
Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JF

A. **Current Marriage** Aug 30, 2018 Las Vegas, Clark, NV
 Spouse's full name (Maiden) Bree Jame City, County and State
Date S.S. No.
 Date of Birth Place of Birth
 Resident address Cascade Creek Lane LV, NV 89113
Street City State Zip
 Telephone: Residence Business (702) 326-3903
 Spouse's employer N/A Self-employed Occupation Model
 Address of employer Cascade Creek Lane LV, NV 89113
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Marcelle Smith	Oct 10, 1993	July 30, 1986		Salt Lake City Salt Lake County, Utah

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
E	2150 S	Bountiful	Utah	84010	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address	Reside
Lane F Smith,			Galveston TX	Reside
Kevin Smith,			Sandy Utah	Reside
Cadence Smith,			SLC, Utah	

B. Child Support Information:

Please mark the appropriate response:

☐ I am not subject to a court order for the support of child.

☒ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JS

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name Utah Wyoming Family Support

Address Unavailable

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Lane Smith ^{MD}		Bridger Blvd Sandy, Utah	
Mother			
Val Smith		Bridger Blvd Sandy, Utah	
Father-in-Law			
Wes James dead	Unknown	Unknown	Unknown
Mother-in-Law			
Stacy Lynn Stelly	Unknown	Unknown	Unknown

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

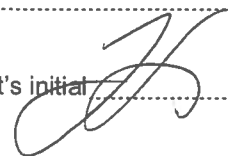
Name (Maiden)	Birth Date	Address	Occupation
Michelle Smith McComber			Pres of Utah Med Society
Spouse			
Stan McComber			
Renée Smith			Physician
Spouse			
N/A			
Joe Smith			salesperson
Spouse			
Joy Smith			
Evan Smith			Release Train engineer
Spouse			
Janae Smith			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	James E. Moss	Sandy Utah	Yes ☒ No ☐
High School	Brighton High School	Sandy, Utah	Yes ☒ No ☐
College	University of Utah Medical School		Yes ☒ No ☐
University	and undergraduate		Yes ☒ No ☐

Type of degree obtained, if any M.D.College or university where obtained University of Utah

Applicant's initial



Siblings

Angie McFarland
 spouse Eric

Stephanie Ramsey
 spouse Jake

Cherise Romney
 spouse Preston

.

 - -

 - -

homemaker

customer
 service

life coach

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒ No ☐County SLake State Utah Date registered 1982**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐ as a Medical Doctor

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐ as a Medical Doctor

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Larin	Smith brother	deceased	on July 7, 2018	

Applicant's initial _____

Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Caralyn Brook	Dec 2, 2019		Clark Cty	Ongoing

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Same as above		
Caralyn Brook		Dec 2, 2019 Clark Ongoing

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
	Cascade Creek Lane	Las Vegas	NV
	Mayo Clinic Resides Podester	MA	
	Cave hollow Way	Banahui	UTAH 84010
	Orchard Lane	Palo Alto	California, USA
	102 Turpan	Galveston	Tx
	2685 Bridger Blvd.	Sandy	UT 84092

Applicant's initial



8. EMPLOYMENT:

404

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

2001 until Present	Medical Doctor	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2001 to Present	7650 W. Sahara Ave, 89117 Self	60+ Per week
Title	Description of Duties	Name of Supervisor
Plastic Surgeon		Self
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2004	Mayo Clinic Rochester MN	60+
Title	Description of Duties	Name of Supervisor
Medical Doctor		UNIS BITE
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2004	Mayo Clinic Rochester MN	60+
Title	Description of Duties	Name of Supervisor
Medical Doctor		UNIS BITE
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
7-99 - 7-99	Layton Utah	60+ Per Week
Title	Description of Duties	Name of Supervisor
M.D.	Medical Doctor	Self
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
93-94	Stanford University Palo Alto	60+ Per Week
Title	Description of Duties	Name of Supervisor
Associate Professor		Richard Gardo
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
89-93	University of Texas Medical Branch, Galveston TX	
Title	Description of Duties	Name of Supervisor
Resident Physician		Byron Bailey M.D.
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

[Signature]

9. CHARACTER REFERENCES:

405

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name John J. Minoli, M.D. Home	7650 W Sahara Ave	Las Vegas	NV	89117	10yrs	
Employer Self	Business					
Name Sheib Myint, M.D. Home	7650 W Sahara Ave	Las Vegas	NV	89117		
Employer Self	Business					
Name Michael Crowley M.D. Home	Smith Plastic	7650 W Sahara Ave	Las Vegas	NV	89117	
Employer Smith Plastic	Business					
Name Kristine Maxwell Home	Via De Cortona	Henderson	NV			
Employer Self	Business					
Name William Arzoll, M.D. Home	M.D.	7650 W Sahara Ave	Las Vegas	NV	89117	
Employer M.D.	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

IC of the Medical Board

13. Have you ever been denied a personal, license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

To meet w/ Board
clear-ed on the event

Applicant's initial

[Signature]

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler)? Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☐ No ☒
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☐ No ☒
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☐ No ☒



Date of photograph 12-12-19

Applicant's initial JS

ss.

COUNTY OF CLARK

I, Lane F. Smith, M.D., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

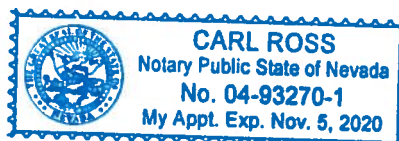
STATE OF NEVADA
COUNTY OF CLARK

Subscribed and Sworn to before me this 13TH day of

DECEMBER, 2019

Carl Ross
Notary Public

Lane F. Smith, M.D.
Original Signature of Applicant



(seal)

Applicant's initial

LS

Page 9

Applicant's initial

Page 10



License Type: Pharmacist
License #: 10687

NEVADA
STATE BOARD OF PHARMACY



Expires: 10/31/2021
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mary R. Grear

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4FF

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

virtual manufacturer

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Eton Pharmaceuticals, Inc.

Physical Address: 21925 W. Field Parkway, Suite 235

City: Deer Park State: IL Zip Code: 60010

Telephone Number: (847) 805-1026 Fax Number: (847) 620-0625

Toll Free Number: _____

E-mail: dradosavljevic@etonpharma.com Website: etonpharma.com

Facility Manager: Danka Radosavljevic

Professional qualifications and experience of facility manager: 12 years experience in pharmaceutical industry in QC, PD, and QA

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Eton will never physically handle or distribute non-controlled prescription drugs, but rather manage the manufacture and distribution of non-controlled prescription drugs through a CMO and 3PL

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Sintetica S.A.

Address: Via Penate 5, Mendrisio, TI
6850, Switzerland

Name: Eversana Life Science Services, LLC

Address: 4580 Mendenhall Rd
Memphis, TN 38141

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Sean Brynjelsen

Print Name of Authorized Person

10/22/2019
Date

Board Use Only

Date Processed: _____

Amount: 500-

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: No parent company

Corporation Name: Eton Pharmaceuticals, Inc.

Mailing Address: 21925 W Field Parkway, Suite 235

City: Deer Park State: IL Zip: 60010

Telephone: (847) 805-1026 Fax: (847) 620-0625

Contact Person: Danka Radosavljevic

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/27/2017 (Delaware) Effective Date with SEC: 11/09/18

Registration number issued: 0001710340 (CIK) Commission File NO: 001-38738

Stock Exchange: NASDAQ under trading symbol "ETON"

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors. See attached.

Eton Pharmaceuticals, Inc. Facility Description:

Eton Pharmaceuticals, Inc is a virtual manufacturer located in Deer Park, Illinois. The Illinois Department of Financial and Professional Regulation currently does not have a license classification for "Virtual Manufacturer." However, an inspection was at the Deer Park location on October 4, 2018. After passing site inspection, Eton was licensed as a "Wholesale Drug Distributor."

Eton received FDA approval for **phenylephrine hcl** (Biorphen®) on October 21, 2019. Eton will direct sale of the prescription drug, but will not physically possess product. All manufacturing activities are outsourced to contract manufacturers (CMO), and all distribution activities are coordinated by third-party logistics providers (3PL).

Records:

All records related to manufacturing are maintained by the CMO and all records related to distribution are maintained by the 3PL, in compliance with all applicable rules and regulations.

Personnel:

All facility personnel training requirements are administered by the CMO and 3PL and are performed in a manner that ensures prescriptions drug quality, safety, and security will be maintained at all times as required by all applicable laws and regulations.

Security:

Facility security is maintained by the CMO and 3PL in compliance with all applicable rules and regulations.

3PL Information:

Eversana Life Science Services, LLC (formerly Dohmen Life Science Services, LLC)
4580 Mendenhall Rd
Memphis, TN 38141

Contact Person:

Emily Becker
(303) 952-7261

CMO Information:

Sintetica S.A.
Via Penate 5
Mendrisio, TI
6850, Switzerland (CHE)
FDA Establishment Identifier: 3004058163

US Agent Contact Person:

Craig Kruman
(248) 538 5150

State Licensure List

STATE	LICENSE NUMBER
Alabama	195788
Arkansas	WD05160
Arizona	<i>Pending</i>
Connecticut	CSM.0001660-OOS
Delaware	<i>Pending</i>
District of Columbia	<i>Pending</i>
Florida	<i>Pending</i>
Georgia	<i>Pending</i>
Idaho	<i>Pending</i>
Iowa	<i>Pending</i>
Illinois (Home State)	004004606
Kansas	5-110704
Louisiana	9513
Maryland	D06670
Michigan	<i>Pending</i>
Minnesota	<i>Pending</i>
Mississippi	<i>Pending</i>
Montana	<i>Pending</i>
New Hampshire	06781
New Jersey	<i>Pending</i>
New Mexico	<i>Pending</i>
New York	37185
North Carolina	<i>Pending</i>
North Dakota	Whol2232
Ohio	<i>Pending</i>
Oklahoma	88-M-6085
Oregon	<i>Pending</i>
South Carolina	<i>Pending</i>
South Dakota	<i>Pending</i>
Tennessee	0000005459
Texas	<i>Pending</i>
Utah	<i>Pending</i>
Vermont	<i>Pending</i>
Washington	PHWH.FX.61017675
West Virginia	MR0551894

DRUG PRODUCT

1. Phenylephrine HCl (Biorphen)
 - a. NDA Number: 212909
 - b. Labeler Code: 71863
 - c. NDC Number: 71863-202-06

File Number

7142-058-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ETON PHARMACEUTICALS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 29, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of OCTOBER A.D. 2019 .

Jesse White

SECRETARY OF STATE



Illinois Department of Financial and Professional
Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
ETON PHARMACEUTICALS INC	Deer Park, IL 60010	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004606	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	10/04/2018	10/04/2018	12/31/2020	N

Generated on: 10/8/2019 9:33:04 AM

FDA Registration Exemption

Eton Pharmaceuticals received communication with the FDA on July 28, 2017 regarding exemption from registration. As Eton is virtual manufacturer, our company does not physically perform any drug manufacturing activity—and therefore, we are not required to register our establishment. See attached email correspondence.

From: CDER Electronic Drug Registration and Listing [<mailto:EDRLS@fda.hhs.gov>]
Sent: Friday, July 28, 2017 12:21 PM
To: Bharathi Devarakonda <BDevarakonda@etonpharma.com>; CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Subject: RE: Do I need to Register?

Dear Bharathi Devarakonda,

Application holders / sponsors that perform no manufacturing processes, as defined in [21 CFR 207.1](#), are not required to register with FDA. Your contract manufacturers would have the obligation to register with FDA and list the drug.

Thanks,

Electronic Drug Registration and Listing Staff (jac)

Center for Drug Evaluation and Research

Office of Compliance

U.S. Food and Drug Administration

edrls@fda.hhs.gov

www.fda.gov/edrls



From: Bharathi Devarakonda [<mailto:BDevarakonda@etonpharma.com>]
Sent: Wednesday, July 19, 2017 12:29 PM
To: CDER Electronic Drug Registration and Listing
Cc: Bharathi Devarakonda
Subject: Do I need to Register?

Dear EDRLS Team,

Greetings.

I am Bharathi Devarakonda, Sr. V.P of Regulatory Affairs at Eton Pharmaceuticals. We are a newly formed pharmaceutical company with several products under development and manufacture stage. However, we use contract research and development organizations as well as contract manufacturing organizations to perform product development and registration batches manufacturing activities of our products. Eton will be the applicant/sponsor for subsequent filing of NDA/ANDAs for FDA review and approval of our products.

In this regard, I would like to know if our company Eton Pharmaceuticals needs to be registered with the FDA.

I appreciate your kind assistance in advance.

Sincerely,

Bharathi Devarakonda, Ph.D., RAC

Eton Pharmaceuticals, Inc.

Sr. Vice President

Product Development & Regulatory Affairs

21925 Field Parkway, Suite 235

Deer Park, IL 60010

C: 318-680-8343

E: bdevarakonda@etonpharma.com





Eton Pharmaceuticals, Inc. Officer & Ownership Information

State of Incorporation:

Delaware

Corporate Address:

Eton Pharmaceuticals, Inc.
21925 W. Field Parkway,
Suite 235
Deer Park, IL 60010
Phone: (847) 805-1026

Publicly Traded Company:

Ticker Symbol – (ETON)

Officers:

- Sean Brynjelsen - President; CEO (6% Owner)
 - Address: S. Cook St., Barrington, IL 60010
 - Date of Birth:
 - Contact Number:
 - Not licensed as a pharmacist
- Wilson Troutman - Secretary and Treasurer; CFO (0% Owner)
 - Address: E. Adams St., Lombard, IL 60148
 - Date of Birth:
 - Contact Number:
 - Not licensed as a pharmacist
- David Krempa - Asst. Secretary and Asst. Treasurer; VP of Business Development (0% Owner)
 - Address: 1 Alderman Ave., Prospect Heights, IL 60070
 - Date of Birth:
 - Contact Number:
 - Not licensed as a pharmacist

Majority Owner:

Imprimis Pharmaceuticals, Inc. (19% Owner)
12264 El Camino Real #350
San Diego, CA 92130



Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4163184



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Licensee: ETON PHARMACEUTICALS INC
 License Number: 004.004606
 Profession: LICENSED WHOLESALE DRUG DISTRIBUTOR
 Specialty: OTHER
 Date of Issuance: 10/04/2018
 Expiration Date: 12/31/2020
 License Status: ACTIVE
 License Method: NON-EXAM
 Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis 11

Cecilia Abundis
Acting Director
Division of Professional Regulation

October 30, 2019
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2018

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

FOR THE TRANSITION PERIOD FROM _____ TO _____

Commission File Number 001-38738

ETON PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

37-1858472
(I.R.S. Employer
Identification No.)

21925 W. Field Parkway, Suite 235
Deer Park, IL
(Address of principal executive offices)

60010-7208
(Zip Code)

Registrant's telephone number, including area code: (847) 787-7361

Securities registered pursuant to Section 12(b) of the Act:

Title of each class
Common Stock, \$0.001 par value

Name of each exchange on which registered
The Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☐ NO ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Verified
DZ
11/18/2019

4GG

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Rigel Pharmaceuticals Inc

Physical Address: 1180 Veterans Blvd.

City: South San Francisco State: CA Zip Code: 94080

Telephone Number: 800-983-1329 Fax Number: 650-624-1279

Toll Free Number: 800-983-1329

E-mail: cohms@rigel.com Website: www.rigel.com

Facility Manager: Christopher Ohms - Director, Supply Chain

Professional qualifications and experience of facility manager: Please find attached resume listing all relevant qualifications and facility management experience.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Rigel is not, but our contracted 3PL company is VAWD certified. (see attached)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Rigel is a Virtual MFG - Labeler code - 71332

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Contracted 3PL: McKesson Specialty Care Dist. Corp.

Address: 4100 Questway, Memphis, TN 38115

Name: Contracted MFG: Patheon Inc.

Address: 111 Consumers Drive, Whitby, Ontario L1N 5Z5 Canada

Name: Contracted MFG: Patheon Inc.

Address: 2100 Syntex Court, Mississauga, Ontario L1N 7K9 Canada

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

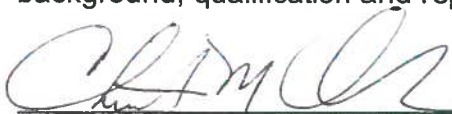
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

CHRISTOPHER M OHMS
Print Name of Authorized Person

20 Nov 2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Rigel Pharmaceuticals Inc

Mailing Address: 1180 Veterans Blvd.

City: South San Francisco State: CA Zip: 94080

Telephone: 800-983-1329 Fax: 650-624-1279

Contact Person: Christopher Ohms

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 6/14/1996

Registration number issued: 0-29889

Stock Exchange: RIGL - NASDAQ

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **November 20, 2019**

RIGEL PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation)

0-29889

(Commission File No.)

94-3248524

(IRS Employer Identification No.)

1180 Veterans Boulevard

South San Francisco, CA

(Address of principal executive offices)

94080

(Zip Code)

Registrant's telephone number, including area code: **(650) 624-1100**

Not Applicable

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

*Verified
R3*



Applicant: Rigel Pharmaceuticals, Inc.
 1180 Veterans Blvd.
 South San Francisco, CA 94080
www.rigel.com
 Phone: 800-983-1329
 Fax: 650-624-1279
 EIN: 94-3248524
 Hours of operation: 9 am to 5 pm M-F

Delaware C Corporation established 6/14/1996

Corporate Officers: (see chart attached)

Designated Representative: Christopher Owens
 Faroaks Court
 San Mateo, CA 94403

cohms@rigel.com

SSN: DOB:

Method of Distribution: Third Party Logistics Provider

McKesson Specialty Care Dist. Corp.
 4100 Questway
 Memphis, TN 38115

00005456

RxCrossroads 3PL LLC
 1001 Cheri Way
 Fairdale, KY 40118

M04285

RxCrossroads 3PL LLC
 5101 Jeff Commerce Drive
 Louisville, KY 40219

TPL00304

Contracted CMO: Patheon Inc.
 111 Consumers Drive
 Whitby, Ontario L1N 5Z5 Canada FDA: 3000264888

Patheon Inc.
 2100 Syntex Court

Mississauga, Ontario L1N 7K9 Canada FDA:

3000264888

Nature of Business:

Rigel Pharmaceuticals, Inc. is a Virtual Manufacturer of it's own label, FDA approved product, Tavalisse. Their product is manufactured by contract with Patheon in Ontario, Canada and shipped directly to a contracted 3PL company for storage and distribution. Rigel does not ever physically manufacture, store or distribute at their facility in South San Francisco, California. Rigel does not have a license in our home state because California does not currently license virtual manufacturers as per letter attached

FDA Labeler Code:

71332

List of Products to be manufactured:

71332-002-01	Tavalisse 150mg/1 tablet
71332-001-01	Tavalisse 100mg/1 tablet

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL+DRUG+CODE+DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[in LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL+DRUG+CODE+DIRECTORY&SOURCE=FDA\)](https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&title=NATIONAL+DRUG+CODE+DIRECTORY&source=FDA)

[PINIT \(HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL+DRUG+CODE+DIRECTORY\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&description=NATIONAL+DRUG+CODE+DIRECTORY)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL+DRUG+CODE+DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [PRINT](#)

Current through December 16, 2019

You have searched Finished drug products

Search Results: 71332

[Back to Search Page \(1\)](#) | [Search Again \(1\)](#)

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	M. C.
TAVALISSE	71332-002-01	150 mg/1	TABLET	ORAL	NDA209299	Rigel Pharmaceuticals, Inc.	71332-002	FOSTAMATIN/B	FOSTAMATIN/B	HUMAN PRESCRIPTION DRUG	05/09/2018	N/A	NDI
TAVALISSE	71332-001-01	100 mg/1	TABLET	ORAL	NDA209299	Rigel Pharmaceuticals, Inc.	71332-001	FOSTAMATIN/B	FOSTAMATIN/B	HUMAN PRESCRIPTION DRUG	05/09/2018	N/A	NDI

Showing 1 to 2 of 2 entries

Previous 1 Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also [Drug Registration and Listing Instructions \(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
DZ



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

March 6, 2017

CERTIFIED MAIL

Raul Rodriguez, President and CEO
Rigel Pharmaceuticals, Inc.
1180 Veterans Boulevard
South San Francisco, CA 94080

RE: **Letter of Exemption - California Drug Manufacturing Licensure**

Dear Mr. Rodriguez:

On November 21, 2016, the California Department of Public Health (CDPH) Food & Drug Branch received a new Drug Manufacturing License application for the facility located at the address listed above. The application packet represents your firm to be a "virtual manufacturer" and asserts that your firm has not been engaged in manufacturing as defined in state law (California Health & Safety Code (H&SC) Section 109970).

On February 7, 2017, the above listed facility was inspected by a CDPH Investigator whose findings support an exemption from licensure at this time. **Therefore, Rigel Pharmaceuticals, Inc. located at the facility identified above, is hereby notified that CDPH is denying the new Drug Manufacturing License application received November 21, 2016, without prejudice, based on representations and observations made indicating that California licensing requirements do not apply at this time.**

If manufacturing operations are planned for this facility and you wish to pursue a California Drug Manufacturing License in the future, you will need to submit a new application and fee. A new Drug Manufacturing License application (EH52) may be obtained by contacting the CDPH Drug Licensing Desk, or by downloading from the following website:

<http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph52N.pdf>

Be reminded that pursuant to H&SC Section 111615, it is illegal to manufacture drugs in CA without a license issued by CDPH. Should it be determined that **Rigel Pharmaceuticals, Inc.** is manufacturing drug products at a California-based facility without a valid license, CDPH may initiate further action including, but not limited to, embargo of violative drugs, assessment of administrative fines, and/or civil or criminal prosecution. It is your responsibility to ensure that all products manufactured by your firm comply with California law.

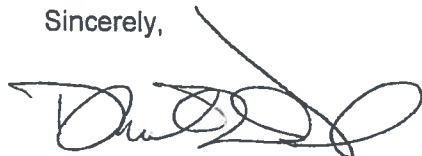
This correspondence may serve as official notice that your firm is exempt from the need for a California Drug Manufacturing License at this time. (Note: This notice does not relieve any



obligations or requirements specified in California law relative to the scope and practice of Pharmacy and enforced by the California Department of Consumer Affairs Board of Pharmacy.)

If you have any questions or are in need of clarification, please feel free to contact me at (916) 650-6619, or Supervising Investigator June Han at (916) 928-2228.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel Seid', with a large, stylized flourish extending from the end of the signature.

Daniel Seid, Chief
Drug Safety Unit
CDPH Food & Drug Branch

cc: June-Mei Han
Supervising Investigator

CDPH Drug Manufacturing License Desk

// firm file

US Food & Drug Administration
San Francisco District Office
1431 Harbor Bay Parkway
Alameda, CA 94502-7070

Fairoaks Court
San Mateo, CA 94403

CHRISTOPHER OHMS

HIGHLIGHTS

- Leader of complex pharmaceutical and biopharmaceutical clinical/commercial supply chain activities.
- Experienced operations manager.
- Manager of pharmaceutical projects, programs, and portfolios from research through commercialization.

EXPERIENCE

Rigel Pharmaceuticals

South San Francisco, CA

Director, Supply Chain

June 2019 - Present

- Develop manufacturing schedules and inventory plans to support current clinical and commercial requirements. Drive the execution of the plans to assure supplies are available to our end-users.
- Anticipate and plan for on-going material needs to minimize reactive responses for supplies needed by our end-users.
- Develop tools for tracking inventory, cycle times, returns, documentation requirements etc.
- Assure that excipients, raw materials, consumables and supplies are qualified, ordered and available to support manufacturing.
- Develop dashboards and reports to provide visibility into status of supplies throughout the supply chain.
- Responsible for developing and executing project plans and schedules that represent the appropriate level of detail and task independency and have accurate resource planning estimates to support development team objectives.
- Develop manufacturing schedules and inventory plans to support current clinical and commercial requirements. Drive the execution of the plans to assure supplies are available to our end-users.
- Anticipate and plan for on-going material needs to minimize reactive responses for supplies needed by our end-users.
- Develop tools for tracking inventory, cycle times, returns, documentation requirements etc.
- Assure that excipients, raw materials, consumables and supplies are qualified, ordered and available to support manufacturing.
- Develop dashboards and reports to provide visibility into status of supplies throughout the supply chain.
- Responsible for developing and executing project plans and schedules that represent the appropriate level of detail and task independency and have accurate resource planning estimates to support development team objectives.

Coherus Biosciences

Redwood City, CA

Senior Director, Supply Chain

January 2019- May 2019

- Enhanced and optimized the inventory/production planning tool (Excel-based) to include key elements from Agreements, Demand/Sales Plan, and CMO-related expenses to analyze future months-on-hand (MOH) positions.
- Facilitated Executive Sales & Operations Planning (S&OP) process.
- Defined and developed the CMC Lifecycle Management (LCM) process; balancing risks to support commercial product lifecycle activities.
- Developed systems and processes central to supply chain management; adapt systems to support the corporate goals.
- Led cross-functional discussions central to supporting supply chain.
- Created Supply Chain Responsibility Assignment Matrix (RACI) in collaboration with cross-functional teams.

Pain Therapeutics**San Mateo, CA***Director, Strategic Sourcing and Operations Planning*

2001 – 2010

- CMC lead between King Pharmaceuticals and Pain Therapeutics for scale-up and initial NDA of Remoxy™ - \$400M partnership; collaborated on the authorship of CMC section.
- Designed/developed web-accessible MS Access databases for financial/budget tracking, central file organization (designed around sections of NDA), and virtual inventory management control.
- Managed global CxOs from API, manufacturing, and packaging/labeling of clinical trial materials (CTM) to support required studies (human and animal) leading to an NDA for an abuse-resistant opioid (CII) painkiller (Remoxy™).
- Negotiated with material suppliers and transport service organizations toward a total annual savings of ~\$250K to Pain Therapeutics, Inc.
- Negotiated and prepared proposals and work plans with outsourcing production contractors to save Pain Therapeutics, Inc. ~\$500K in external expenses.

PATENTS AND INVENTIONS

-
- Provisional Patent – *Dental Food-Trap Removing Floss*
 - Patent – *Closure System for an Active Agent Delivery Device* (Co-authored Patent No. 6595951)
 - Patent – *Flow Controller Configurations for an Active Agent Delivery Device* (Co-authored Patent No. 5985324, 6224908, 6103265, & EP098476 A1)
 - Patent – *Closure System for an Active Agent Delivery Device* (Co-authored Patent No. 6096003)
 - Patent – *Directional Drug Delivery and Method of Use Innovative Cardiac Stent Drug Delivery Device* (Primary inventor; inventor rights assigned to ALZA Corporation, Patent No. 6071305)

EDUCATION**Notre Dame de Namur University (College of Notre Dame)****Belmont, CA***Master of Arts in English (Technical Writing/Literature)***Notre Dame de Namur University (College of Notre Dame)****Belmont, CA***Bachelor of Science in Biology (Pre-Med Biology with Chemistry)***CERTIFICATES, LICENCES, AND INTERESTS**

-
- Advanced Clinical Anatomy Workshops (n=4), Stanford School of Medicine
 - CPR/AED certified, blood-borne pathogen training, OSHA training, Lean/Six Sigma (Black Belt)
 - Writing [LinkedIn]
 - "Lifestyle Changes From A Diagnosis of Adult Onset Multiple Sclerosis"
 - "Packaging Summit: Initiating Site-Wide Continuous Improvement in Packaging/Labeling Operations"



ATTACHMENT # 1

Rigel Pharmaceuticals, Inc.

Company Corporate Officers

Name	Position/Title	Address	Phone #	SS # (last 4 digits)	DOB	% Owned
Raul R. Rodriguez	President and CEO	21st Street San Francisco, CA 94114				1.87%
Anne-Marie Duliege, M.D., M.S.	Executive VP and Chief Medical Officer	Seale Avenue Palo Alto, CA 94303				0%
Eldon C. Mayer III	Executive VP and Chief Commercial Officer	Shady Lane Los Gatos, CA 95032				0%
Dolly Vance	Executive VP, Corporate Affairs and General Counsel	Bradford Street San Francisco, CA 94110				1.09%
Esteban Masuda, Ph.D.	Senior VP, Research	Oakhurst Place Menlo Park, CA 94025				0%
Joseph Lasaga	VP, Business Development and Alliance Management	Warwick St. Redwood City, CA, 94062				0%
Nelson D. Cabatuan	Interim CFO	Sonatas Dr Hayward, CA 94542				0%

Business Address for all officers:

1180 Veterans Blvd.

South San Francisco, CA 94080

800-983-1329

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIGEL PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIGEL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2626346 8300

SR# 20198321023

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204092348

Date: 11-26-19

4HH

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____) Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Performance Health Supply, Inc.

Physical Address: 9040 Orly Road, Suite 200

City: Indianapolis State: IN Zip Code: 46241

Telephone Number: (630) 393-6000 Fax Number: (630) 393-6002

Toll Free Number: 800-556-3326

E-mail: jeff.lea@performancehealth.com Website: www.performancehealth.com

Facility Manager: Ron Dinderski

Professional qualifications and experience of facility manager: Refer to the attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)	
☒ Other: <u>Over-the-Counter</u>	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: SHENZHEN DONGDIXIN TECHNOLOGY CO, LTD.

Address: No. 3 Building Xilibaimang Xusheng Industrial Estate, Nanshan, Shenzhen Shenzhen Guangdong, CHINA 518108

Name: TENS PLUS INDUSTRIAL CO

Address: Hing Yip St. Kwun Tong, Kowloon HONG KONG, CHINA NONE

Name: SEIRIN CORPORATION

Address: 1007-1 Sodeshi-Cho, Shimizu-Ku, Shizuoka, 22, JP, 424-0037

Name: Shanghai Kangnian Medical Device CO.LTD.

Address: Qingpu District Shanghai Shanghai, CHINA 201707

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

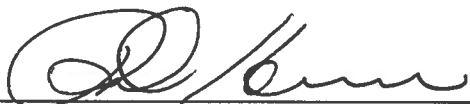
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Hanneman, VP RA & QA

Print Name of Authorized Person

9-12-2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Minnesota

Parent Company if any: Performance Health Holdings, Inc.

Mailing Address: 9040 Orly Road, Suite 200

City: Indianapolis State: IN Zip: 46241

Telephone: (630) 393-6000 Fax: (630) 393-6002

Contact Person: Paul Hanneman

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Lani Holdings, Warrenville, IL</u>	
	Name	Business Address
b)	<u>Madison Dearborn Partners, Warrenville, IL</u>	
	Name	Business Address
c)	<u></u>	
	Name	Business Address
d)	<u></u>	
	Name	Business Address

- 2) Provide the number of shares issued by the corporation. Refer to the Lani Holdings Stock Certificates
- 3) What was the price paid per share?

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number:

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Formerly
Patterson Medical

PERFORMANCE HEALTH SUPPLY, INC.

FEIN: 20-4590834

Incorporated in the State of MN on 3/29/2006

Performance Health Holdings, Inc – Parent Company

Address: 28100 Torch Parkway, Suite 700, Warrenville, IL 60555

Ownership: 100%

Paul Hanneman – Regulatory Officer

Business Address: 28100 Torch Parkway, Suite 700, Warrenville, IL 60555

Business Phone: (630) 393-6000

Ownership: 0%

Sean Muniz- Chief Supply Chain Officer

Business Address: 28100 Torch Parkway, Suite 700, Warrenville, IL 60555

Business Phone: (630) 393-6000

Ownership: 0%



Formerly
Patterson Medical

Performance Health Supply, Inc. - Business Description

Performance Health Supply, Inc. Indiana facility is a distributor of products to the rehabilitation and sports medicine markets. The company's products are sold to leading healthcare facilities and practitioners such as physical therapists, athletic trainers, and chiropractors. The distribution center located in Indiana provides prescription and nonprescription medical devices and other consumable products. The prescription devices do not contain Rx Drugs.

Facility Contact Personnel

Performance Health Supply, Inc.
9040 Orly Rd, Suite 200
Indianapolis, IN 46241
Jeff Lea (Director of Distribution)
Phone: 574-532-9184
Email Address: jeff.lea@performancehealth.com

Performance Health Supply, Inc.
9040 Orly Rd, Suite 200
Indianapolis, IN 46241
Ronald P Dinderski (Manager Distribution Operations)
Phone: 716-310-6986
Email Address: ron.dinderski@performancehealth.com



Formerly
Patterson Medical

LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF CONTACT PERSONNEL FOR THE FACILITY:

Performance Health Supply, Inc.
ADDRESS: 9040 Orly Road, Suite 200, Indianapolis, IN 46241
CONTACT PERSON: Jeff Lea
TELEPHONE: (574) 532-9184

Performance Health Supply, Inc.
ADDRESS: 9040 Orly Road, Suite 200, Indianapolis, IN 46241
CONTACT PERSON: Ronald P Dinderski
TELEPHONE: (716) 310-6986



Formerly
Patterson Medical

Performance Health Supply, Inc. - Business Description

Performance Health Supply, Inc. Indiana facility is solely a distribution facility that provides prescription and nonprescription medical devices, and OTC drugs and cosmetics primarily to rehabilitation and physical/occupational therapy markets. The Indiana Performance Health Supply, Inc. site does not perform physical manufacturing or sales activity. There are no prescription drugs or list 1 DEA chemicals either stored at or distributed from this site.

From: [Group 04](#)
To: [Walker, Janine](#)
Subject: RE: Indiana Board of Pharmacy _ Distribution of Medical Devices
Date: Tuesday, July 02, 2019 7:49:33 AM
Attachments: [image002.png](#)

As long as the non-prescription medical devices do not include drugs then you do not need a license.

Jody Edens,
Assistant Board Director
Indiana Professional Licensing Agency
Indiana Board of Pharmacy
Speech Language Pathology and Audiology Board
Hearing Aid Dealer Committee
402 West Washington Street, Room W072
Indianapolis, IN 46204
(317) 234-2067
(317) 233-4236 fax
website: www.pla.in.gov



"The Indiana Board of Pharmacy, Speech Language Pathology Board and the Committee of Hearing Aid Examiners and Professional Licensing Agency ("PLA") staff cannot and do not provide legal advice. PLA staff provide assistance to the public by providing reference to the Indiana statute and Rules; however, any such assistance provided by PLA staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney of your own choosing regarding any legal questions related to state or federal laws or regulations, including the interpretation and application of the laws and regulations governing the board."

From: Walker, Janine [mailto:Janine.Walker@iqvia.com]
Sent: Monday, July 01, 2019 2:52 PM
To: Group 04 <pla4@pla.IN.gov>
Subject: Indiana Board of Pharmacy _ Distribution of Medical Devices

****** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ******

Good Afternoon,

I am inquiring to see if your state licenses an in-state distributor of non-Prescription medical devices?

I look forward to your response.

Thank you for your time and assistance.

Kind Regards,

Janine Walker
Senior Licensing Analyst
U.S. Compliance Solutions (formerly BuzzeoPDMA)



[Learn more](#) about IQVIA™

1025 Boulders Parkway, Suite 301
 Richmond, VA 23225
 USA

Janine.walker@iqvia.com

Please note new number: O: +1- 804-230-5048 |F: +1-804-267-1747

IMPORTANT - PLEASE READ: This electronic message, including its attachments, is CONFIDENTIAL and may contain PROPRIETARY or LEGALLY PRIVILEGED or PROTECTED information and is intended for the authorized recipient of the sender. If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution of this message or any of the information included in it is unauthorized and strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail and permanently delete this message and its attachments, along with any copies thereof, from all locations received (e.g., computer, mobile device, etc.). To the extent permitted by law, we may monitor electronic communications for the purposes of ensuring compliance with our legal and regulatory obligations and internal policies. We may also collect email traffic headers for analyzing patterns of network traffic and managing client relationships. For further information see: <https://www.iqvia.com/about-us/privacy/privacy-policy>. Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Property & Casualty Services Inc. 45 Executive Drive Plainview NY 11803-9001	CONTACT NAME: RISK MANAGEMENT PHONE (A/C, No, Ext): 516-327-2700 FAX (A/C, No): 516-327-2800 E-MAIL ADDRESS: RiskCerts@nfp.com														
INSURED Lanai Holdings I LLC Performance Health Supply, Inc. 28100 Torch Parkway, Suite 700 Warrenville IL 60555-3938	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B : Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td>INSURER C : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Federal Insurance Company	20281	INSURER B : Great Northern Insurance Company	20303	INSURER C : Continental Casualty Company	20443	INSURER D :		INSURER E :		INSURER F :	
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INSURER C : Continental Casualty Company	20443														
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 1369786502

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ EXCL-SCHEDULED ☐ DISEASES GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:			36028749	8/28/2018	8/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			73590418	8/28/2018	8/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A C	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			79896067 6043178097	8/28/2018 8/28/2018	8/28/2019 8/28/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	71750454	8/28/2018	8/28/2019	☒ PER STATUTE ☐ OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Products/Completed Operations Claims Made Form Retro Date 8/28/15			99496897	8/28/2018	8/28/2019	Each Occurrence/Aggre BI/PD Ded. (Ea Event) \$10,000,000 BI/PD Ded. (Aggregat) \$150,000 \$750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Excludes Products/Completed Operations

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

CANCELLATION

MEDCO SUPPLY COMPANY 25 Northpointe Pkwy Suite 25 Amherst NY 14228	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Performance Health Supply, Inc.
Date Filed:	03/29/2006
File Number:	1780554-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/23/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 76176522

Application/License No. _____

Performance Health Supply, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
9040 Orly Road, Suite 200, Indianapolis, IN 46241, as
Address of Applicant/Principal

PRINCIPAL, and The Guarantee Company of North America, USA, a
Surety Company
corporation organized under the laws of the state of Michigan
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Town Square, Suite 1470, Southfield, Michigan 48076 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 22, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of August, 20 19.

Performance Health Supply, Inc.
APPLICANT/PRINCIPAL

The Guarantee Company of North America, USA
SURETY COMPANY

Mark A. [Signature]
Authorized Representative

[Signature]
Surety Company's Representative

Matthew Wilkoff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

[Signature]
Witness

Countersigned by:

N/A

Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

to me known and known to me to be the person described in and who executed the foregoing instrument and _____ he _____ thereupon acknowledged to me that _____ he _____ executed the same.

Notary Public

Partnership/L.L.C. Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____ he _____ thereupon acknowledged to me that _____ he _____ executed the same as and for the act and deed of said firm.

Notary Public

Corporate Acknowledgment

State of Illinois

County of DuPage

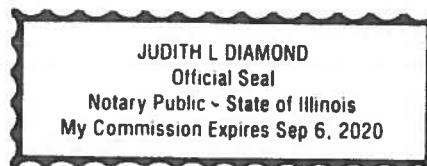
On the 23rd day of August, 2019, before me personally appeared _____

Mark Fortkamp

to me known, who being by me duly sworn, did depose and say that _____ he _____ is the _____

Treasurer of the Performance Health Supply, Inc

the corporation described in and which executed the foregoing instrument; that _____ he _____ knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that _____ he _____ signed his/her name thereto by like order.



Judith L. Diamond Notary Public

ACKNOWLEDGEMENT OF SURETY COMPANY

State of New York
County of Nassau } ss.

On August 22, 2019 before me personally came Matthew Wilkoff to me known, who, being by me duly sworn, did depose and say; that he resides in Mineola, NY; that he is the Attorney-In-Fact of The Guarantee Company of North America USA the corporation described in which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by the Board of Directors of said corporation; and that he signed his name thereto by like order.

SUSAN KINNEAR
NOTARY PUBLIC, State of New York
No. 01K16373947
Certificate Filed in Suffolk County
Commission Expires April 16, 2022


Notary Public

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ **Sole Owner** – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Pharmsource Animal Health, LLC

Physical Address: 123 Newman Drive Suite A

City: Brunswick, GA State: GA Zip Code: 31520 Telephone

Number: 912-235-0480 Fax Number: 877-240-5344

Toll Free Number: _____

E-mail: compliance.pharmsourcecellc@gmail.com Website: Pharmsourcewholesale.com

Facility Manager: Jeff Herman

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Veterinarian and vet hospitals

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Auromedics Pharma LLC

Address: 279 Princeton Hightstown Rd, East Windsor, NJ 08520

Name: McKesson Corporation

Address: 6555 State Hwy 161 Irving, TX 75039

Name: Top BX

Address: 2950 Brother Boulevard Bartlett, TN 38133

Name: Teva Pharmaceutical Industries Ltd

Address: Petah Tikva, Israel

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

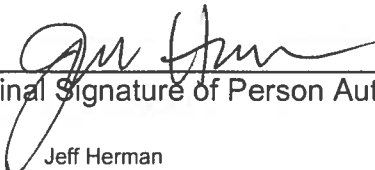
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeff Herman
Print Name of Authorized Person

7/15/19
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Jeff Herman

Business Name: Pharmsource Animal Health, LLC

Current Business Address: 123A Newman Drive

City: Brunswick State: GA Zip Code: 31520

Telephone: (912) 235-0480 Fax: (877) 240-5344

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

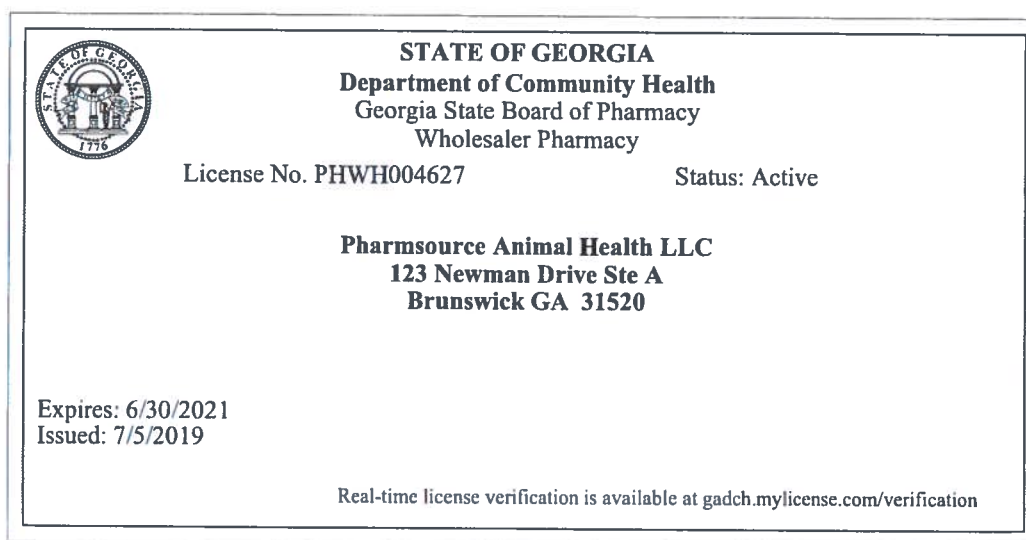
Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

List of all current state licenses

Georgia

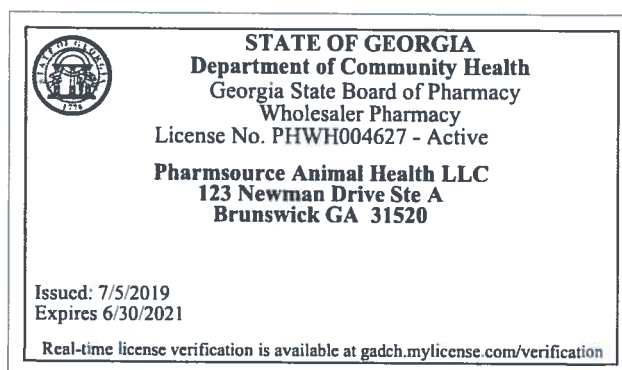
- License No: PHWH004627
- Issue Date: 07/05/2019
- Expiration Date: 06/30/2021



Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.



Licensee Information

Name: Pharmsource Animal Health LLC**Owner:****Address:** 123 Newman Drive Ste A
Brunswick GA 31520

Primary Source License Information

Profession: Pharmacy **License No:** PHWH004627 **License Status:** Active**License Type:** Wholesaler Pharmacy **Obtained By Method:** Application **License Subtype:****Issue Date:** 7/5/2019 **Expiration Date:** 6/30/2021 **Last Renewal Date:**

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.

Public Board Order means that there is a public document concerning the licensee.

The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: July 29, 2019 9:46:49

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

List of employees who handle the drugs on a daily basis

467

Contact Person: David Scott – VP of Supply Chain

Address: Huntingdon Road, Kannapolis, NC 28081

Telephone number: '

Owner: Jeff Herman - CEO

Address: SW 15 Manor, Davie, Florida 33325

Telephone number:

JEFF HERMAN

Cell

Blair Road
Unit D4
St.Simons Island, Ga. 31522

Email: _____

Vice President, Inside Sales/Regulatory Affairs

Results-driven management executive with 21 years experience in training, development and project management, including years of call center management in high volume domestic operations. Skilled as an internal consultant in analyzing existing operations and implementing the strategies, processes and technologies to improve productivity and efficiency. Expert in facilitating change in a sales force to support organizational operating and financial objectives. Experience with P&L management, warehouse, regulation, licensing, cross-company strategic project management, human resources, and benchmarking.

Expertise in:

- | | |
|-----------------------------------|-----------------------|
| -Customer Relations | -Warehouse Operations |
| -State Licensure | -Sales Training |
| -Team Building | -Motivating Employees |
| -Productivity/Process Improvement | -Strategic Planning |

PROFESSIONAL EXPERIENCE

7/1/15 - Current **Pharmsource, LLC. - Brunswick, Georgia**

Vice President, Operations

- Updating and maintaining Standard Operating Procedures manual for state inspection.
- Securing state licensure
- E-Commerce Website Creation
- Opening Call Center in South Florida
- Upgrading and maintaining ERP (SAP Business One)
- Sales Rep recruitment and training
- Oversight of Inventory and Warehouse Operations
- Local, State and Federal Compliance

10/01/07- 5/01/15 **Bellco Generics (AmeriSourceBergen)- Fort Lauderdale, FL**

Vice President, Business Development

- Manage 54 inside sales reps calling on independent, chain, and LTC pharmacies nationally selling generic, brand, OTC, and injectable pharmaceuticals.
- Cycle Count check of inventory
- Short Dated Inventory Analysis
- Loss Prevention
- Responsible for Morgue inventory
- Creation of Warehouse SOP's
- Regulatory Site Inspection Check List
- Assisted in State License Renewals
- Trained staff on selling generic injectables increasing sales on these s.k.u.'s by \$20k per month.
- Developed "Pods" with Pod Leaders which resulted in increased retention and better training for sales reps.
- Created an account sales comparison report monthly for each rep, and consulted with each rep on accounts that had decreased their business with the company from the previous month.
- Trained staff on up selling, Gross Profit configuration, cross selling, and overcoming objections.

2/16/05-8/17/07 Southwood Pharmaceuticals Inc. - Lake Forest, CA.
Vice President of Regulatory Affairs

Responsible for recruiting, training, directing & managing 23 sales associates. Establish performance initiatives, goal oriented incentives and strategies to maximize sales growth and achieve company goals and profitability. Developed competitive & market driven sales strategies. Proven ability to develop new business and increased sales. Provided sales field reports on competitive activity, changes in markets, distribution & pricing. Provide continuous tools and education to ensure proficient levels of industry, competitor & product knowledge. Assertive negotiator with a proven track record. Effective speaker, motivator, trainer, and organizer at recruiting fairs, corporate events, and industry shows.

Key Accomplishments

- ⌚ 2007 - Verified-Accredited Wholesale Distributors (VAWD) Accreditation by National Association of Boards of Pharmacy (NABP)
- ⌚ 2007 -2011 Participation in Northeast largest regional GPO – (IPC) Innovative Purchasing Concepts - worked with National Account Manager and Contracts Administrator to ensure that our internal systems and processes supported our

customers increased demands for services and products at lowest prices possible through partnership with IPC

- ⌚ 2006 - 2009 Maintained sustainable annualized sales growth averaging 35%
- ⌚ 2006 - 2009 Managed Premier Purchasing Partners Buying Group - designated as Membership Administrator responsible for Group Purchasing Agreement- Pharmacy Distribution document review, Letter of Participation (LOP), Terms & Conditions, determining Service Grid, Returned Goods policy, admin fees, and data transfer through web based Passport access
- ⌚ 2006 - 2008 Managed "Drug Guild / McKesson" GPO program designed by VP of Pharmacy services.
- ⌚ 2006 - 2007 Partnered with National Sales Account Manager in the launching and management of GSPO CO-OP Power program that resulted in new business opportunities and increased revenues from existing customer base.
- ⌚ 2006 - Introduced "Work at Home" program, driving sales on a National scale
- ⌚ 2005 - 2008 Recruit, trained, and managed Sales Associates resulting in annualized 100% sales growth within first yr.
- ⌚ 2005 - 2006 Obtained Distributor Licensure in 48 states
- ⌚ 2005 - Researched, planned and strategically located property and opened Call Center in Niagara Falls, NY.

**5/1999-1/2005 Expert-Med Inc. – Ormond Beach, Fl.
Inside Sales Manager**

- Promoted to sales manager quickly after my success as an inside sales representative. Managed 25 reps calling on pharmacies and physician offices nationwide.
- Responsible for sales of over 6,000 s.k.u.'s to include generic meds, injectables, vaccines, med/surg supplies, OTC's, and c-2 products.
- My sales team reactivated an average of 30 physician accounts, 25 pharmacy accounts, and launched an average of 5 new generics every month!
- Increased company sales from \$630,000/month to \$5 million/month. Increased company margin from 11% to 16% after helping implement a new commission structure incentivizing reps to sell at a higher gross profit.
- Developed and facilitated a two week comprehensive training program for new sales reps.
- Created sales promotions to constantly motivate sales reps.
- Direct sales meetings focusing on overcoming objections, role playing, and product knowledge.

- Assign territories and specific sales goals.
- Created customer promotions to generate interest in products. Worked with vendors for promotional money, contests, and buy-ins for customers.
- Created and implemented “Pod Leader” concept to have more ongoing training available to sales reps.
- Worked various trade shows including NCPA, NCPA Multiple Location Conference, NACDS, and ECRM securing new customers and developing existing relationships with current customers.

**8/1998-5/1999 Expert-Med Inc. - Ormond Beach, Fl.
Inside Sales Representative**

- Grew an account base to exceed sales of \$180,000/month by my sixth month in the industry. Successfully launched new products to my account base by prebooking them beforehand and following up with service calls after the sale.
- Responsible for collecting each account, and completing an accounts receivable report on each account.

EDUCATION

University of Phoenix - 12/2012, Fort Lauderdale, Fl.
M.B.A.

University of Central Florida- 12/2000 Daytona Beach, Fl.
B.S. Business Administration

Daytona Beach Community College-12/1998 Daytona Beach, Fl.
Associate Degree

ACCOMPLISHMENTS

1/2003 Earned A.M.D.R. certification (Accredited Medical Distributor Representative.)

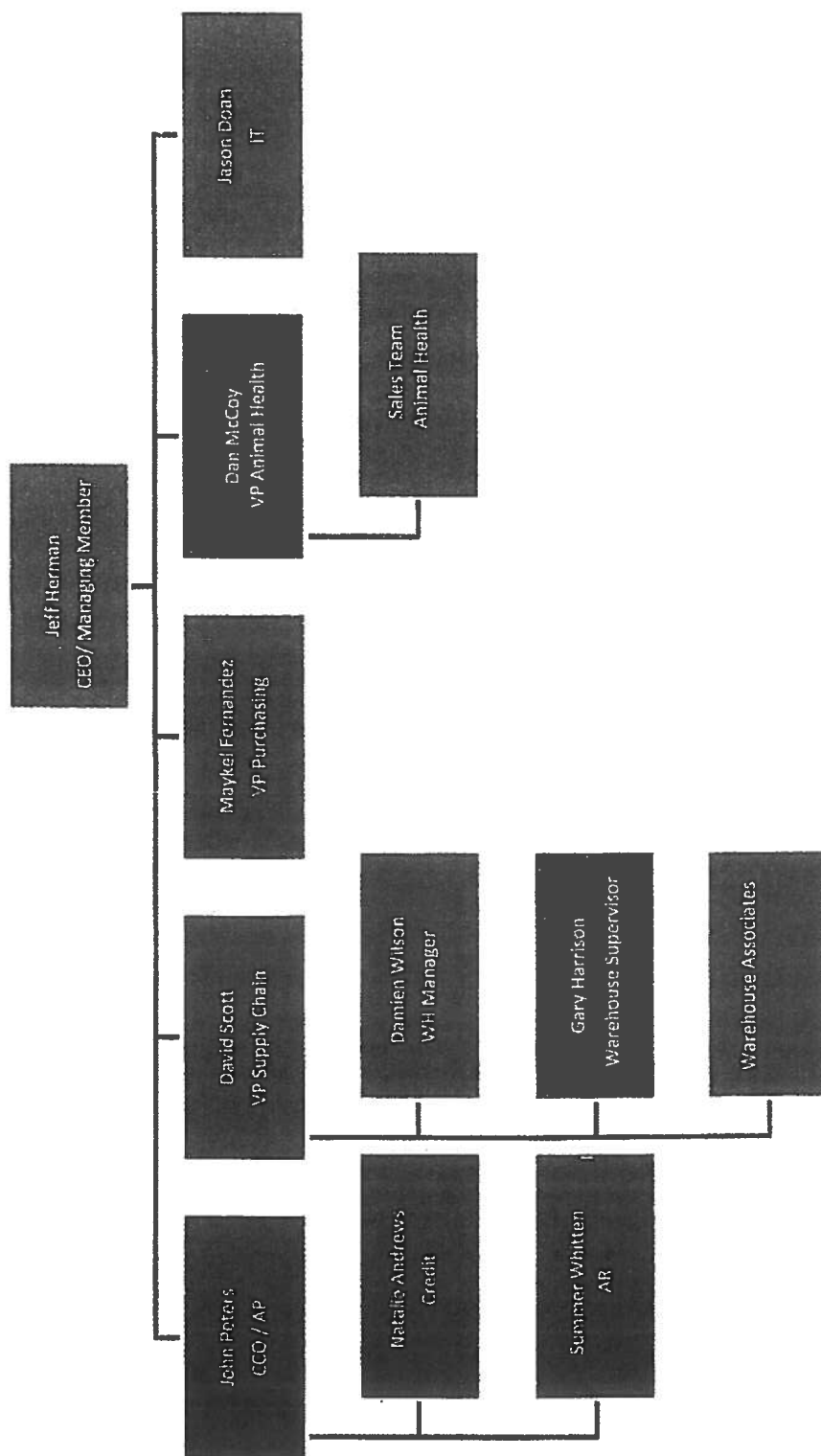
10/2002 Completed Dale Carnegie seminar on “Motivating your employees.”

Computer Experience

Hardware: IBM (Compatible) PC, AS400, Mainframe, SUN, IBM RISC 6000, BIZTALK, Exchange Server, Terminal Server, Domain Servers, Navision Server, CiscoPix VPN, Web Server

Operating / Software Sys: XP, Office 2007, UNIX PC Software, Outlook,
Word, WordPerfect, Paradox, Excel, Lotus, ACCPAC, Ramba,
Platinum, PowerPoint, QuickBooks, Visio, E-CSOS, E-Pedigree,
Data-trans EDI, Video-Conferencing, Microsoft Dynamics
NAVISION versions 3.6 – 2009R2, M5 VOIP, MYFAX,
Microsoft CRM

Pharmsource, LLC 123 Newman Drive, Brunswick, GA 31520



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41417815

Application/License No. _____

Pharmsource Animal Health, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
123 Newman Drive, Brunswick, GA 31520, as
Address of Applicant/Principal
 PRINCIPAL, and PLATTE RIVER INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of NEBRASKA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2121 N CALIFORNIA BLVD #300, WALNUT CREEK, CA 94596 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 1, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
29th day of August, 2019.

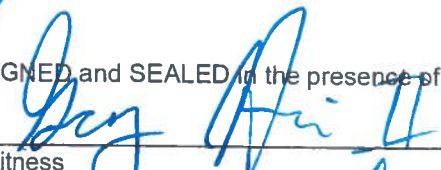
APPLICANT/PRINCIPAL

Pharmsource Animal Health, LLC



 Authorized Representative

SIGNED and SEALED in the presence of:



 Witness

Witness

Witness

SURETY COMPANY

PLATTE RIVER INSURANCE COMPANY



 Surety Company's Representative

Valerie Aber, Attorney-in-fact

 print name

SIGNED and SEALED in the presence of:



 Witness

Witness

Witness

Countersigned by:

N/A

 Nevada Resident Agent

**PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY**

41417815

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

-----**VALERIE ABER**-----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

-----**ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00**-----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Suzanne M. Broadbent
Assistant Secretary



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
Stephen J. Sills
CEO & President

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



David J. Regele
David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 29 day of AUGUST, 20 19.



Antonio Celii
Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)

State Of Delaware

Entity Details

8/5/2019 9:39:33AM

File Number: 7149297

Incorporation Date / Formation Date: 11/15/2018

Entity Name: PHARMSOURCE ANIMAL HEALTH LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: **Good Standing**

Status Date: 11/15/2018

Registered Agent Information

Name: COGENCY GLOBAL INC.

Address: 850 NEW BURTON ROAD SUITE 201

City: DOVER

Country:

State: DE

Postal Code: 19904

Phone: 800-483-1140

Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	LLC	1	11/15/2018	11:51 AM	11/15/2018

COMPANY INFORMATION

Pharmsource AH is one of the most trusted veterinary distributors in the country. Our team has experience in the Animal Health industry and have established strong relationships with the leading manufacturers and hospitals throughout the country. We understand the importance of having a highly trained team and work hard to ensure that we are offering competitive prices, quick turnaround times, and superior customer service.

Monday – Fri. 9 AM – 6 PM EST.

Management Overview

Title	Name
CEO (DR Supervisor)	Jeff Herman
COO	Ben Taylor
CCO & Designated Representative (DR)	John Peters
VP Purchasing	Maykel Fernandez
VP Sales – Pharmacy Division	David Schnettler
VP Sales – Animal Health	Dan McCoy
VP – Supply Chain	David Scott
Inventory Manager	Frank Dekle
Warehouse Manager	Damien Wilson
Customer Service Manager	
Human Resource Manager	
Sales Representative	
IT Specialist	Jason Doane
Warehouse Associate	

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

001679.111772.322307.30660 1 MB 0.424 914




PHARMSOURCE ANIMAL HEALTH LLC
JEFFREY HERMAN SOLE MDR
123 NEWMAN DR STE A
BRUNSWICK GA 31520

001679

Date of this notice: 12-13-2018

Employer Identification Number:
83-2772322

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2772322. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941
Form 940

10/31/2019
01/31/2020

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGinty-Gordon & Associates 225 Marina Drive PO Box 20668 St. Simons Island GA 31522		CONTACT NAME: Susanne Harmon PHONE (A/C, No, Ext): (912) 289-9236 FAX (A/C, No): (912) 265-0322 E-MAIL ADDRESS: sharmon@mgassi.com	
INSURED Pharmsource LLC 123 Newman Dr Brunswick GA 31520		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Company INSURER B: First Comp INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1931213314

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		S2374260	03/04/2019	03/04/2020	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
		MED EXP (Any one person) \$ 15,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:					GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						\$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY	☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	S2374260	03/04/2019	03/04/2020	COMBINED SINGLE LIMIT (Ea accident) \$
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
						Hired & NonOwned Liab \$ 1,000,000
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB	☐ OCCUR ☐ CLAIMS-MADE	S2374260	03/04/2019	03/04/2020	EACH OCCURRENCE \$ 7,000,000
						AGGREGATE \$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ Y	MWC007291604	12/23/2018	12/23/2019	PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susanne Harmon

4JJ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Eversana Life Science Services, LLC

Physical Address: 5650 Challenge Drive, Memphis, TN 38118

Mailing Address: 5650 Challenge Drive

City: Memphis State: TN Zip Code: 38118

Telephone: 901-370-5310 Fax: n/a

Toll Free Number: N/A

E-mail: Anthony.Brightman@eversana.com Website: www.eversana.com

Facility Manager: Anthony Wade Brightman II

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) <u>N/A - New facility</u>	
Name	Address
Business	
2)	
Name	Address
Business	
3)	
Name	Address
Business	
4)	
Name	Address
Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.

Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

John Vaughan
Print Name of Authorized Person

2-15-19
Date

Board Use Only

Received: _____

Amount: 500.00

120.75 FP fees

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: WI

Parent Company if any: LSCS Holdings, Inc.

Corporation Name: Eversana Life Science Services, LLC

Mailing Address: 5650 Challenge Drive

City: Memphis State: TN Zip: 38118

Telephone: 901-370-5310 Fax: _____

Contact Person: Anthony Wade Brightman II

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A

Name	Address
------	---------

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information

Anthony W. Brightman, II

Wild Dune Lane • Arlington, TN 38002 • 1

TECHNICAL EXPERIENCE

Microsoft Office: Word, Excel, Outlook & Power Point; Red Prairie

PROFESSIONAL EXPERIENCE

Assistant Manager, DC Operations

Dohmen Life Science Services

Memphis, TN
June 2016-Present

- Manage Team of 175 Inbound and Outbound Operations employees for 750,000 sq. ft. DC
- Developed and implemented standardized processes for order processing, replenishments, shipping/receiving
- Develop and monitor productivity standards to ensure successful completion of sales orders for clients

Operations Supervisor

Dohmen Life Science Services

Memphis, TN
Dec 2008 –June 2016

- Supervise up to 40 Returns, Receiving, and Inventory Control associates
- Ensure product disposition, client receipts/releases, and client requests are fulfilled daily
- Manage client inventories including 25-30 returns of controlled substances weekly
- Certify Materials Management employees on all modes of Forklifts

EDUCATION

HOUSTON HIGH SCHOOL
High School Diploma

Germantown, TN

June 1994

University of Arkansas

Fayetteville, AR

Aug 1994-Jan 1997

EMPORIA STATE UNIVERSITY
Bachelor of Fine Arts in Communication

Emporia, KS

December 1999

Dale Carnegie Training

Memphis, TN

January 2009

CROWN
Certified Forklift Trainer

Memphis, TN

July 2011

COMMUNITY INVOLVEMENT

Member, Kappa Alpha Psi Fraternity, Inc.

2003- Present

Member, Spirit Awakening Ministries in Memphis, TN

2005- Present

Volunteer, Ronald McDonald House

2011 – Present

References available upon request.



EVERSANA Corporate Officers

NAME	TITLE	BUSINESS ADDRESS	PHONE	DOB
James Lang	CEO	3 Howe Road, Nahant, MA 01908		
Tim Guttman	CFO	190 N. Milwaukee St. Milwaukee, WI 53202		
Daniel Agroskin	Secretary/ Treasurer	245 Park Avenue, Suite 1601 New York, NY 10167		

Owner

LSCS Holdings, Inc., FEIN: 82-3870266 100 %
 444 West Lake Street, Suite 1800, Chicago, IL 60606



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

EVERSANA LIFE SCIENCE SERVICES, LLC

October 22, 2019

TRACEY KESSLER
LICENSING/COMPLIANCE
8990 DUKE BLVD
MASON, OH 45040

Request Type: Certificate of Existence/Authorization

Issuance Date: 10/22/2019

Request #: 0335376

Copies Requested: 1

Document Receipt

Receipt #: 005072912

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3767983310

\$20.00

Regarding: Eversana Life Science Services, LLC

Filing Type: Limited Liability Company - Foreign

Control #: 295825

Formation/Qualification Date: 06/07/1995

Date Formed: 05/01/1995

Status: Active

Formation Locale: WISCONSIN

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Eversana Life Science Services, LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 035875935

DOM DIS
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

DOHMEN LIFE SCIENCE SERVICES, LLC

incorporated under the name DOHMEN FAMILY HOLDINGS COMPANY, LLC. and was a domestic corporation organized under the laws of this state and that its date of incorporation was September 24, 2008

I further certify that said corporation was merged out of existence into DDN/OBERGFEL, LLC effective January 1, 2014.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on November 29, 2018.

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY:

SURETY RIDER

To be attached to and form a part of

Bond No. 104803809

dated 11/1/2006
effective (MONTH-DAY-YEAR)

executed by Dohmen Life Science Services, LLC
(PRINCIPAL)

, as Principal,

and by Travelers Casualty and Surety Company of America

, as Surety,

in favor of State of Nevada, Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name from: Dohmen Life Science Services, LLC

To: Eversana Life Science Services, LLC

and

Add the following location: 5650 Challenge Drive, Memphis, TN 38118

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective 2/14/2019
(MONTH-DAY-YEAR)

Signed and Sealed 2/14/2019
(MONTH-DAY-YEAR)

Eversana Life Science Services, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Travelers Casualty and Surety Company of America
(SURETY)

By: _____
Rebecca Hobbs, Attorney-in-Fact



Travelers Casualty and Surety Company of America
Hartford, CT 06183

License No. W1100834 & W1100048

RIDER

To be attached to and form part of Bond No. 104803809

Issued on behalf of DDN/Obergfel, LLC as Principal, and in favor of
NEVADA STATE BOARD OF PHARMACY as Oblige.

It is agreed that:

- ☒ 1. The Surety hereby gives its consent to change the Name:

from: DDN/Obergfel, LLC

to: Dohmen Life Science Services, LLC

- ☒ 2. The Surety hereby gives its consent to change the Address:

from: N114 W 18850 CLINTON DRIVE GERMANTOWN, WI 53022

to: 800 WOODLAND PRIME, SUITE 200 MENOMONEE FALLS, WI 53051

- ☒ 3. The Surety hereby gives its consent to change the License No.

from: W1100834 & W1100048

to: W1100834, W1100048, W1101311

This rider shall become effective as of January 01, 2014

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated February 07, 2014

Travelers Casualty and Surety Company of America

By:

Joseph L. Nespor
Attorney-in-Fact



Accepted: NEVADA STATE BOARD OF PHARMACY
Obligee

Dohmen Life Science Services, LLC
Principal

By: _____

By: _____

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100

Reno, Nevada 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 104803809

Application/License No. WH00834 & WH00048

DDN/Obergfel, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
N114 W 18850 Clinton Dr., Germantown, WI 53022, as
Address of Applicant/Principal
 PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
 corporation organized under the laws of the state of Connecticut
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
215 Shuman Blvd., Naperville, IL 60563 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/1/2008.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

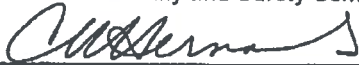
In witness whereof, each party to this bond has caused it to be executed on this 6 day of October, 2008.

APPLICANT/PRINCIPAL
DDN/Obergfel, LLC

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America


Surety Company's Representative

C.R. Hernandez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:


Witness


Witness

Countersigned by:


Nevada Resident Agent
Countersigned for Nevada By 10/19/08
Marsh USA, Inc.
Michele Robertson, Resident Agent

STATE OF ILLINOIS
COUNTY OF COOK

I, Beatriz Polito, a Notary Public in and for said County, do hereby
certify that C.R. Hernandez Attorney-in-Fact, of the:

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters,
Inc.
Seaboard Surety Company

A Connecticut Corporation
An Iowa Corporation
A Wisconsin Corporation
A New York Corporation

St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of
America

A Minnesota Corporation
A Minnesota Corporation
A Minnesota Corporation
A Connecticut Corporation
A Connecticut Corporation

United States Fidelity and Guaranty Company

A Maryland Corporation

who is personally known to me to be the same person whose name is subscribed to the foregoing
instrument, appeared before me this day in person, and acknowledged that they signed, sealed,
and delivered said instrument for and on behalf of:

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters,
Inc.
Seaboard Surety Company

A Connecticut Corporation
An Iowa Corporation
A Wisconsin Corporation
A New York Corporation

St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of
America

A Minnesota Corporation
A Minnesota Corporation
A Minnesota Corporation
A Connecticut Corporation
A Connecticut Corporation

United States Fidelity and Guaranty Company

A Maryland Corporation

for the uses and purposed therein set forth.

Given under my hand and notarial seal at my office in the City of Chicago in said County,
this 6 day of October A.D of 2006

Beatriz Polito

Notary Public



SURETY RIDER

To be attached to and form a part of

Bond No. 104803809

dated 11/1/2006
effective
(MONTH-DAY-YEAR)

executed by Dohmen Life Science Services, LLC
(PRINCIPAL)

, as Principal,

and by Travelers Casualty and Surety Company of America

, as Surety,

in favor of State of Nevada Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name from: Dohmen Life Science Services, LLC

To: Eversana Life Science Services, LLC

and

Add the following location: 5650 Challenge Drive, Memphis, TN 38118

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective 2/14/2019
(MONTH DAY-YEAR)

Signed and Sealed 2/14/2019
(MONTH DAY-YEAR)

Eversana Life Science Services, LLC
(PRINCIPAL)

By:

(PRINCIPAL)

Travelers Casualty and Surety Company of America

(SURETY)

By:

Rebecca Hobbs, Attorney-in-Fact


TRAVELERS
**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Rebecca Hobbs of Knoxville Tennessee, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd day of February, 2017**.



State of Connecticut

City of Hartford ss.

 By: Robert L. Raney
Robert L. Raney, Senior Vice President

On this the **3rd day of February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th day of June, 2021**


Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 14th day of February, 2019


Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**

Marsh

Jurisdiction	License	Number	Department	Renewal
State of Arkansas	Nonresident Wholesale Drug Distributor	WD05185	Board of Pharmacy	12/31/2020
State of Connecticut	Nonresident Wholesale Drug Distributor	CSW.0004417	License Services Division	6/30/2019
State of Illinois	Nonresident Wholesale Drug Distributor	004004759	Department of Business and Professional Regulation	12/31/2020
State of Kansas	Nonresident Wholesale Drug Distributor	5-108834	Board of Pharmacy	6/30/2019
State of Kentucky	Nonresident Wholesale Drug Distributor	W04241	Board of Pharmacy	9/30/2019
State of Louisiana	Nonresident Wholesale Drug Distributor	9596	Board of Wholesale Drug Distributors	12/31/2019
State of Maine	Nonresident Wholesale Drug Distributor	WH70003009	Board of Pharmacy	12/31/2019
State of Minnesota	Nonresident Wholesale Drug Distributor	364131	Board of Pharmacy	5/31/2019
State of North Carolina	Nonresident Wholesale Drug Distributor	088	Food and Drug Protection Division	12/31/2019
State of New Hampshire	Nonresident Wholesale Drug Distributor	06602	Board of Pharmacy	6/30/2019
State of Oklahoma	Nonresident Wholesale Drug Distributor	88-W-5827	Board of Pharmacy	4/30/2020
State of Pennsylvania	Nonresident Wholesale Drug Distributor	3000010010	Drug and Device Registration Division	4/30/2020
State of Rhode Island	Nonresident Wholesale Drug Distributor	DIS03271	Board of Pharmacy	9/30/2019
State of South Dakota	Nonresident Wholesale Drug Distributor	600-3016	Board of Pharmacy	12/31/2019
State of Tennessee	Nonresident Wholesale Drug Distributor	00005284	Division of Health Related Boards	01/31/2021
State of Texas	Nonresident Wholesale Drug Distributor	1002700	Food and Drug Licensing	3/13/2021
State of Utah	Nonresident Wholesale Drug Distributor	11195126-1710	Occupational and Professional Licensing	9/30/2021
State of Vermont	Nonresident Wholesale Drug Distributor	039.134313	Board of Pharmacy	7/31/2019
State of Washington	Nonresident Wholesale Drug Distributor	PHWH.FX.60944622	Department of Health	9/30/2019
State of West Virginia	Nonresident Wholesale Drug Distributor	WD0559942	Board of Pharmacy	6/30/2019



499
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005284

EXPIRATION DATE: 01/31/2021

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
EVERSANA LIFE SCIENCE SERVICES

Risa Thiercey
COMMISSIONER OF HEALTH

TRACEY KESSLER
EVERSANA LIFE SCIENCE SERVICES
LLC 5650 CHALLENGE DR
MEMPHIS TN 38118



State of Tennessee
Department of Health

11565687

26185

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
EVERSANA LIFE SCIENCE SERVICES
LLC 5650 CHALLENGE DR
MEMPHIS TN 38118

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000005284

EXPIRATION DATE: 01/31/2021

Diona E. Layden

INTERIM DIRECTOR, HEALTH RELATED BOARDS

Risa Thiercey
COMMISSIONER

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: YS Marketing inc dba Numed

Physical Address: 265 S. Pioneer Blvd

City: Springboro State: OH Zip Code: 45066

Telephone Number: 718-778-6080 Fax Number: 888-278-8504

Toll Free Number: _____

E-mail: todd.Pointer@numedpharma.com Website: www.numedpharma.com

Facility Manager: Todd Pointer

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Lupin Pharmaceuticals, Inc

Address: 111 South Calvert Street, Suite 2150 Baltimore MD 21202

Name: Perrigo Pharmaceuticals

Address: 515 Eastern Ave. Allegan, Michigan 49010

Name: Aurobindo Pharma USA Inc

Address: 6 Wheeling Road Dayton NJ 08810

Name: Cipla USA Inc

Address: 1560 Sawgrass Corporate Parkway, Suite 130 Sunrise FL 33323

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Joel Silberstein
Original Signature of Person Authorized to Submit Application, no copies or stamps

Joel Silberstein
Print Name of Authorized Person

11/6/2019
Date

Board Use Only	Date Processed: _____	Amount: _____
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NY

Parent Company if any: _____

Mailing Address: 2004 McDonald AveCity: Brooklyn State: NY Zip: 11223Telephone: 718-778-6080 Fax: 888-278-8504Contact Person: Joel Silberstein

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Joel Silberstein 2004 McDonald Ave Brooklyn NY 11223
 Name Business Address
100% ownership

b) _____
 Name Business Address

c) _____
 Name Business Address

d) _____
 Name Business Address

- 2) Provide the number of shares issued by the corporation.
- 200

- 3) What was the price paid per share?
- \$10

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

YS Marketing Inc.

Numed

265 S Pioneer Blvd

Springboro, OH 45066-1180

License Number: 0130000086

Wholesaler - Category 2

Expiration Date: June 30, 2021

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) PESACHYA KLINKOWITZ	Signature of Responsible Person 
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Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov



YS Marketing Inc
2004 McDonald Avenue
Brooklyn, NY 11223

506

To Whom it May Concern,

The following positions are held by:

President – Joel Silberstein

Secretary – Joel Silberstein

Treasurer- Joel Silberstein

Thank you,

Joel Silberstein, CEO



YS Marketing Inc
2004 McDonald Avenue
Brooklyn, NY 11223

List of who handles drugs daily:

Todd Pointer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show YS MARKETING INC, a New York corporation, having qualified to do business within the State of Ohio on February 22, 2019 under License No. 4297343 is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 31st day of October, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201930401014

SURETEC INSURANCE COMPANY

2103 CityWest Boulevard, Suite 1300, Houston, TX 77042

RIDER**TO BE ATTACHED AND FORM A PART OF:**

Bond No. 3406443

issued by SureTec Insurance Company

in favor of the State of Nevada

on behalf of YS Marketing, Inc

In consideration of the premium charged, it is understood and agreed that:

Effective 10/24/2019 :

Adding a Second Location of:

265 S. Pioneer Blvd., Springboro, OH 45066

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 1st day of November, 2019.**SureTec Insurance Company, Surety**By: 

Steven M. Varga, Attorney In Fact

POA #: 3810001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars (\$500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the CEO, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be It Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its CEO, and its corporate seal to be hereto affixed this 7th day of November, A.D. 2018.

SURETEC INSURANCE COMPANY

By:

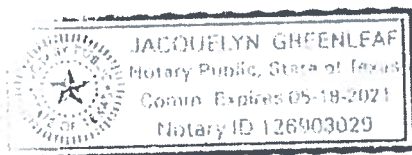
John Knox Jr., CEO

State of Texas
County of Harris

ss:



On this 7th day of November, A.D. 2018 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is CEO of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



[Signature]

Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 1st day of November, 2019, A.D.

[Signature]
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 3810001
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.



Markel Insurance Company
Ten Parkway North
Deerfield, Illinois 60015

FINANCIAL STATEMENT
as of December 31, 2018
Statutory Basis

Bonds	\$ 1,025,428,511	Reserve for Losses and Loss Expense	\$ 901,038,609
Stocks	1,122,158,922	Reserve for Unearned Premiums	260,093,070
Cash & Short Term Investments	58,619,623	Other Liabilities	111,549,664
Agents Balances or Uncollected Premiums	163,224,243	TOTAL LIABILITIES	1,272,681,343
Other Admitted Assets	95,650,740		
		Capital Stock	4,200,000
		Surplus	1,188,200,696
		TOTAL POLICYHOLDERS SURPLUS	1,192,400,696
		TOTAL LIABILITIES AND POLICYHOLDERS SURPLUS	\$ 2,465,082,039
TOTAL ASSETS	\$ 2,465,082,039		

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

Justin Patrick Broussard, Assistant Treasurer, and Michael John Jaeger, Controller, of the Markel Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2018, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2018, according to the best of their information, knowledge and belief.

Controller

Assistant Treasurer

STATE OF VIRGINIA
COUNTY OF HENRICO

On this 16th day of April, 2019, before me came the above named officers of Markel Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.

Notary Public



TODD POINTER

N. US Hwy. 68
 Wilmington, OH 45177
 Cell: ' 603 6 1 1111

PROFESSIONAL EXPERIENCE

NUMED, Springboro, OH

2019-Current

Director of Operations

Manage company operations.

- Maintain inventory for over 5,350 items (Rx, OTC and HHC).
- Manages the process of filling customers' orders and prepare orders for delivery.
- Manages the process of receiving and put-away of daily inventory.
- Manages the process of returns from customers/vendors, issuance of credit, recalls and sending outdated/expired products back to the manufacturer for credit/disposal.
- Coordinate building, equipment and vehicle maintenance with outside vendors.
- Assisted with updating work method S.O.P. to document current policies and procedures.

SKYRX, LLC, Springboro, OH

2019-2019

Director of Operations

Manage company operations.

- Maintain inventory for over 5,750 items (CII, CIII, CIV, CV, Rx, OTC and HHC).
- Manages the process of filling customers' orders and prepare orders for delivery.
- Manages the process of receiving and put-away of daily inventory.
- Manages the process of returns from customers/vendors, issuance of credit, recalls and sending outdated/expired products back to the manufacturer for credit/disposal.
- Coordinate building, equipment and vehicle maintenance with outside vendors.
- Assisted with updating work method S.O.P. to document current policies and procedures.

MIAMI-LUKEN, INC., Springboro, OH

2015-2019

Transportation & Warehouse Supervisor (Days)

Manage company operations.

- Receiving product, stocking product, picking product, pharmacy deliveries and customer returns.
- Maintain inventory for over 11,000 items (CII, CIII, CIV, CV, Rx, OTC, HHC and Candy).
- Manages the process of filling customers' orders and prepare orders for delivery.
- Manages the process of receiving and put-away of daily inventory.
- Manages the process of returns from customers/vendors, issuance of credit, recalls and sending outdated/expired products back to the manufacturer for credit/disposal.
- Coordinate building, equipment and vehicle maintenance with outside vendors.
- Assisted with updating work method S.O.P. to document current policies and procedures.

ALL FOOD EQUIPMENT, LLC, Columbia, TN

2015-2015

TODD POINTER**Page 2****Sales Manager and Customer Service**

Manage company operations.

- Inventory and organize used bakery equipment.
- Initial sales contact, running flyers and specials with new and some existing customers.
- Quotes on used items or new lines of equipment.
- Handle warranty calls and coordinate service follow-ups or warranty issues.

ALASKA GOURMET COOKIES, LLC, Fairbanks, AK**2014-2015****Operations, Bookkeeping, Marketing, Sales, Purchasing, Logistics, and IT**

Manage company operations.

- Create and maintain company's website.
- Conducted on-the-job training to maintain methods and DEC and OSHA compliance.
- Authored and maintained forms to reflect changes in work standards and introduction of new work methods.
- Created work method S.O.P. to document current policies and procedures.

TOTAL BAKING SOLUTIONS, LLC, Wilmington, OH**2011-2014****Marketing, Sales, Purchasing, Logistics, and IT**

Manage company website and advertising.

- Create and maintain company's website.
- Create daily and weekly email and fax advertising for previously owned bakery equipment.
- Maintain a comprehensive database of existing bakery companies globally.
- Author formal price quotes for previously owned bakery equipment.

WORKFORCE SERVICES UNLIMITED, Wilmington, OH**2009-2011****Computer Training Specialist**

Facilitate computer classes for displaced employees.

- Facilitated Microsoft Office training classes for displaced workers.
- Adapted teaching styles and methods to accommodate the needs and abilities of students.

ABX AIR, INC. (formerly Airborne Express), Wilmington, OH**2000-2009****Ground Operations Trainer****2003-2009**

Facilitate training classes for new hires and existing employees.

- Conducted formal and on-the-job training to maintain methods, FAA and OSHA compliance.
- Drafted work method S.O.P.'s to document new or revised policies and procedures.
- Authored, improved and maintained training presentations and forms.
- Maintained a comprehensive database of training records for over fifteen thousand employees to track completion dates of all employee training.
- Assisted in the completion of projects to implement organizational changes.
- Submitted department performance and statistical reports to fulfill the informational needs of corporate headquarters.

TODD POINTER**Page 3****Lead Sorter**

2000-2002

Manage a team of workers in a fast-paced shipping environment.

Sorter

2000-2000

Sort packages and load onto cargo aircraft.

EDUCATION**Bachelor of Science degree in eMarketing (Summa Cum Laude)**

Franklin University, Columbus, OH

Associates of Science degree in Business Management/Computer Programming

Southern State Community College, Hillsboro, OH

PROFESSIONAL DEVELOPMENT

Topflight Leadership Course, Adobe Training, Train-the-Trainer Training

COMPUTER SKILLS

IBM AS/400, Microsoft Windows 10, Word, Excel, PowerPoint, Access, Outlook, Publisher, Visio, Lotus Quickplace, Aptana, Kompozer, Nvu, Adobe Acrobat, Captivate, Dreamweaver, Flash, Illustrator, InDesign, Photoshop Elements, QuickBooks

AWARDS AND RECOGNITION

Letters of Recognition (2), Perfect Attendance Awards (8)

REFERENCES

Michael Faul (former CEO of Miami-Luken, Inc.)

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Medical Supply Distribution, LLC

Physical Address: 2340 Adamsville Rd

City: Zanesville OH State: Zip Code: 43701 Telephone _____

Number: (855)487-1148 Fax Number: _____

Toll Free Number: (855)487-1148

E-mail: brittany@medsupplydistribution.com Website: medsupplydistribution.com

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: ABO Pharmaceuticals
Address: 7930 Arjons Dr Ste A San Diego, CA 92126

Name: Med Ex Supply
Address: 61 Willet St. Passaic, NJ 07055

Name: Med Plus Services (NDC) USA
Address: 402 BNA Drive Suite 500 Nashville, TN 37217

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Matthew C. Brandt
Print Name of Authorized Person

9/5/19
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

Finger Prints \$36.75

Check no. 2013524463

\$36.75 returned on 9/26/19
DJ

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Ohio

Parent Company if any: _____

Mailing Address: 2340 Adamsville RoadCity: Zanesville State: Ohio Zip: 43701Telephone: (855)-487-1148 Fax: (740) 487-1940Contact Person: Brittany Adams

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Matthew C. BRANDT 2340 Adamsville Road Zanesville, Oh. 43701
Name Business Addressb) Dale R. Edwards 2340 Adamsville Road Zanesville, Oh. 43701
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

- 2) Provide the number of shares issued by the corporation.
- a) 802 b) 202

- 3) What was the price paid per share?
- N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporation**List of officers and directors**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:

General _____

Limited ☒

List names of 4 largest partners and percentage of ownership:

Name: Matthew C. BRANDT %: 80Name: Dale R. Edwards %: 20

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Page 9 for Fingerprint Submission Instructions.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEDICAL SUPPLY DISTRIBUTION LLC, an Ohio For Profit Limited Liability Company, Registration Number 3960076, was organized within the State of Ohio on November 15, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 29th day of October, A.D. 2019.*

A handwritten signature in blue ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201930201314

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEDICAL SUPPLY DISTRIBUTION LLC, an Ohio For Profit Limited Liability Company, Registration Number 3960076, was organized within the State of Ohio on November 15, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of April, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201812002304



List of People that will be counting and handling pharmaceuticals on a daily basis

Will be:

1. Matthew C. Brandt
2. Brittany M. Adams (Office Manager)

This will be for counting purposes for checks and balances



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

MEDICAL SUPPLY DISTRIBUTION, LLC

Medical Supply Distribution

2340 OLD ADAMSVILLE ROAD

ZANESVILLE, OH 43701

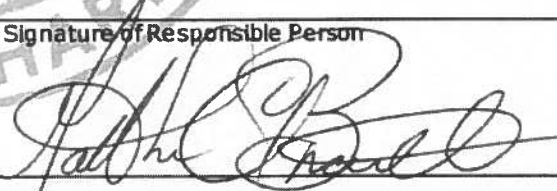
License Number: 012654400

Wholesaler - Category 3

Expiration Date: June 30, 2021

CLASS: Wholesaler - Category 3
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) MATTHEW BRANDT	Signature of Responsible Person 
--	---

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10098283

Application/License No. _____

Medical Supply Distribution, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2340 Adamsville Road Zanesville, OH 43701, as
Address of Applicant/Principal
 PRINCIPAL, and Hudson Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Delaware
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/3/2019 12:00:00 AM.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this _____ day of _____, 20____.

APPLICANT/PRINCIPAL

SURETY COMPANY

Authorized Representative

Surety Company's Representative

Eric Fauerbach _____, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent



Bond Number: 10098283

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Eric Fauerbach

of the State of SC

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars (\$100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 16th day of November, 20 17 at New York, New York.

(Corporate seal)



Attest: Dina Daskalakis
Dina Daskalakis
Corporate Secretary

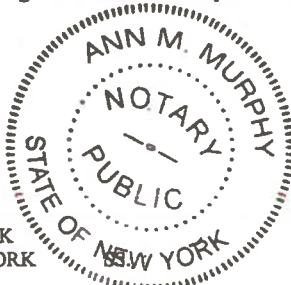
HUDSON INSURANCE COMPANY

By: Michael P. Cifone
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 16th day of November, 20 17 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)



Ann M. Murphy
ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2021

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 3rd day of October, 2019.

(Corporate seal)



By: Dina Daskalakis
Dina Daskalakis, Corporate Secretary

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated May 2019

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	
RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.	N/A	Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.	Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same.
RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board.	N/A	RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.	N/A
RPH NR verified a prescription for 30 chlorthalidone 25 mg. capsules which was labeled and dispensed to the wrong patient. RPH JA failed to counsel the patient. PT LP deleted the prescription from the pharmacy system. ML was the managing pharmacist.	N/A	NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention. JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling. LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four	\$1,000 fine; \$1,500 administrative fee.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		meetings on disciplinary day. ML shall complete 4 additional hours of CE on pharmacy management.	
PT MC diverted controlled substances from her employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
RPH SB did not renew his registration and worked 244 days unlicensed. He was also the PIC.	N/A	Fined \$2,500 and \$1,000 administrative fee.	Fined \$5,000 fine and \$2,683.99 administrative fee
RPH CD verified Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when the physician prescribed Ropinirole 2 mg. tablets. CD failed to adequately provide counseling.	N/A	Letter of reprimand; fined \$1,000; \$1,000 administrative fee; complete 2 CEs on error prevention.	WG-NV fined \$1,000; \$1,000 administrative fee. WG-FL fined \$2,000; \$1,000 administrative fee.
RPH JS dispensed medication labeled with incorrect instructions.	N/A	Letter of reprimand; \$1,000.00 fine; \$1,000.00 administrative fee; complete two additional CEs on error prevention.	Fined \$1,000.00; \$1,000.00 administrative fee.
RPH JCH filled and dispensed a Vancomycin prescription without the necessary knowledge and proper training, accepting verbal prescriptions from non-practitioners and failing to follow the prescription written by the prescriber.	N/A	Registration revoked; the revocation is stayed with conditions: take and pass the NAPLEX and MPJE; pay a \$5,000.00 fine; pay a \$1,250.00 administrative fee. Registration shall be placed on probation for four years during which time he cannot work as a managing pharmacist in any Nevada-licensed pharmacy; cannot engage in any form of compounding; and he must attend two Board meetings each year	\$5,000.00 fine; \$1,250.00 administrative fee; subject to quarterly inspections for one year at its own expense.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		during the four year probationary periods.	
RPH WM was the managing pharmacist accountable for violations by personnel in his employ regarding the filling, compounding and record keeping of drug products	N/A	Letter of reprimand; \$500.00 fine; \$500.00 administrative fee.	\$1,500.00 fine; \$2,500.00 administrative fee; purchase software for tracking components used in its compounding services and the products it compounds; create new policies and procedures regarding medication management and compounding; subject to quarterly inspections at their own expense.
RPH KB verified data as correct when it was not and dispensed Prednisone 50 mg. tablets when 5 mg. tablets was prescribed.	The patient experienced a temporary negative outcome as a result of the error	\$1,000.00 fine; an administrative fee of \$500.00; complete two additional CEs related to prescription verification/error prevention and 2 CEs on to DUR warnings.	Pay an administrative fee of \$1,000.00.
PT GO dispensed a prescription drug to the wrong patient.	N/A	N/A	\$500 fine; \$750 administrative fee.
RPH SD made false adjustments to the Tramadol inventory. He voluntarily surrendered his registration as discipline. RPH MK was the managing pharmacist and did not report the Tramadol losses to the DEA or Board.	N/A	SD imposed \$600 administrative fee. May not reapply for 1 year. MK to receive letter of reprimand; \$250 fine; 2 additional CEs.	\$1,000 administrative fee; implement new policies and procedures.
APRN MC allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when she was not on site at the facility, before she examined the patient and before she wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$3,000.00 fine and \$1,000.00 in attorney's fees and costs. MC shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH TS verified as accurate, when it was not, the data and final product of a prescription resulting in the pharmacy dispensing amlodipine besylate 10mg. tablets rather than the amitriptyline 10mg. tablets as prescribed and failed to adequately provide patient counseling.	None	Public letter of reprimand; pay a \$750.00 fine, and complete 4 additional hours of CE on error prevention and patient counseling	Pay a \$500.00 fine and \$750.00 in fees and costs.
PT JJ admitted to diverting of 32 Hydrocodone 10/325 mg. tablets for self-use from his employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
PT KT admitted to diverting approximately 1,000 Tylenol with Codeine #4 tablets from her employing pharmacy for self-use.	N/A	Revocation of pharmaceutical technician registration.	N/A
RE failed to timely renew his CS Registration, which expired on October 31, 2018. He wrote 189 prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration.	N/A	Pay a fine of \$1,500.00 and \$1,404.52 in attorney's fees and costs.	N/A
SL executed a plea agreement with the United States Attorney's Office for the district of Nevada relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without a legitimate medical purpose.	N/A	In lieu of appearing at a hearing, the SL voluntarily surrendered his Nevada CS registration and agreed to pay \$500.00 in attorney's fees and costs.	N/A
RPH SL served with an Accusation related to unprofessional and illegal conduct in filling approximately 380 fraudulent prescriptions for Oxycodone-Acetaminophen and	N/A	In lieu of appearing at a hearing, SL voluntarily surrendered his Nevada CS registration and agreed to pay \$750.00 in attorney's fees and costs.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
Hydrocodone-Acetaminophen.			
TG served with an Accusation related to unprofessional and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen.	N/A	In lieu of appearing at a hearing, TG voluntarily surrendered his Nevada CS registration.	N/A
CH and DR allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when he was not on site at the facility, before he examined the patient and before he wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$1,500.00 fine and \$1,500.00 in attorney's fees and costs. CH shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration without first obtaining authority by the Board.	
RPH EI owned and operated the pharmacy where expired medications were stored and dispensed; compounded commercially available drugs; dispensed medications with unsupported BUDs; failed to conduct required testing, counseling and maintain/produce prescription records.	N/A	Respondents shall take all necessary action for the dismissal without prejudice of the Eight Judicial District Court Case No. A-19-798928-C. EI shall complete a course in sterile compounding.	Board inspectors will conduct quarterly inspection for a period of 12 months or until the FDA issues a close-out letter.
RR aided and abetted in the unlawful dispensing of controlled substances and dangerous drugs by allowing practitioners working in his Clinic to dispense controlled substances and dangerous drugs from the Clinic without each holding his/her own Dispensing Practitioner Registration.	N/A	Respondent shall receive a public letter of reprimand. Respondent's Controlled Registration shall be revoked; the revocation is stayed subject to terms and conditions including pay a \$3,000.00 fine; \$1,500.00 administrative fee; establish and put into practice policies	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures to ensure that he and his staff are in compliance with federal and state laws regarding the possession, control and administration of controlled substances and dangerous drugs and that any and all persons employed by him and/or working under his supervision are properly licensed or registered.	
BV-C, JS, YK and JL Respondents admitted to committing an unintentional error by dispensing prescription drugs under the medical director's dispensing practitioner's license at the clinic where they were employed, and to dispensing prescription drugs without having first obtained their own individual dispensing registration.	N/A	Respondents shall receive a letter of reprimand; pay a \$500.00 fine; \$500.00 administrative fee.	
OW surrendered his DEA Certificate of to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause), and by executing the DEA Surrender for Cause. The Board filed an Accusation alleging three causes of action against Respondent related to unlawful conduct in failing to comply with Federal requirements pertaining to controlled substances.	N/A	In response to the allegations in the Accusation, Respondent voluntarily surrender his Nevada Controlled Substance Certificate of Registration.	
MW failed to timely renew her CS registration and wrote 3,175 prescriptions for controlled substances without a valid registration.	N/A	Respondent shall receive a letter of reprimand; pay \$5,000 fine.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
HS failed to submit a current list of officers/directors and a fingerprint card from each officer/director with permission from each authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.	N/A	N/A	Wholesaler license revoked.
PT failed to submit a current list of officers/directors and a fingerprint card from each officer/director with permission from each authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.	N/A	N/A	Respondent voluntarily surrendered Wholesaler license.

5A

NOV 15 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CATHY QUACH, RPH

Certificate of Registration No. 16344,

JENNIFER ENGLEHAUPT, RPH

Certificate of Registration No. 15287, and

WALGREENS PHARMACY #7032

Certificate of Registration No. PH01747,

Respondents.

CASE NOS. 17-121-RPH-A-S

17-121-RPH-B-S

17-121-PH-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondents Cathy Quach (Quach), Certificate of Registration No. 16344, and Jennifer Englehaupt (Englehaupt), Certificate of Registration No. 15287, were pharmacists registered by the Board, respondent Walgreens Pharmacy #7032, Certificate of Registration No. PH01747, was a pharmacy registered by the Board, and Quach and Englehaupt were employed by Walgreens Pharmacy #7032.

FACTUAL ALLEGATIONS

II.

On October 20, 2017, an electronic prescription was sent to Walgreens Pharmacy #7032 for patient D.C. The prescription was for Metolazone 2.5 mg 30 tablets.

III.

The prescription was processed on October 21, 2017, and the computer system designated the prescription as Rx #1070713.

IV.

The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate fill of the remaining 20 that were Mylan brand tablets; the manufacturer name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets were hand written on the second label. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet".

V.

Quach was the verifying pharmacist for Prescription Rx #1070713. She failed to detect the misbranding error on the second label when she verified data entry, verified the final product as accurate, and filled the prescription.

VI.

Walgreen's Retail computer patient counseling field documents that patient consultation was completed. Englehaupt was the counseling pharmacist of record. Englehaupt documented that counseling was declined on October 23, 2017, by D.C. The Metolazone 2.5mg was a new prescription requiring mandatory counseling.

FIRST CAUSE OF ACTION

**Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Quach)**

VII.

A drug shall be deemed to be misbranded if its labeling is false or misleading in any particular. NRS 585.410. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). Quach violated NAC 639.945(1)(d) and

(i) when she verified the data entered on Prescription Rx #1070713 as accurate when it was not and failed to identify the misbranding error. Quach is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

Failure to Adequately Counsel

(Respondent Englehaupt)

VIII.

NRS 639.266(1) requires a pharmacist to “communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient.” NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling “at the time that counseling is provided or refused.”

By marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect the misbranding, Englehaupt violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #7032)

IX.

NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.”

Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the

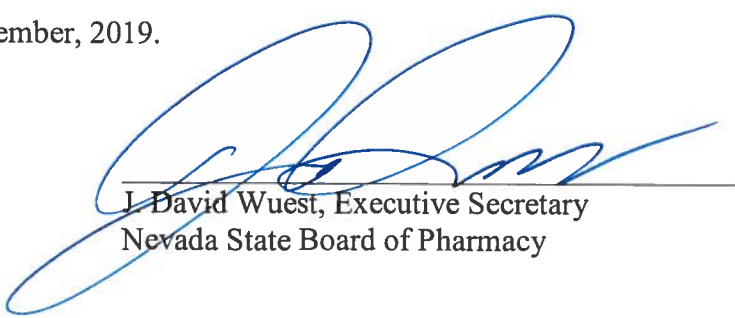
pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7032 is responsible for any violations of law by Quach and Englehaupt pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 15th day of November, 2019.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CATHY QUACH, RPH

Certificate of Registration No. 16344,

Respondent.

CASE NO. 17-121-RPH-A-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

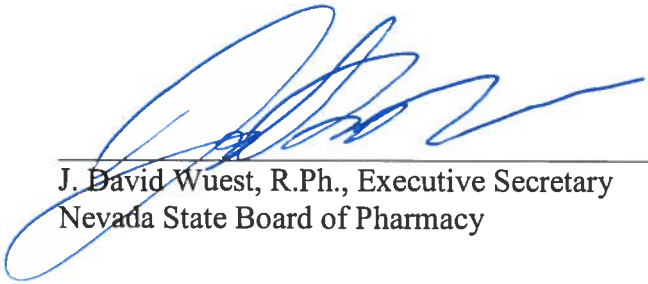
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of November 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CATHY QUACH, RPH

Certificate of Registration No. 16344,

Respondent.

CASE NO. 17-121-RPH-A-S

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of November 2019.

CATHY QUACH, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Cathy Quach, RPH
3339 Alcludia Bay Avenue
Las Vegas, NV 89141

Jennifer Englehaupt, RPH
2909 Montmorency Street
Henderson, NV 89044

Walgreens #07032
2451 Hampton Road
Henderson, NV 89052

William J. Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111



SHIRLEY HUNTING

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JENNIFER ENGLEHAUPT, RPH
Certificate of Registration No. 15287,

Respondent.

CASE NO. 17-121-RPH-B-S

**STATEMENT TO THE
 RESPONDENT AND
 NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

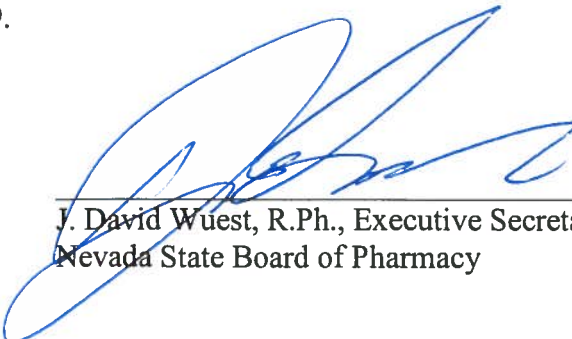
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of November 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JENNIFER ENGLEHAUPT, RPH
Certificate of Registration No. 15287,

Respondent.

CASE NO. 17-121-RPH-B-S

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of November 2019.

JENNIFER ENGLEHAUPT, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Cathy Quach, RPH
3339 Alcludia Bay Avenue
Las Vegas, NV 89141

Jennifer Englehaupt, RPH
2909 Montmorency Street
Henderson, NV 89044

Walgreens #07032
2451 Hampton Road
Henderson, NV 89052

William J. Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111



SHIRLEY HUNTING

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032
Certificate of Registration No. PH01747,

Respondent.

CASE NO. 17-121-PH-S

**STATEMENT TO THE
 RESPONDENT AND
 NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

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The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

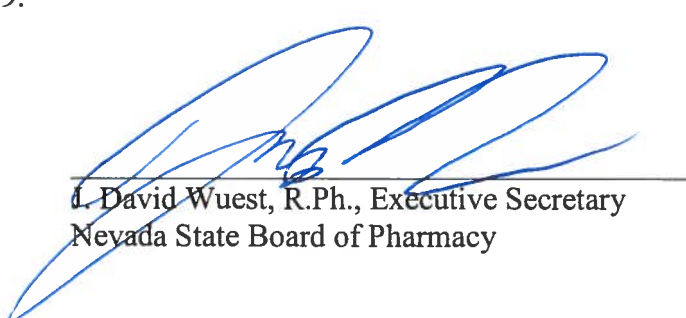
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Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of November 2019.



David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of November 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Cathy Quach, RPH
3339 Alcudia Bay Avenue
Las Vegas, NV 89141

Jennifer Englehaupt, RPH
2909 Montmorency Street
Henderson, NV 89044

Walgreens #07032
2451 Hampton Road
Henderson, NV 89052

William J. Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111



SHIRLEY HUNTING

FILED**DEC 20 2019****NEVADA STATE BOARD
OF PHARMACY**

William J. Stilling (NBN 9915)
 STILLING & HARRISON, PLLC
 215 S. State St., Ste. 500
 Salt Lake City, Utah 84111
 Telephone: 801-980-1888
 Facsimile: (801) 341-2021
 Email: bstilling@SHhealthlaw.com

Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CATHY QUACH, RPH

Certificate of Registration No. 16344,

JENNIFER ENGLEHAUPT, RPH

Certificate of Registration No. 15287, and

W ALGREENS PHARMACY #7032

Certificate of Registration No. PH01747,

Respondents.

CASE NOS. 17-121-RPH-A-S
 17-121-PH-B-S
 17-121-PH-S

RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE

Respondents Cathy Quach, R.Ph., Jennifer Englehaupt, R.Ph., and Walgreens Pharmacy #7032, by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on January 15, 2020 in Las Vegas, Nevada.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

JURISDICTION

I.

Respondents admit the allegations in paragraph I.

FACTUAL ALLEGATIONS

II.

Respondents admit the allegations in paragraph II of the Notice.

III.

Respondents admit the allegations in paragraph III of the Notice.

IV.

Respondents admit that Respondents correctly filled the prescription with the correct medication, in the correct amount, for the correct patient, with the correct instructions. The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate container with the remaining 20 that were Mylan brand tablets. The manufacturer's name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets was handwritten on the second label. Thus, each label properly contained the correct name of the manufacturer and the correct quantity. Both labels described the tablet as "Oval Purple Tablet." The patient was given both bottles at the same time. Each bottle indicated that it was one of two bottles for the same prescription with $\frac{1}{2}$ on the bottle with 10 Sandoz tablets and $\frac{2}{2}$ on the bottle with the Mylan tablets.

V.

Respondents admit the Ms. Quach was the verifying pharmacist for Rx #107013. Respondents deny the other allegations in paragraph IV.

VI.

Respondents deny that Walgreens computer patient counseling field documented that patient received counseling. Respondents agree and admit that Ms. Englehaupt was the pharmacist who complied with Nevada counseling requirements. The Walgreen system incorporates a “hard stop” at the point of sale that blocks processing of the prescriptions until the pharmacist ensures counseling requirements are followed. In this case, Ms. Englehaupt documented that the patient declined counseling on October 3, 2017. This documentation is included in the audit report for prescription 1070713 in the Board’s file at walg 7032004. Respondents also deny that counseling was required for this prescription because counseling was denied.

FIRST CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Quach)

VII.

Respondents deny the allegations in paragraph VII.

SECOND CAUSE OF ACTION

Failure to Adequately Counsel)
(Respondent Englehaupt)

VIII.

Respondents deny the allegations in paragraph VIII.

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #7032)

IX.

Respondents deny the allegations in paragraph IX.

OTHER DEFENSES

Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.
2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.
2. That the Board dismiss all Causes of Action in the Notice.
3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 20th day of December, 2019.



William J. Stilling
 STILLING & HARRISON, PLLC
 Attorneys for Respondents
 Cathy Quach, R.Ph.
 Jennifer Englehaupt, R.Ph.
 Walgreens Pharmacy # 7032

CERTIFICATE OF SERVICE

I hereby certify that on December 20, 2019, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
bkandt@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail



5D

DEC 06 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIAMOND P. STEWART, PT
Certificate of Registration No. PT17652,MONET M. YOUNG, PT
Certificate of Registration No. PT17353,

Respondent.

CASE NOS. 17-077-PT-A-S
17-077-PT-B-SNOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Diamond P. Stewart, PT (Stewart), Certificate of Registration No. PT17652, and Respondent Monet M. Young, Certificate of Registration No. PT17353 (Young), were pharmaceutical technicians registered with the Board. Stewart and Young were employed by Walgreens Pharmacy #3845.

FACTUAL ALLEGATIONS

II.

In July 2017, Dr. J.L. identified thirty-three (33) prescriptions on her prescriber MP report for approximately seventeen (17) different patients that she had not written that were filled at Walgreens Pharmacy #3845.

III.

A subsequent investigation by Walgreens loss prevention staff identified a total of one-hundred and sixty-seven (167) prescriptions sold between July 2016 and July 2017 by either Stewart or Young and confirmed to be fraudulent by nine (9) prescribers. The fraudulent prescriptions were made from templates using a total of thirty-eight (38) false patient identities and consisted of the following controlled substances:

- 1,560 alprazolam 2mg tablets
- 2,610 carisoprodol 350mg tablets
- 10,770 hydrocodone-acetaminophen 10/325 tablets
- 4,308 oxycodone hcl 30mg tablets
- 450 oxycodone-acetaminophen 10/325 tablets
- 240ml promethazine-codeine syrup

IV.

The investigation revealed that an unknown party would bring in the fraudulent prescriptions to Walgreens Pharmacy #3845 or drop them off at the drive thru window. The prescriptions would then be processed and dispensed by either Young or Stewart with use of a manufacturer discount code, and the suspect male would then pay the remaining amount owed by cash. During the sale Young or Stewart would either input false identity information or not input any at all.

V.

During the investigation, Young admitted to the unlawful diversion activity.

VI.

Walgreens terminated Stewart and Young on July 24, 2017.

FIRST CAUSE OF ACTION

VII.

“Supplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(g). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and are subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION

VIII.

“Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young being a party to any fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and are subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION

IX.

“Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(j). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. NRS 639.210(4).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young aided or abetted in the unlicensed practice of pharmacy in the State of Nevada, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

FOURTH CAUSE OF ACTION

X.

Only an authorized practitioner may prescribe controlled substances, only for a legitimate medical purpose and in the usual course of his professional practice. 21 CFR § 1306.04. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young violated 21 CFR § 1306.04, and are therefore subject to discipline pursuant to NRS 639.210(11).

FIFTH CAUSE OF ACTION

XI.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by

misrepresentation, fraud, forgery, deception, subterfuge or alteration.” Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(d) and are subject to discipline pursuant to NRS 639.210(12).

SIXTH CAUSE OF ACTION

XII.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]”. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.336(1) and are subject to discipline pursuant to NRS 639.210(12).

SEVENTH CAUSE OF ACTION

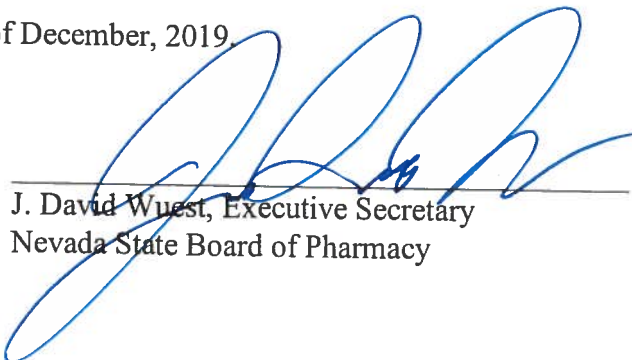
XIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

By creating fraudulent prescriptions and diverting controlled substances as alleged herein, Respondents Stewart and Young further violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.401(1)(a) NRS 453.431(2) and/or 21 CFR § 1306.03, and are subject to discipline pursuant to NRS 639.210(12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 6th day of December, 2019.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIAMOND P. STEWART, PT
Certificate of Registration No. PT17652,

Respondent.

CASE NO. 17-077-PT-A-S

**STATEMENT TO THE
 RESPONDENT AND
 NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

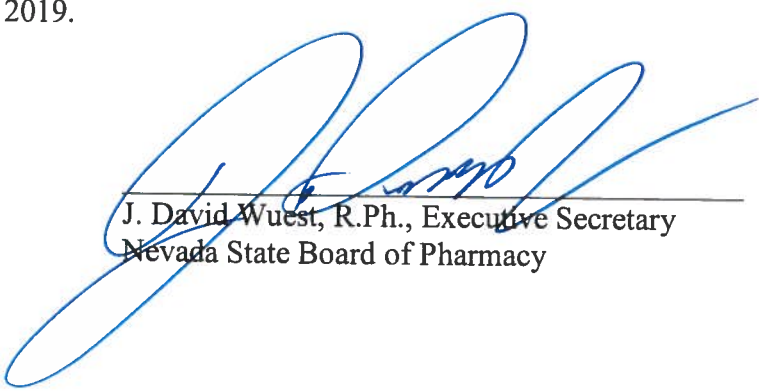
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of December 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIAMOND P. STEWART, PT
Certificate of Registration No. PT17652,

Respondent.

CASE NO. 17-077-PT-A-S

**ANSWER AND NOTICE
 OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of December 2019.

DIAMOND P. STEWART, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Diamond Stewart
209 West 56th Street
Los Angeles, CA 90037

Monet Young
1341 Stokes Street
Las Vegas, NV 89110



SHIRLEY HUNTING

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MONET M. YOUNG, PT
Certificate of Registration No. PT17353,

Respondent.

CASE NO. 17-077-PT-B-S

**STATEMENT TO THE
 RESPONDENT AND
 NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

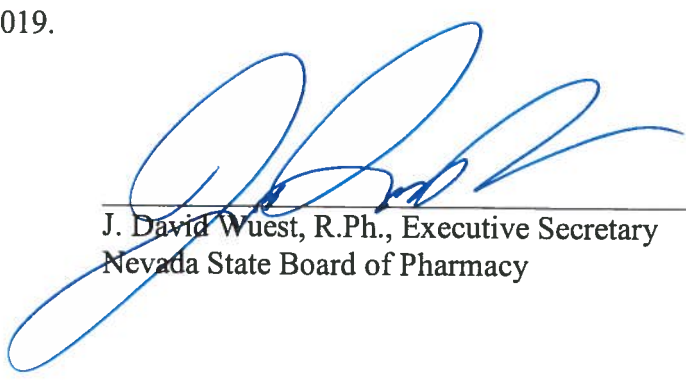
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of December 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****MONET M. YOUNG, PT
Certificate of Registration No. PT17353,****Respondent.****CASE NO. 17-077-PT-B-S****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of December 2019.

MONET M. YOUNG, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Diamond Stewart
209 West 56th Street
Los Angeles, CA 90037

Monet Young
1341 Stokes Street
Las Vegas, NV 89110



SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED

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NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 19-229-CS-S

Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATIONARMEN E. NIKOGOSIAN, MD,
Certificate of Registration No. CS12023,

Respondent.

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Armen E. Nikogosian, MD, held an expired Nevada Controlled Substance Registration, Certificate No. CS12023, issued by the Board.

FACTUAL ALLEGATIONS

II.

Respondent failed to timely renew his Certificate of Registration No. C CS12023, which expired on October 31, 2018.

III.

Respondent wrote thirty-three prescriptions for controlled substances between November 1, 2018 and December 12, 2019.

APPLICABLE LAW

IV.

It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a); NRS 639.100(1).

V.

A prescription for a controlled substance may be issued only by an individual practitioner who is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 CFR § 1306.03(a)(1). Every practitioner who prescribes any controlled substance within this State shall obtain biennially a registration issued by the Board. NRS 453.226(1).

VI.

Failure to renew a certificate of registration by failing to submit the application for renewal is grounds for suspension or revocation of that registration by the Board. NRS 639.210(13).

VII.

It is unlawful for any person falsely to represent himself as a practitioner entitled to write prescriptions in this State. NRS 639.2813(1).

VIII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

IX.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

X.

The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

XI.

By failing to timely renew his Certificate of Registration CS12023, Respondent is subject to discipline pursuant to NRS 639.210(13) and NRS 639.255.

SECOND CAUSE OF ACTION

XII.

By writing thirty-three prescriptions for controlled substances between November 1, 2018 and December 12, 2019, without a valid registration, Respondent violated 21 CFR § 1306.03 and is subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XIII.

By writing thirty-three prescriptions for controlled substances between November 1, 2018 and December 12, 2019, without a valid registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

FOURTH CAUSE OF ACTION

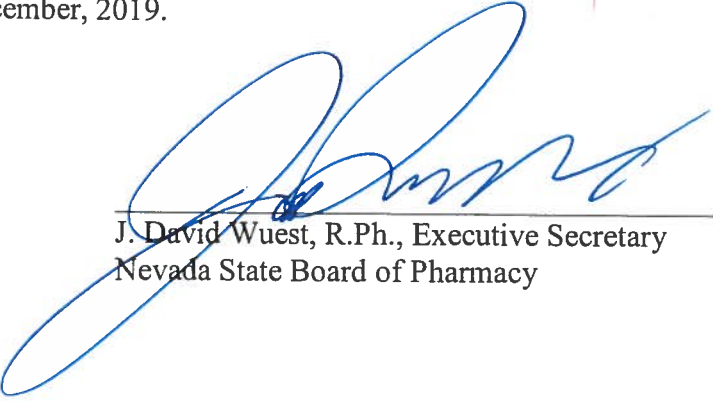
XIV.

By writing thirty-three prescriptions for controlled substances between November 1, 2018 and December 12, 2019, without a valid registration, Respondent committed an act that would render his Nevada Controlled Substance Registration, Certificate No. CS12023, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XV.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 13th day of December, 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ARMEN E. NIKOGOSIAN, MD,
Certificate of Registration No. CS12023,**

Respondent.

) CASE NO. 19-229-CS-S

**) STATEMENT TO THE
) RESPONDENT
) AND NOTICE OF HEARING
)**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 15, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

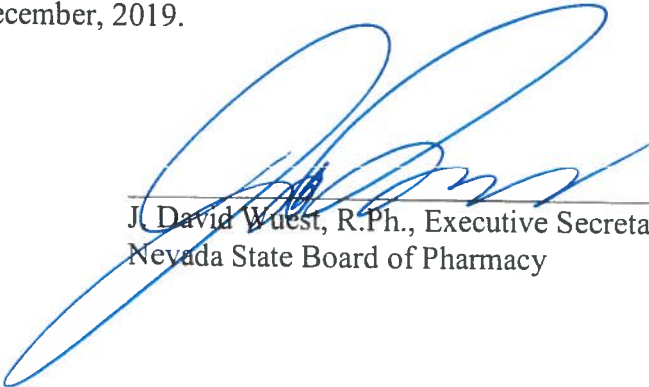
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of December, 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-229-CS-S
	)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
	)	
ARMEN E. NIKOGOSIAN, MD,	)	
Certificate of Registration No. CS12023	)	
Respondent.	)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of December, 2019.

ARMEN E. NIKOGOSIAN, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of December, 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Armen E. Nikogosian
5380 S. Rainbow #306
Las Vegas, NV 89118



SHIRLEY HUNTING

5G

AUG 02 2019

NEVADA STATE BOARD
OF PHARMACY

) **CASE NO. 17-093-RPH-S**

) 17-093-PH-S

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NOTICE OF INTENDED ACTION

AND ACCUSATION

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J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Shahn Sherafat, R.Ph., Certificate of Registration No.10909 (Sherafat), was a pharmacist registered by the Board and Respondent Nellis Care Pharmacy, Certificate of Registration No. PH02838 (Nellis Care), was registered with the Board as a pharmacy.

PRIOR DISCIPLINE

II.

In March 1999, Sherafat admitted by written stipulation to dispensing an incorrect dose of Mellaril-S¹ for a 4 1/2-year-old child, causing the patient to receive a dose that is

¹ Mellaril and its generic, thioridaz, are used to treat certain mental/mood disorders.

approximately 20 times the dose the physician prescribed and suffered negative physical effects as a result.

FACTUAL ALLEGATIONS

III.

Sherafat was the managing pharmacist/pharmacist in charge and the owner of Nellis Care at the time of the violations alleged herein.

IV.

On September 29, 2017, Board Inspectors conducted an inspection of Nellis Care with representatives of the Drug Enforcement Administration (DEA).

V.

During the inspection, Board Inspectors reviewed Nellis Care's controlled substance prescription records and conducted a physical count of the pharmacy's inventory of schedule II-controlled substances.

VI.

Upon request, Sherafat and Nellis Care produced perpetual inventories dating from July 2017, to September 28, 2017.

VII.

Respondents could not locate or produce perpetual inventories that pre-dated July 2017.

VIII.

During the inspection, Sherafat provided false information about the location of the missing perpetual inventories to Board Inspectors by repeatedly misrepresenting that he stored them on site at Nellis Care.

IX.

Sherafat later admitted that the missing perpetual inventories were not on site at Nellis Care and represented to Board Inspectors that he took the missing perpetual inventories home to "adjust" the numbers.

X.

During the inspection, the Board Inspectors also reviewed two of Nellis Care's biennial inventories, one for 2014, and a second for 2016.

XI.

Each biennial inventory report contained blank fields missing required information. They also showed significant variances between the controlled substances that were purportedly "in stock" compared to the physical count of those drugs, which Sherafat was unable to explain to Board Inspectors.

XII.

The variances and inaccuracies in the 2014 biennial inventory provided by Sherafat for Nellis Care were so significant as to render those records essentially meaningless and of no value.

XIII.

The variances and inaccuracies in the 2016 biennial inventory provided by Sherafat for Nellis Care were also significant, including an unexplained combined shortage of 19,560 Norco tablets without any adjustments or notations of explanation.

XIV.

Sherafat and Nellis Care also failed to maintain complete invoices when purchasing controlled substances.

XV.

Ten of the forty-five invoices located during the inspection were missing signatures and/or dates as a result of which Board Inspectors were unable to determine who received those shipments of controlled substances and when the shipment arrived.

XVI.

On April 4, 2019, Sherafat delivered to the Board office a written statement along with the original copy of his pharmacist registration certificate, and his wallet card, and stated to

Board Inspectors that he was ill and did not intend to renew his Certificate of Registration No.10909.

APPLICABLE LAW

XVII.

NRS 453.246 Recordkeeping and inventory requirements for registrants. Persons registered to dispense controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive, shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law and with any additional regulations the Board issues.

XVIII.

NRS 453.326 Unlawful acts relating to recordkeeping, inspections and knowingly keeping or maintaining place where controlled substances are unlawfully used, kept or sold; penalty.

1. It is unlawful for a person:

(a) To refuse or fail to make, keep or furnish any record, notification, order form, statement, invoice or information required under the provisions of NRS 453.011 to 453.552, inclusive;

XIX.

NRS 453.236 Suspension, revocation of registration; seizure, placement under seal of controlled substance owned or possessed by registrant; notification of Drug Enforcement Administration and Division concerning suspension, revocation or forfeiture; registrant prohibited from employing person whose pharmacist's certificate was suspended or revoked.

1. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon a finding that the registrant has:

....

(d) Committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

XX.

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

....

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

....

9. Has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of this chapter;

....

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

....

15. Has, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision;

....

17. Has failed to maintain and make available to a state or federal officer any records in accordance with the provisions of this chapter or chapter 453 or 454 of NRS;

....

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

XXI.

NAC 639.482 Maintenance and availability of records.

1. Each record required to be kept pursuant to NAC 639.483 to 639.489, inclusive, must be kept by a pharmacy for at least 2 years after the date of the record.

2. Records maintained by a pharmacy must be made available for inspection and copying upon the request of the Board, its representatives, or another authorized local, state or federal law enforcement agency.

XXII.

NAC 639.485 Maintenance of records for controlled substances.

1. A pharmacy shall maintain records for controlled substances:

(a) In a readily retrievable manner.

(b) In a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy.

2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in schedule II.

3. Records of the distribution of controlled substances listed in schedule II, schedule III or schedule IV must include:

(a) The name of the drug, dosage form and strength.

(b) The name of the pharmacist distributing or authorizing the distribution of the controlled substance.

(c) The name of the authorized person receiving the controlled substance. This information may be included on the record of administration.

(d) The location to which the controlled substance is being distributed.

(e) Controlled substances returned to the pharmacy.

(f) A record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

XXIII.

NAC 639.487 Maintenance of additional records.

In addition to any other requirements for keeping records, a pharmacy shall maintain the following records:

1. Copy 3 of the order form of the Drug Enforcement Administration (DEA 222C), properly dated, initialed and filed, copies of each unaccepted or defective order form, and any attached statements or other documents.
2. Suppliers' invoices of controlled substances and dangerous drugs. The pharmacist or other personnel of the pharmacy shall clearly record on each invoice the actual date on which the controlled substance or dangerous drug was received.
3. Suppliers' credit memos for controlled substances and dangerous drugs.
4. The biennial inventory of controlled substances required by the Drug Enforcement Administration.
5. Any reports of theft or significant loss of controlled substances submitted to the Drug Enforcement Administration.
6. Reports of the surrender or destruction of controlled substances or dangerous drugs, or both, to an appropriate state or federal agency.
7. A register book for nonprescription drugs listed in schedule V.

XXIV.

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

....

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

....

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

....

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

XXV.

NAC 639.955 Imposition of fines; authority to take disciplinary action.

1. Except as otherwise provided in this section, the Board may impose a fine against a pharmacist or pharmacy pursuant to paragraph (f) of subsection 1 of NRS 639.255 according to the following schedule:

....

(h) For failing to make or maintain a biennial inventory of controlled substances.....\$1,000.00

....

2. The Board may impose a fine for a violation listed in subsection 1 that is less than or greater than the amount set forth in that subsection for that violation after giving consideration to any aggravating and mitigating factors that relate to the violator's role in and responsibility for the conduct for which the fine is being imposed, and the unique circumstances of each case.

....

5. The Board may, as it deems appropriate, impose a fine for a violation not listed in subsection 1 that is commensurate with the severity of the violation.

6. No fine imposed by the Board will exceed \$10,000.

....

8. This section will be construed and applied so as to preserve the discretion of the Board to take any disciplinary action authorized by NRS 639.255.

XXVI.

NAC 453.475 Initial and biennial inventory of controlled substances by new managing pharmacist.

1. A pharmacist who is hired or promoted to manage a pharmacy pursuant to the provisions of NRS 639.220 shall:

(a) Within 48 hours after first reporting for duty as the managing pharmacist, conduct an inventory of the controlled substances of the pharmacy with the pharmacist who preceded him or her as the managing pharmacist. The pharmacists shall sign the inventory.

(b) After the date on which the inventory required pursuant to paragraph (a) was taken, conduct an inventory of the controlled

substances of the pharmacy at least once every 2 years during the course of his or her employment as managing pharmacist at the pharmacy. The managing pharmacist may conduct the biennial inventory on any date which is within 2 years of the date on which the previous biennial inventory was conducted.

2. An inventory required by subsection 1 must be:

(a) Conducted according to the method prescribed by the provisions of 21 C.F.R. Part 1304; and

(b) Placed in the records of the controlled substances of the pharmacy.

XXVII.

NAC 639.523 Physical address for delivery of drugs.

1. A pharmacy which purchases drugs and which is required pursuant to NAC 639.5005 to designate a natural person as a representative of the pharmacy shall have the drugs shipped to the pharmacy and shall physically receive the drugs at the physical address for which the Board has issued the license of the pharmacy.

2. The drugs purchased by a pharmacy must not be drop-shipped to any address other than the physical address of the pharmacy to which the Board has issued the license of the pharmacy. As used in this subsection, "drop-shipped" means a direct shipment of drugs to any location other than the pharmacy by the manufacturer or wholesaler of the drugs.

3. A pharmacist employed by a pharmacy shall acknowledge on every invoice that the drugs listed in the invoice were physically received by the pharmacy at the physical address to which the Board has issued the license of the pharmacy.

XXVIII.

21 C.F.R. § 1304.21 General requirements for continuing records.

(a) Every registrant required to keep records pursuant to §1304.03 shall maintain, on a current basis, a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported, or otherwise disposed of by him/her, and each inner liner, sealed inner liner, and unused and returned mail-back package, except that no registrant shall be required to maintain a perpetual inventory.

(b) Separate records shall be maintained by a registrant for each registered location except as provided in §1304.04(a). In the event controlled substances are in the possession or under the control of a registrant at a location for which he is not registered, the substances

shall be included in the records of the registered location to which they are subject to control or to which the person possessing the substance is responsible.

(c) Separate records shall be maintained by a registrant for each independent activity and collection activity for which he/she is registered or authorized, except as provided in §1304.22(d).

(d) In recording dates of receipt, distribution, other transfers, or destruction, the date on which the controlled substances are actually received, distributed, otherwise transferred, or destroyed will be used as the date of receipt, distribution, transfer, or destruction (e.g., invoices or packing slips, or DEA Form 41). In maintaining records concerning imports and exports, the registrant must record the anticipated date of release by a customs official for permit applications and declarations and the date on which the controlled substances are released by a customs officer at the port of entry or port of export for return information.

(e) *Record of destruction.* In addition to any other recordkeeping requirements, any registered person that destroys a controlled substance pursuant to §1317.95(d), or causes the destruction of a controlled substance pursuant to §1317.95(c), shall maintain a record of destruction on a DEA Form 41. The records shall be complete and accurate, and include the name and signature of the two employees who witnessed the destruction. Except, destruction of a controlled substance dispensed by a practitioner for immediate administration at the practitioner's registered location, when the substance is not fully exhausted (e.g., some of the substance remains in a vial, tube, or syringe after administration but cannot or may not be further utilized), shall be properly recorded in accordance with §1304.22(c), and such record need not be maintained on a DEA Form 41.

XXIX.

21 U.S.C. § 842(a)(5) states in relevant part: “It shall be unlawful for any person . . . to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under this subchapter or subchapter II[.]”

FIRST CAUSE OF ACTION

Failure to Maintain Perpetual Inventories of Controlled Substances
(Respondents Sherafat and Nellis Pharmacy)

XXX.

By failing to maintain at least two years' worth of perpetual inventories of schedule II-controlled substances in a readily retrievable manner, and by failing to provide such records to Board Inspectors for inspection upon request, Sherafat and Nellis Care violated NRS 453.246, NAC 639.485(1) and (2), and NAC 639.482(a) and (b), are guilty of unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (12) and (17) and/or NRS 639.255.

SECOND CAUSE OF ACTION

Failure to Maintain Accurate Biennial Inventories of Controlled Substances
(Respondents Sherafat and Nellis Pharmacy)

XXXI.

By failing to maintain at least two years' worth of biennial inventories of its controlled substances in a readily retrievable manner, and by failing to provide such records to Board Inspectors upon request, Sherafat and Nellis Care violated NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b) and NAC 639.487(4), are guilty of unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (12) and (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION

Failure to Maintain Records of Controlled Substance Purchases
(Respondents Sherafat and Nellis Pharmacy)

XXXII.

By failing to maintain accurate and complete invoices for the controlled substances Nellis Care purchased and received, Sherafat and Nellis Care violated NRS 453.246, NRS 453.326(1)(a), NAC 639.523(3), 21 U.S.C. § 842(a)(5) and 21 CFR § 1304.21, are guilty of

unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (11), (12) and (17) and NRS 639.255.

FOURTH CAUSE OF ACTION
False Statements/Fraudulent and Deceitful Practices
 (Respondent Sherafat)

XXXIII.

By willfully providing Board Inspectors false and misleading information as to the location of Nellis Care's perpetual inventory records and controlled substance records, and engaging in fraudulent and deceitful practices in the maintenance of those records, Sherafat is guilty of unprofessional conduct as defined in NAC 639.945(1)(h), and subject to discipline pursuant to NRS 453.236(1), NRS 639.210(1), (4) and (9) and NRS 639.255.

FIFTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
 (Respondent Sherafat)

XXXIV.

As the managing pharmacist of Nellis Care at the time of each of the violations alleged herein, Sherafat is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.220(1), NAC 639.510(2) and NAC 639.702, and subject to discipline pursuant to NRS 639.210(15) and NRS 639.255.

SIXTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Sherafat)

XXXV.

As the owner of Nellis Care at the time of each of the violations alleged herein, Sherafat is responsible for the violations, including those of his employees, pursuant to NRS 639.230(5) and NAC 639.945(2), and subject to discipline pursuant to NRS 639.210(1), (4), (9) (11), (12), (15) and (17) and NRS 639.255.

XXXVI.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 2nd day of August 2019.



Yen Long, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
J. David Wuest, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-093-RPH-S
	)	17-093-PH-S
Petitioner,	)	
v.	)	
	)	
SHAHN SHERAFAT, RPH	)	STATEMENT TO THE
Certificate of Registration No. 10909, and	)	RESPONDENT AND
	)	NOTICE OF HEARING
NELLIS CARE PHARMACY, LLC	)	
Certificate of Registration No. PH02838,	)	
	)	
Respondents.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 9, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of August 2019.



Yen H. Long, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
J. David Wuest, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-093-RPH-S
	)	
Petitioner,	)	
v.	)	
	)	
SHAHN SHERAFAT, RPH	)	ANSWER AND NOTICE
Certificate of Registration No. 10909	)	OF DEFENSE
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of August 2019.

SHAHN SHERAFAT, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of August, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

SHAHN SHERAFAT, RPH
316 MOUNT HOPE ST
HENDERSON, NV 89014

NELLIS CARE PHARMACY
348 N Nellis Blvd Suite J
LAS VEGAS NV 89110



SHIRLEY HUNTING

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-093-RPH-S
	)	17-093-PH-S
Petitioner,	)	
v.	)	
	)	
SHAHN SHERAFAT, RPH	)	STATEMENT TO THE
Certificate of Registration No. 10909, and	)	RESPONDENT AND
	)	NOTICE OF HEARING
NELLIS CARE PHARMACY, LLC	)	
Certificate of Registration No. PH02838,	)	
	)	
Respondents.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 9, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

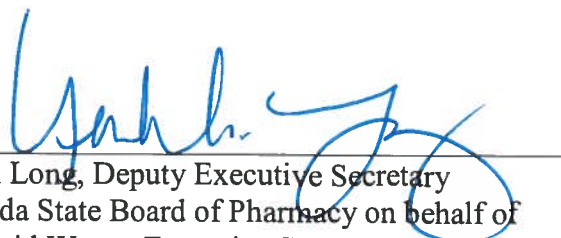
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of August 2019.


Yen Long, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
J. David Wuest, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-093-PH-S
	)	
Petitioner,	)	
v.	)	
	)	
NELLIS CARE PHARMACY, LLC	)	ANSWER AND NOTICE
Certificate of Registration No. PH02838	)	OF DEFENSE
	)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of August 2019.

Type or print name

Authorized Representative for
NELLIS CARE PHARMACY, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy. and that on this 7th day of August, 2019. I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

SHAHN SHERAFAT, RPH
316 MOUNT HOPE ST
HENDERSON, NV 89014

NELLIS CARE PHARMACY
348 N Nellis Blvd Suite J
LAS VEGAS NV 89110


SHIRLEY HUNTING

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FILED**JAN - 3 2020****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****DONALD COWLES, RPH****Certificate of Registration No. 09414,****Respondent.****18-104-RPH-S****ORDER TO SHOW CAUSE**

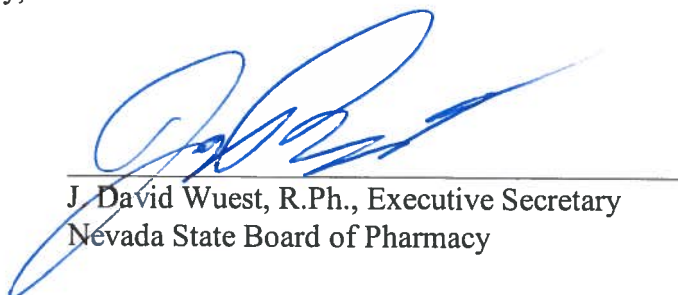
On January 16, 2019, the Nevada State Board of Pharmacy (Board) heard this matter and on February 12, 2019, entered Findings of Fact, Conclusions of Law, and Order (Order) imposing discipline upon Respondent.

Respondent has failed to comply with the terms of the Order, specifically Paragraph 7(d) requiring Respondent to attend three (3) of the Board's next four (4) Las Vegas meetings on disciplinary day, and Paragraph 7(e) requiring Respondent to complete the Board's Nevada law examination with a passing score of at least seventy-five (75%). Furthermore, Respondent failed to timely renew Certificate of Registration No. 09414 and subsequently applied for renewal.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NRS 233B.127(3); NAC 639.965. Failure to appear at the show cause hearing shall be deemed a waiver of any objection to the proposed action. NAC 639.978.

IT IS HEREBY ORDERED that Donald Cowles, R.Ph., Certificate of Registration No. 09414, appear before the Board on January 15, 2020, at 9:00 a.m. at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada and show cause, if any, why he should not be found in violation of the Order and his application for renewal denied.

DATED this 3rd day of January, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

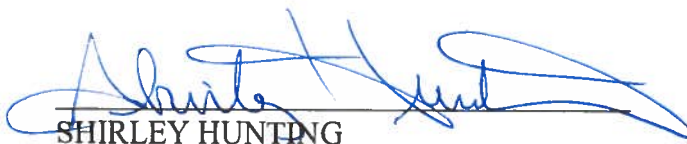
INFORMATIONAL STATEMENT

Pursuant to NRS 241.033 and 241.034, the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of January 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Donald Cowles, R.Ph.
3697 Copper Cactus Drive
Las Vegas, NV 89129



SHIRLEY HUNTING

9171 9690 0935 0238 8800 13

FEB 12 2019

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-104-RPH-S
	)	
Petitioner,	)	FINDINGS OF FACT,
v.	)	CONCLUSIONS OF LAW
	)	AND ORDER
DONALD COWLES, RPH	)	
Certificate of Registration No. 09414,	)	
	)	
Respondent.	)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on January 16, 2019, in Las Vegas, Nevada. Attorney S. Paul Edwards, Esq. prosecuted the case on behalf of the State of Nevada. Respondent Donald Cowles, RPH., ("Cowles") attended the hearing without counsel.

Based on the evidence presented at the hearing, including testimony and documentary evidence, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that there is evidence to support each of the factual allegations set forth in the Accusation on file herein, and finds as follows:

1. On October 31, 2017, Cowles signed and submitted a renewal application to renew his pharmacist registration. On that renewal application, Cowles falsely attested that he had completed the required thirty (30) CEUs between November 1, 2015, and October 31, 2017.
2. Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2017.
3. Board Staff's CEU audit found that Cowles did not complete any CEUs for the biennial period November 1, 2015, to October 31, 2017.

CONCLUSIONS OF LAW

4. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Cowles, Nevada Pharmacist Registration No. 09414, was registered by the Board.

5. By failing to submit evidence that he completed the thirty (30) CEUs he was required to complete for the November 1, 2015 to October 31, 2017 renewal period, Cowles violated NRS 639.2174 and NAC 639.330. That conduct is grounds for discipline pursuant to NRS 639.210(12) and NRS 639.255.

6. By submitting a paper renewal application falsely certifying that he completed all required CEUs for the biennial period of November 1, 2015 to October 31, 2017, Cowles secured the renewal of his Registration No. 09414 based on a false representation. That false representation also constitutes unprofessional conduct and conduct that is contrary to the public interest pursuant to NAC 639.945(1)(h). That conduct is grounds for discipline pursuant to NRS 639.210(1), (4), (9), (10), (12), NRS 639.255 and NRS 639.281(1).

ORDER

7. Based upon the foregoing, the BOARD HEREBY ORDERS Respondent Donald Cowles to:

- a. Pay a fine of five hundred dollars (\$500.00) within sixty days (60) of the effective date of this order.
- b. Pay an administrative fee of one thousand dollars (\$1,000.00) within sixty days (60) of the effective date of this order to partially reimburse the Board for costs associated with investigating and prosecuting this matter.
- c. Complete an additional forty-five (45) continuing education units (CEUs) within sixty (60) days of the effective date of this order. Those forty-five CEUs are in addition to the thirty CEUs Cowles is required to complete for the renewal period ending October 31, 2019.

Cowles cannot count any CEU he completed before the date of the hearing (January 16, 2019) toward either of those requirements.

d. Attend three (3) of the Board's next four (4) Las Vegas Board Meetings, on disciplinary day (typically Wednesday), where he must sign in, make his presence known to a member of the Board's executive staff (Executive Secretary, Deputy Executive Secretary or Counsel), and attend the entire meeting for each day.

e. Complete the Board's Nevada law examination with a passing score of at least seventy-five (75%).

8. Cowles shall pay the fine ordered above by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office within 60 days of the effective date of this Order.

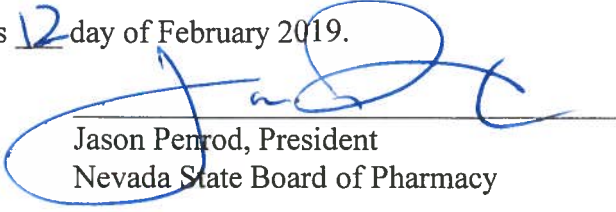
9. Cowles shall pay the administrative fee ordered above by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy," to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Cowles is advised that he will be subject to another CEU audit following his next renewal to ensure his ongoing compliance with Nevada law.

11. Any failure by Cowles to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of his registration until he has complied with all of the terms. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 12 day of February 2019.


Jason Penrod, President
Nevada State Board of Pharmacy

NBOP
Cowles Order

5J

DEC 24 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WESTMINSTER PHARMACEUTICALS,
LLC, Wholesaler License No. WH02154,

Respondent.

Case No. 19-206-WH

ORDER TO SHOW CAUSE

On or about September 11, 2019, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent.

On December 4, 2019, the Nevada State Board of Pharmacy (Board) entered an Order directing Respondent to comply with NRS 639.500 within twenty (20) days. Respondent has failed to comply with the terms of the Order.

Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Westminster Pharmaceuticals, LLC, appear before the Board on January 15, 2019, at 9:00 a.m. at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada and show cause, if any, why License No. WH02154 should not be subject to suspension or revocation pursuant to NRS 639.210, NRS 639.255 and NAC 639.976.

DATED this 24th day of December, 2019.



Brett Kandt, Esq., General Counsel on behalf of
J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Westminster Pharmaceuticals, LLC
3450 Buschwood Park, Ste. 110
Tampa, FL 33618-4446



SHIRLEY HUNTING

9171 9690 0935 0238 8800 06

FILED

DEC 4 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WESTMINSTER PHARMACEUTICALS,
LLC, License No. WH02154,

Respondent.

Case No. 19-206-WH

ORDER

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, December 4, 2019, in Reno, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent WESTMINSTER PHARMACEUTICALS, LLC, Wholesaler License No. WH02154, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The allegations against Respondent, as stated in the Accusation on file herein, and upon which Respondent is deemed to have admitted pursuant to NRS 622A.320(1) and the Board makes findings of fact, are as follows:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH02154, issued by the Board.
2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.
3. On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

4. On or about September 11, 2019, Board Staff served the Notice of Intended Action and Accusation (Accusation) and Notice of Hearing in this matter on Respondent.

5. On or about October 3, 2019, Respondent filed an Answer and Notice of Defense to the Accusation, asserting in pertinent part that Respondent had voluntarily surrendered its license.

6. Respondent remains engaged in the business of furnishing drugs in Nevada and is required to maintain licensure pursuant to NRS 639.233. Therefore, License No. WH02154 remains active and Respondent is subject to the requirements of NRS 639.500.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held Wholesaler License No. WH02154, issued by the Board.

2. Respondent was served notice in compliance with NRS 622A.300 and 639.242.

3. By failing to submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205.

4. Violating NRS 639.500 and 21 CFR Part 205 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11) and (12).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Within twenty (20) days of the effective date of this Order, Respondent shall comply with NRS 639.500 and submit to the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

3. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Entered this 4th day of December, 2019.



Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Westminster Pharmaceuticals, LLC
3810 Northdale Blvd, Suite 250
Tampa FL 33624



BRETT RANDT

DEC 31 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)

Case No. 19-206-WH

Petitioner,)

v.)

MOTION TO CONTINUE

WESTMINSTER PHARMACEUTICALS, LLC)

License No. WH02154,)

Respondent,)

RESPONDENT'S MOTION TO CONTINUE

1. On December 4, 2019, the Nevada State Board of Pharmacy (Board) held its regularly scheduled meeting and addressed specific matters related to license WH02154.
2. An ORDER was issued by the Board to respond within twenty (20) days to provide a current list of each officer/director including a fingerprint card and written permission authorizing the fingerprints to be forwarded to the Central Repository for Nevada Records of Criminal History.
3. Respondent did not receive the ORDER until December 16, 2019, due to the address being incorrect on the Certified Mailing (USPS tracking 9171 9690 0935 0228 7314 62).
4. Petitioner previously provided a written response to the issue of Petitioner's Wholesale License and previous surrender due to the belief and understanding a license was not necessary due to a change in Petitioner's business model of switching from a traditional manufacturer to a "Virtual Manufacturer" by the utilization of a 3rd party Logistics (3PL) for distribution.
5. However, given the Board's recent decision, Respondent is respectfully asking for a continuance on this matter so that Petitioner can secure fingerprints from every officer/director per ORDER.
6. Since the date of receiving this ORDER (12/16/19), due to the Holiday season and frequent out of town travel, the officers/directors have not been readily available to provide the fingerprints necessary to forward to the Petitioner within the twenty (20) day period.

WHEREFORE, the Respondent, **WESTMINSTER PHARMACEUTICALS, LLC** respectfully requests this Honorable Board grant additional time to secure the fingerprints of each officer/director to comply with ORDER issued December 4th, 2019.

I HEREBY declare, under penalty of perjury, that the foregoing MOTION TO CONTINUE, all facts therein stated, are true and correct to the best of my knowledge. DATED this 30TH day of December 2019.

CERTIFICATE OF SERVICE

I certify that I am an authorized representative of the Respondent, and that on this 30th day of December 30, 2019, I served a true and correct copy of the foregoing document by Certified Mail.

Ricardo Martinez, Esq.

A handwritten signature in black ink, appearing to be 'Ricardo Martinez', written over a horizontal line.

Authorized Representative for
Westminster Pharmaceuticals, LLC.
3450 Buschwood Park Drive, Suite 110
Tampa, Florida 33618



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

January 6, 2020

VIA U.S. MAIL AND EMAIL TO rmartinez@wprx.com

Ricardo Martinez, Esq.
Westminster Pharmaceuticals, LLC
3450 Buschwood Park Drive, Suite 110
Tampa FL 33618

Re: Case No. 19-206-WH (Certificate of Registration No. WH02154)

Dear Mr. Martinez:

The Nevada State Board of Pharmacy (Board) is in receipt of Westminster Pharmaceuticals, LLC's (Westminster) motion to continue the show cause hearing scheduled for January 15th in the above-referenced matter. NAC 639.120(1) governs continuances and provides:

The Board will convene a disciplinary hearing at the time and place specified in the notice of hearing. The person presiding at the hearing may grant a continuance only upon:

- (a) A joint stipulation of the parties;
 - (b) The existence of an emergency condition; or
 - (c) A written request by a party filed at least 5 days before the date of the hearing and actually served upon the other parties at least 1 day before the date of the hearing.
- > A continuance based on a written request pursuant to paragraph (c) may be granted only upon a showing of good cause which term must be narrowly construed. A party requesting a continuance must appear on the date of the hearing and be prepared to proceed unless the request has been made pursuant to a joint stipulation.

Please be advised that the Executive Secretary will not stipulate to a second continuance of a hearing; Westminster previously sought and was granted a continuance of the October 10, 2019, hearing to December 4, 2019, at which time Westminster failed to appear. Also note that the Board's December 4th Order and December 24th Order to Show Cause were served at Westminster's address of record with the Board; NAC 639.226 requires notification to the Board of a change of address.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

6

FabianVanCott

December 11, 2019

JEFFREY B. SETNESS

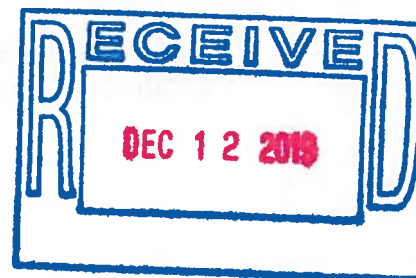
Direct Dial: 702.333.4900

Cellular: 702.286.2626

jsetness@fabianvancott.com

VIA E-MAIL pedwards@pharmacy.nv.gov AND FEDERAL EXPRESS

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521



VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

**Re: *Nevada State Board of Pharmacy v. Craig Weingrow, M.D.*
Case No. 17-066-CS-S**

**Craig Weingrow's Petition for Reinstatement of Controlled Substance
Registration and Request to Appear Before the Board**

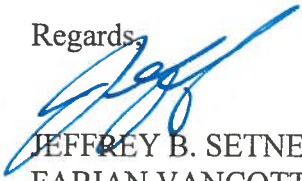
Dear Paul and Brett,

Please find enclosed Dr. Weingrow's "Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board" with exhibits.

We would respectfully request being permitted to appear at the Board's Meeting which is scheduled for January 15th and 16th, 2020 in Las Vegas.

I look forward to hearing from you.

Regards,


JEFFREY B. SETNESS
FABIAN VANCOTT

Enclosure

ATTORNEYS AT LAW

411 East Bonneville Avenue, Suite 400
Las Vegas, Nevada 89101
Tel: 702.233.4444 Fax: 877.898.1168
www.fabianvancott.com

FILED

DEC 12 2019

NEVADA STATE
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of:

CRAIG WEINGROW, M.D.
Certificate of Registration Nos. CS20272
PD00502

Petitioner

CASE NO. 17-066-CS-S

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of Dr. Weingrow's Controlled Substance Registration pursuant to NRS 639.257 based on the following¹:

I. INTRODUCTION

On July 25, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 9, in pertinent part, as follows:

...

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

¹ It should be noted that Dr. Weingrow is not petitioning for reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medications.

In accordance with the terms and conditions of the above-mentioned Nevada State Board of Pharmacy Order and NRS 639.257, Dr. Weingrow files this Petition for Reinstatement of his Controlled Substance Registration and respectfully submits that reinstatement of his Controlled Substance Registration is justified based upon the following:

1. Dr. Weingrow has complied with the terms and conditions of the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1) based upon the fact that over 1 year has lapsed since the date of revocation that being July 18, 2018.

2. Dr. Weingrow has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, because Dr. Weingrow has:

- a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.
- b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.
- c. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.
- d. Paid a fine totaling \$12,000.

On December 6, 2019, at a hearing before the Nevada State Board of Medical Examiners, the Board approved Dr. Weingrow's request for a change in status Inactive-Probation to Active-Probation.

3. Dr. Weingrow has complied with the terms and conditions of the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, by fully paying \$80,000 in civil penalties.

4. Dr. Weingrow accepts full responsibility for his actions and freely admits the various facts that establish the bases of violations alleged in the Accusation. Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses. As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

5. This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

6. The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On July 23, 2012, Dr. Weingrow was issued Controlled Substance License No. CS20272 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 1.

On January 20, 2015, Dr. Weingrow was issued Practitioner Dispensing License No. PD00502 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 2.

On February 27, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Notice of Intended Action and Accusation. A true and correct copy of the Accusation is attached as Exhibit 3.

On March 23, 2018, Dr. Weingrow filed his Answer and Notice of Defense of Craig Weingrow, M.D. A true and correct copy of this Answer is attached as Exhibit 4.

Prior to the April 2018 Board Meeting, a proposed Stipulation and Order was negotiated between counsel for Dr. Weingrow and counsel for the Nevada State Board of Pharmacy, in which Dr. Weingrow admitted that evidence existed to establish a basis for violations alleged in the Accusation. The terms of the proposed Stipulation and Order included Dr. Weingrow's Controlled Substances Registration being suspended and the suspension stayed and his registration placed on probation for a minimum of five years. In addition, Dr. Weingrow would surrender his Dispensing Practitioner Registration and he would not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. A former Board Member moved to deny the Stipulation and Order presented by Board Staff which was passed and the case was scheduled for hearing during the July 2018 Board Meeting. The relevant excerpts of the Minutes of the April 11th and 12th 2018 Board Meeting are attached as Exhibit 5.

On July 18, 2018, in a pleading entitled "Stipulated Facts", Dr. Weingrow freely and voluntarily admitted to various factual statements. A true and correct copy of the Stipulated Facts is attached Exhibit 6.

On July 25, 2018, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order. A true and correct copy of this Order is attached as Exhibit 7. Page 9 of the Order states, in pertinent part, as follows:

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

...

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

B. Nevada State Board of Medical Examiners Proceeding

On August 16, 2018, *In the Matter of Charges and Complaint Against Craig Mitchell Weingrow, M.D., Respondent*, the Nevada State Board of Medical Examiners filed its Complaint. A true and correct copy of the Complaint is attached as Exhibit 8.

On September 10, 2018, the Nevada State Board of Medical Examiners filed a Settlement Agreement which was entered into between Dr. Weingrow and the Nevada State Board of Medical Examiners. A true and correct copy of the Settlement Agreement is attached as Exhibit

9. The Settlement Agreement on Pages 5 and 6 state, in pertinent part, as follows:

...
B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.

C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:

(1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;

(2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

(3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance,

adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following: . . .

On December 6, 2019, Dr. Weingrow appeared at a hearing before the Nevada State Board of Medical Examiners and the Board approved Dr. Weingrow's change of status from Inactive-Probation to Active-Probation. See Exhibit 10.

C. United States Attorney's Office and Drug Enforcement Administration

On November 28, 2018, Dr. Weingrow entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration in which he agreed to pay \$80,000 in civil penalties. See Exhibit 11. Dr. Weingrow has fully paid this amount. See Exhibit 12.

On March 22, 2019, Dr. Weingrow's DEA Certificate of Registration was revoked. See Exhibit 13.

III. LAW

NRS 639.257 entitled "Reinstatement of revoked certificate, license or permit." states, in pertinent part, as follow:

1. A person whose certificate, license or permit has been revoked may petition the Board for reinstatement after a period of not less than 1 year has lapsed since the date of revocation.
2. The petition shall state such facts as may be required by the Board and shall be heard by the Board at its next regular meeting held not earlier than 30 days after the petition is filed. Such petition may be considered by the Board while the petitioner is under sentence for any criminal offense, including any period during which the petitioner

is on probation or parole, only if the Board members, by a majority vote, find that the public interest would best be served by such reinstatement.

3. In considering reinstatement the Board may investigate and consider all activities of the petitioner since the time the original certificate, license or permit was issued and his or her ability, character and reputation. The affirmative vote of at least three members is necessary for reinstatement of a certificate, license or permit with or without terms, conditions and restrictions.

IV. REASONS WHY REINSTATEMENT IS JUSTIFIED

A. Dr. Weingrow has Fully Complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order

In compliance with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1), over 1 year has lapsed since the date of revocation that being the date of the hearing which was July 18, 2018.

B. Dr. Weingrow has Fully Complied with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, Dr. Weingrow has:

1. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.
2. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.
3. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances which was in addition to any CME requirements that are regularly imposed.
4. Paid a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Weingrow attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine.

The PACE Program was of great benefit to Dr. Weingrow because it made him take a hard look at himself to determine how he could improve. It also helped Dr. Weingrow focus on those areas of his practice where he needed to improve so that he will be able to safely practice medicine and prescribe medication.

As a result of the PACE Program, Dr. Weingrow's physical exam taking skills have improved and he is now able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Weingrow is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Weingrow also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at University of Nevada, Reno School of Medicine. This course taught Dr. Weingrow how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Weingrow to recognize his own personal characteristics which negatively impacted his past prescription practices. For example, by nature Dr. Weingrow is a non-confrontational person. So when patients requested certain medications, he simply gave in and prescribed the medication instead of holding his ground and offering more appropriate, safer alternatives.

This course helped change Dr. Weingrow's perspective and he now realizes there are many alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have additive effects and be harmful.

C. The Nevada State Board of Medical Examiners Approved Dr. Weingrow's Status to Active on December 6, 2019

On December 6, 2019, the Nevada State Board of Medical Examiners approved Dr.

Weingrow's status from Inactive-Probation to Active-Probation.

D. Dr. Weingrow Has Complied with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration

In compliance with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, Dr.

Weingrow has paid \$80,000 in civil penalties.

E. Dr. Weingrow Accepts Full Responsibility for His Actions

As set forth in the proposed Stipulation and Order (which was rejected) and the Stipulated Facts Dr. Weingrow signed on July 18, 2017, Dr. Weingrow accepts full responsibility for his actions and freely admitted various facts and that evidence existed to establish a basis of violations alleged in the Accusation.

Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses.

As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

F. Dr Weingrow Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not A Right

This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right.

Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

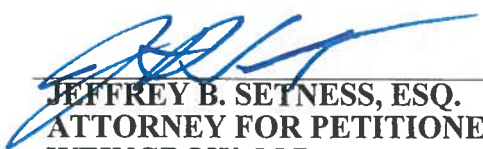
G. Commitment to Maintaining the Highest Standards

The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration.

Dated December 11, 2019.



JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG
WEINGROW, M.D.

Approved as to form and content:



CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 11th day of December, 2019, I served a true and correct copy of the:

**PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD**

by Federal Express and E-mail to the following:

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
pedwards@pharmacy.nv.gov

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov


An Employee of
FABIAN VANCOTT



Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	CS20272				Yes	

License Number : CS20272

Name : WEINGROW, CRAIG

License Type : Controlled Substance

License Status : Revoked

License Date : 07/23/2012

Discipline : Yes

Expiration Date : 10/31/2018



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EXHIBIT 1



Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	PD00502				None	

License Number : PD00502

Name : WEINGROW, CRAIG

License Type : Practitioner Dispensing

License Status : Revoked

License Date : 01/20/2015

Discipline :

Expiration Date : 10/31/2018



FILED

FEB 27 2018

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,TERESA JAFFER, T.D.,
Certificate of Registration No. TD01408,

and

MARECXY RUBIO-VERONICA, T.D.,
Certificate of Registration No. TD01461,

Respondents.

CASE NOS. 17-066-CS-S

17-066-TD-A-S

17-066-TD-B-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Craig Weingrow, MD (Weingrow) had both a Controlled Substance Registration, Certificate No. CS20272 and a Practitioner Dispensing Registration, Certificate No. PD00502, with the Board. Respondents Teresa Jaffer (Jaffer), Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica (Rubio-Veronica), Certificate of Registration No. TD01461, each held Technician Dispensing Registrations with the Board.

FACTUAL ALLEGATIONS

II.

On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation at Respondent Weingrow's medical office.

III.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Wiengrow's medical office. The misconduct and the violations the investigators observed and documented at Weingrow's medical office include:

1. Investigators obtained a sample of five hundred and eighty (580) prescriptions for controlled substances and dangerous drugs that Wiengrow's medical office dispensed to patients between October 14, 2017 and October 31, 2017. Of those 580 prescriptions, not one was signed by Weingrow personally.

2. Weingrow knowingly permitted Respondents Jaffer, Rubio-Veronica and three unlicensed office staff members, namely, two receptionists and one medical assistant/receptionist (collectively "Office Staff"), to falsify his signature or initials on his prescriptions.

3. Weingrow typically signs his full name when he signs prescriptions and other documents personally.

4. Weingrow trained and/or permitted Jaffer, Rubio-Veronica and Office Staff to write a "C" followed by a wavy line to falsify his signature to his prescriptions.

5. Jaffer, Rubio-Veronica, and Office Staff falsely documented patient initials and dates of service on patient's informed consent labels.

6. Weingrow allowed Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

7. Weingrow, Jaffer, Rubio-Veronica and Office Staff mailed controlled substances to patients who lived out-of-town.

8. Weingrow allowed Jaffer to transport controlled substances to a United States Post Office for mailing.

9. Weingrow, Jaffer, Rubio-Veronica and Office Staff also used Federal Express to ship medications to patients.

10. As examples of Weingrow's unlawful activities, the investigators found evidence that Weingrow vacationed outside of the country in October 2016, and again in July 2017. The following is a summary of the controlled substances Jaffer, Rubio-Veronica and Office Staff wrote for and/or dispensed to Weingrow's patients during those periods while Weingrow was absent.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

11. The "Medical Weight Loss" shipping log at Wiengrow's medical office for the time period between August 26, 2016, through October 31, 2017, indicates that his staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

IV.

Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- Falsely documented patient initials on informed consent forms;
- Dispensed controlled substances to patients by U.S. Mail and Federal Express; and
- Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature on the prescriptions.

APPLICABLE LAW

V.

Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* Nevada Revised Statutes (NRS) 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

VI.

"Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

VII.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

VIII.

A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

IX.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

X.

NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

....

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

XI.

NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

XII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board.

Nevada Revised Statute (NRS) 639.210(4).

FIRST CAUSE OF ACTION

Dispensing Without A Practitioner's Signature
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIII.

By dispensing, and/or by allowing to be dispensed, controlled substances and dangerous

drugs to patients without Weingrow's handwritten signature on each written prescription, Respondents Weingrow, Jaffer and Rubio-Veronica each acted in violation of NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

SECOND CAUSE OF ACTION

Falsifying Signatures

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIV.

By falsifying Weingrow's signature on written prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to falsify Weingrow's signature on prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, Respondents, and each of them, engaged in fraudulent and/or deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

THIRD CAUSE OF ACTION

Unlicensed Practice of Medicine

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XV.

By signing prescriptions as if they were authorized practitioners, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to sign prescriptions as if they were authorized practitioners, Respondents, and each of them, "performed acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

FOURTH CAUSE OF ACTION
Failure to Adequately Secure Drugs
(Respondent Weingrow)

XVI.

A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated those regulations by allowing Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs when he was not onsite at his facility.

FIFTH CAUSE OF ACTION
Unlawful Access to Drugs
(Respondents Weingrow, Jaffer and Rubio-Veronica)

XVII.

A dispensing technician may not access the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondents Jaffer and Rubio-Veronica accessed controlled substances and dangerous drugs when Weingrow was not onsite at the office, which conduct Weingrow allowed. By doing so, Respondents, and each of them, violated NAC 639.743.

SIXTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
(Respondent Weingrow)

XVIII.

A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing Jaffer, Rubio-Veronica and/or Office Staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

SEVENTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
 (Respondents Jaffer and Rubio-Veronica)

XIX.

No person may dispense any controlled substance or dangerous drug from a dispensing practitioner's office when the dispensing practitioner is not on-site at his facility. *See* NAC 639.742(3)(e). Jaffer and Rubio-Veronica dispensed medications to patients while Weingrow was not on-site at his facility. By doing so Jaffer and Rubio-Veronica violated NAC 639.742(3)(e).

EIGHTH CAUSE OF ACTION
Dispensing to Off-Site Patients
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XX.

A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Weingrow allowed Jaffer, Rubio-Veronica and Office Staff to dispense to patients who were not at Weingrow's facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow, Jaffer and Rubio-Veronica violated NAC 639.742(3)(f).

NINTH CAUSE OF ACTION
Dispensing Without Dispensing Practitioner Verification
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXI.

By dispensing prescriptions for controlled substances and dangerous drugs that were not first checked and initialed by Weingrow – when Weingrow was not at the facility – and by allowing his staff to dispense prescriptions without personally checking the medications before they were dispensed, Respondents, and each of them, violated NAC 639.743(2)(a) and/or (b).

TENTH CAUSE OF ACTION
Falsifying Patient Records
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXII.

By falsely documenting patient initials and dates of service on patient informed consent labels, and by allowing his staff to falsely document that information, Jaffer, Rubio-Veronica and Weingrow are each guilty of "unprofessional conduct and conduct contrary to the public interest", as defined at NAC 639.945(1)(h).

XXIII.

For the misconduct and violations described in each of the Causes of Action above, Respondents, and each of them, are subject to discipline per NRS 639.210(1), (4), (11) and/or (12), and NRS 639.255, as well as NAC 639.7445.

XXIV.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 27th day of February, 2018.


 Larry Pinson, Pharm.D., Executive Secretary
 Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

RECEIVED MAR 26 2018

FILED

MAR 23 2018

NEVADA STATE BOARD
OF PHARMACY

1 Jason G. Weiner, Esq.
Nevada Bar No. 7555
2 Gregory V. Cortese, Esq.
Nevada Bar No. 6610
3 WEINER LAW GROUP, LLC.
2820 W. Charleston Blvd., #35
4 Las Vegas, Nevada 89102
5 Phone: (702) 202-0500
Fax: (702) 202-4999
6 gcortese@weinerlawnevada.com
7 Attorneys for Respondent
Craig Weingrow, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF
PHARMACY,

Petitioner,

v.

14 CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
15 PD00502,

16 TERESA JAFFER, T.D.
17 Certificate of Registration No. TD01408,

and

19 MARECXY RUBIO-VERONICA, T.D.,
20 Certificate of Registration No. TD01461

Respondents.

CASE NOS. 17-066-CS-S
17-066-TD-A-S
17-066-TD-B-S

ANSWER AND NOTICE OF DEFENSE
OF CRAIG WEINGROW, M.D.

22 Respondent CRAIG WEINGROW, M.D., in answer to the Notice of Intended Action
23 and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy,
24 declares:

26 1. That his objection to the Notice of Intended Action and Accusation as being
27 incomplete or failing to state clearly the charges against him, is hereby interposed on the
28 following grounds: None.

EXHIBIT 4

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd., #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

WEINER LAW GROUP, LLC
 2820 W. Charleston Blvd. #35
 Las Vegas, Nevada 89102
 Tel: (702) 202-0500 Fax: (702) 202-4999

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent CRAIG WEINGROW, M.D., admits the following allegations: I, III (3), III (7), III (8), III (9), IV, V, VI, VII, VIII, IX, X, XI, XII

Respondent CRAIG WEINGROW, M.D., denies the following allegations: III (1), III (2), III (4), III (5), III (6), III (10), XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV

Respondent CRAIG WEINGROW, M.D., is without knowledge or information sufficient to form a belief as to the truth of the allegations contained in paragraphs: II, III (11),

Any paragraph not explicitly admitted or denied is hereby denied.

Therefore, Respondent CRAIG WEINGROW, M.D., respectfully requests:

1. That the Board deny the requested relief in the Complaint; and
2. For such other relief as the Board finds to be just and proper.

DATED this 22 day of March, 2018.

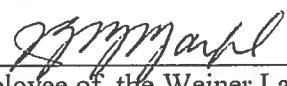
WEINER LAW GROUP, LLC


 Jason G. Weiner, Esq.
 Nevada Bar No. 7555
 Gregory V. Cortese, Esq.
 Nevada Bar No. 6610
 2820 W. Charleston Blvd., Ste. 35
 Las Vegas, NV 89102
 Attorneys for Respondent
 Craig Weingrow, M.D.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of March, 2018, I served a true and correct copy of the aforementioned **ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M/D.** by facsimile and by U.S. Mail addressed to the following:

Larry Pinson, Pharm.D
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
FaX: (775) 850-1444


An Employee of the Weiner Law Group, LLC

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

— **EXHIBIT 5**

- X. Case Baldwin Healthcare Systems, Inc. – Wichita, KS
- Y. McKesson Patient Care Solutions Inc. – Moorestown, NJ
- Z. Unicare Biomedical, Inc. – Laguna Hills, CA

Applications for Nevada Pharmacy – Non-Appearance:

- AA. AbacusRx Pharmacy – Henderson, NV
- BB. Raley's Pharmacy #122 – Fernley, NV
- CC. Raley's Pharmacy #116 – Reno, NV
- DD. Raley's Pharmacy #124 – Reno, NV
- EE. Raley's Pharmacy #120 – Tonopah, NV
- FF. Raley's Pharmacy #123 – Yerington, NV
- GG. Smith's Pharmacy #315 – Las Vegas, NV
- HH. Smith's Pharmacy #376 – Las Vegas, NV

President Basch requested to have Items D & AA pulled from the Consent Agenda and have representatives from the companies appear at a future Board meeting.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the exceptions of Items D & AA.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

A. Craig Weingrow, MD

(17-066-CS-S)

Craig Weingrow appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jason Weiner was present as counsel representing Dr. Weingrow.

Mr. Edwards summarized the facts of the case where Dr. Weingrow knowingly permitted Teresa Jaffer, Marecxy Rubio-Veronica and three unlicensed office staff members to falsify his signature or initials on his prescriptions. Investigators from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy obtained a sample of 580 prescriptions dispensed between October 14, 2017 and October 31, 2017. Not one of those 580 prescriptions were signed by Dr. Weingrow personally. Dr. Weingrow also allowed office staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office. Dr. Weingrow and his office staff mailed controlled substances to patients who live out-of-town.

Mr. Edwards presented a Stipulation and Order regarding Dr. Weingrow for the Board's consideration. The Respondent admits that evidence exists to establish a basis for violations alleged in the Accusation.

Dr. Weingrow's Controlled Substance Registration shall be suspended. The suspension stayed, and his registration placed on probation for a minimum of five years. He shall surrender his Dispensing Practitioner Registration within three days, and will not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. Dr. Weingrow shall dispose of his entire inventory with Board Staff present or with written approval. Dr. Weingrow shall pay a fine of \$1,000.00 and an administrative fee of \$4,000.00 within 60 days. Dr. Weingrow shall attend two of the next three Las Vegas Board Meetings, and shall create new policies and procedures to prevent these errors from occurring in the future.

After discussion, the Board expressed concern over the severity and quantity of violations by Dr. Weingrow and his office staff.

Board Action:

Motion: Jason Penrod moved to deny the Stipulation and Order presented by Board Staff and schedule the hearing for this case during the July 2018 Board Meeting.

Second: Melissa Shake

Action: Passed unanimously

B. Teresa Jaffer

(17-066-TD-A-S)

Ms. Jaffer was not present.

Mr. Edwards explained that this case shares the same set of facts as Dr. Weingrow's case. He stated that Ms. Jaffer was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Jaffer, a letter notifying Ms. Jaffer of the date and time of her hearing, a letter from Ms. Jaffer surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Jaffer.

Second: Kevin Desmond

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-066-CS-S
	)	
Petitioner,	)	
v.	)	
	)	STIPULATED FACTS
CRAIG WEINGROW, M.D.,	)	(Weingrow Only)
Certificate of Registration Nos. CS20272	)	
PD00502,	)	
	)	
TERESA JAFFER, T.D.,	)	
Certificate of Registration No. TD01408,	)	
	)	
and	)	
	)	
MARECXY RUBIO-VERONICA, T.D.,	)	
Certificate of Registration No. TD01461,	)	
	)	
Respondents.	/	

Respondent Craig Weingrow, M.D., Certificate of Registration Nos. CS20272 and PD00502, ("Weingrow" or "Respondent"), by and through his counsel of record, Jason Weiner, Esq., of Weiner Law Group, LLC,

HEREBY STIPULATES AND AGREES THAT:

1. The Board has jurisdiction over this matter because at the time of the events alleged herein, Weingrow had both a Board-issued Controlled Substance Registration, Certificate No. CS20272, and a Board-issued Practitioner Dispensing Registration, Certificate No. PD00502.
2. On or about February 27, 2018, Board Staff properly served the *Notice of Intended Action and Accusation* (Accusation) on file in this matter on Weingrow in compliance with Nevada Revised Statutes (NRS) 233B.127(3) and NRS 639.241.
3. Weingrow, through his counsel, filed an *Answer and Notice of Defense* with the Board on or about March 23, 2018.
4. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office.

5. During the inspection the Board's investigators obtained approximately 580 computer-generated unsigned prescriptions for controlled substances and dangerous drugs that indicate they were written between October 14, 2017 and October 31, 2017.

6. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

7. Weingrow's medical office had already dispensed to patients the medications called for in those 580 unsigned prescriptions at the time of the inspection.

8. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board investigators requested them at the time of the inspection.

9. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

10. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

11. Weingrow allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

12. Weingrow and Jaffer used Federal Express to ship medications to patients.

13. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

(a) Signed Weingrow's name of prescriptions for controlled substances and dangerous drugs;

(b) Falsely documented patient initials on informed consent forms;

(c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

(d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials prescriptions.

14. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

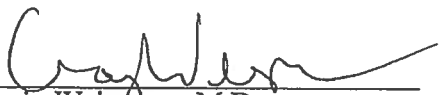
Weingrow's medical office:

- Issued 4 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

18. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

Respondent has fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter and the admissions in this Stipulation. He freely and voluntarily agrees to the factual statements set forth herein.

Signed this 18th day of July 2017



Craig Weingrow, M.D.
Certificate of Registration Nos. CS20272
and PD00502

FILED**JUL 25 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-066-CS-S
	)	17-066-TD-A-S
Petitioner,	)	17-066-TD-B-S
v.	)	
	)	
CRAIG WEINGROW, M.D.,	)	FINDINGS OF FACT,
Certificate of Registration Nos. CS20272	)	CONCLUSIONS OF LAW
PD00502,	)	AND ORDER
	)	
TERESA JAFFER, T.D.,	)	(Craig Weingrow, M.D. Only)
Certificate of Registration No. TD01408,	)	
	)	
and	)	
	)	
MARECXY RUBIO-VERONICA, T.D.,	)	
Certificate of Registration No. TD01461,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly-scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Craig Weingrow, M.D. (Weingrow), Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502, appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Weingrow, makes the following Findings of Fact, Conclusions of Law and Order.¹

FINDINGS OF FACT

The allegations against Weingrow, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

¹ The Board set a hearing for April 11, 2018, to hear this matter as to Respondents Teresa Jaffer, T.D., Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica, T.D., Certificate of Registration No. TD01461. The Board held the hearing as scheduled, however, Respondents Jaffer and Rubio-Veronica each failed to appear. The Board entered default against each of them and revoked the Dispensing Technician Registration of each of those Respondents. *See Orders of Default, Case Nos. 17-066TD-A-S and 17-066TD-B-S*, dated April 23, 2018. Neither Jaffer nor Rubio-Veronica requested reconsideration or petitioned a district court for judicial review of the Board's orders.



— **EXHIBIT 7**

1. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

2. During the inspection of Weingrow's medical office, the Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017 and October 31, 2017.

3. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

4. Weingrow's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

5. Weingrow did not sign any of those 580 prescriptions.

6. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board's investigators requested them at the time of the inspection.

7. Weingrow's medical office never produced to Board Staff or to the Board's investigators the original or a signed copy of the original of any of the 580 unsigned prescriptions.

8. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

9. Additionally, Weingrow routinely permitted unlicensed members of his office staff, including Respondent Teresa Jaffer (Jaffer), Respondent Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

10. Weingrow typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

11. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C" followed by a wavy line on his prescriptions.

12. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

13. Weingrow routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

14. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

15. Weingrow routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

16. Weingrow and Jaffer routinely used Federal Express to ship medications to patients.

17. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- a) Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- b) Falsely documented patient initials on informed consent forms;
- c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and
- d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials on the prescriptions.

18. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

19. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

20. Weingrow's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

21. The Board has jurisdiction over this matter because at the time of the events set forth above, Respondent Weingrow had both a Controlled Substance Registration, Certificate No. CS20272, and a Practitioner Dispensing Registration, Certificate No. PD00502, each issued by the Board.

22. The applicable law in this matter is as follows:

a. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* NRS 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

c. “Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” Nevada Administrative Code (NAC) 639.945(1)(h).

d. A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

e. A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

f. “Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

g. NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

...

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

h. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

- (a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
- (b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

i. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. Nevada Revised Statute (NRS) 639.210(4).

j. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

k. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

l. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

23. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent Weingrow violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

24. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Weingrow engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

25. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Weingrow allowed members of his office staff to “perform[] acts, tasks or operations for which licensure, certification or registration is required without the required license,

certificate or registration, or knowingly allowed such conduct to occur.” Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

26. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

27. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent Weingrow violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

28. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

29. A dispensing practitioner is required to ensure that “[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner’s] facility.” *See* NAC 639.742(3)(f). Weingrow allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow violated NAC 639.742(3)(f).

30. By allowing members of his Office Staff to falsely document patient initials and dates of service on patient informed consent forms, Weingrow is guilty of “unprofessional conduct and conduct contrary to the public interest,” as defined at NAC 639.945(1)(h).

31. For the misconduct and violations described in each of the causes of action above, Weingrow is subject to discipline per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

1. Respondent Craig Weingrow's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Weingrow applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Weingrow:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance for any patient.

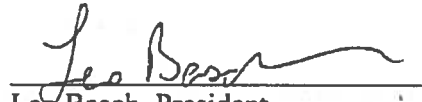
d. May not dispense any controlled substance or dangerous drug.

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and entered this 25 day of July 2018.

A handwritten signature in dark ink, appearing to read "Lee Basch", is written over a horizontal line.

Lee Basch, President
Nevada State Board of Pharmacy

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and

Case No. 18-39792-1

Complaint Against

CRAIG MITCHELL WEINGROW, M.D.,

Respondent.

FILED

AUG 16 2018

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Craig Mitchell Weingrow, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 14309). He has been continuously licensed by the Board since April 5, 2012.

A. Respondent's Treatment of Patient A

2. Patient A was a 36-year-old female at the time she established care with Respondent. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint (Patient Designation).

3. Respondent treated Patient A from October 15, 2014, through August 11, 2017. Respondent saw Patient A approximately 42 times during this period, during which Respondent prescribed controlled substances to Patient A, including but not limited to: Oxycodone and Acetaminophen, 5/325 mg and 10/325 mg tablets; Dextroamphetamine-amphetamine, 30 mg

¹ The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., and Mr. M. Neil Duxbury. 

1 tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets; Hydrocodone and
2 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Diazepam, 5 mg tablets;
3 Lorazepam, 0.5 mg tablets; Oxandrolone, 10 mg tablets; Guaitussin AC.

4 4. Respondent prescribed opioid analgesics to Patient A at higher than indicated
5 starting dosages for various patient complaints, without establishing diagnoses through a history,
6 physical exam or appropriate studies. Respondent continued to prescribe opioids to Patient A,
7 which were incrementally increased without exploring other non-controlled substances and
8 therapy alternatives. Pathological and possible life-threatening etiologies were not explored by
9 Respondent.

10 5. Respondent prescribed anabolic steroids to Patient A without establishing
11 diagnoses through a proper history, physical exam or appropriate studies, such as labs or imaging,
12 to confirm and establish diagnosis related to the loss of muscle mass complained of. Respondent
13 prescribed anabolic steroids, a pregnancy "Class X" (contraindicated) medication, to a female of
14 child-bearing age without establishing or documenting risks of pregnancy or of breast cancer.
15 Oxandrolone has a "black-box" warning for peliosis hepatitis, which can lead to liver failure;
16 Respondent did not perform appropriate studies of liver function and follow-up, and education on
17 the risks of the medication were not offered.

18 6. Respondent prescribed benzodiazapines to Patient A at higher than indicated
19 starting dosages for various patient complaints without establishing diagnoses through a proper
20 history, physical and psychological exams or appropriate studies. Alternatives, such as non-
21 controlled substances or psychological therapy, were not explored by Respondent. Respondent
22 changed, increased and decreased benzodiazapine prescriptions and dosages for Patient A without
23 further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use
24 were not explained to Patient A, and the use of benzodiazapines in conjunction with opioids was
25 not assessed for risk of accidental overdose.

26 7. Respondent prescribed Adderall (dextroamphetamine-amphetamine) to Patient A at
27 a higher than indicated starting dosage for various patient complaints without establishing
28

1 diagnoses through a proper focused history and assessment for DSM-V criteria for ADHD. Risks
2 of dependence, tolerance and addiction were not explained to Patient A by Respondent.

3 8. Respondent prescribed Phentermine, an appetite suppressant, to Patient A at a
4 higher than indicated starting dosage based on Patient A stating a desire to lose weight.
5 Respondent prescribed the appetite suppressant without taking a complete medical history,
6 without performing a physical examination and conducting appropriate studies to determine if
7 there are any contraindications to the use of the appetite suppressant by the patient, without
8 establishing that Patient A's obesity represented a threat to her health, and without including a
9 program of dietary restrictions, modification of behavior and exercise. Patient A was continued
10 on appetite suppressants for more than 3 months despite Patient A not losing an average of 2
11 pounds per month or more, and, on the contrary, gaining weight while under Respondent's care.
12 Respondent prescribed Phentermine, a pregnancy "Class X" (contraindicated) medication, to a
13 female of child-bearing age without establishing or documenting risks of pregnancy.

14 COUNT I

15 NRS 630.301(4) (Malpractice)

16 9. All of the allegations in the above paragraphs are hereby incorporated as if fully set
17 forth herein.

18 10. Malpractice is grounds for disciplinary action against a licensee pursuant to
19 NRS 630.301(4).

20 11. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
21 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

22 12. As demonstrated by, but not limited to, the above-outlined facts, Respondent
23 committed malpractice with respect to his treatment of Patient A by failing to use reasonable care,
24 skill, or knowledge ordinarily used under similar circumstance when treating Patient A.

25 13. By reason of the foregoing, Respondent is subject to discipline by the Board as
26 provided in NRS 630.352.

27 ///

28 ///

COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

14. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

16. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

17. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

18. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

20. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

21. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

22. The Board adopted by reference the *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341 (Dietary Guidelines).

23. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifically incorporates the Dietary Guidelines.

24. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

26. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

27. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

29. Respondent's conduct was unsafe and unprofessional.

30. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

31. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

32. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

33. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

34. Respondent's conduct was unsafe and unprofessional.

35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

38. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient A, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

39. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. Respondent's Treatment of Patient B

40. Patient A was a 24-year-old male at the time he established care with Respondent. Patient B's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

41. Respondent treated Patient B from February 1, 2017, through August 8, 2017. During this time, Respondent prescribed controlled substances to Patient B, including but not

1 limited to: Oxycodone and Acetaminophen, 10/325 mg tablets; Alprazolam 1 mg and 2 mg
2 tablets.

3 42. Patient B established care on February 1, 2017, with a complaint of a history of back
4 pain. Respondent performed a focused history of the present illness and exam at this time.
5 However, no further examinations were performed on Patient B through the rest of this period of
6 care. Respondent initially prescribed Oxycodone and Acetaminophen, 10/325 mg tablets, twice a
7 day, but this was increased on March 6, 2017, to three times a day without explanation. Three
8 previous emergency room x-ray images of Patient B's lumbar spine from May 27, 2013, are
9 negative for fracture, subluxation, destructive change, disc space narrowing or scoliosis, and
10 sacroiliac joints were normal. Opioids were continued through the entire period, without
11 documentation of previous modalities for treatment of Patient B's condition, without exploring
12 other treatment modalities, such as NSAIDs, physical therapy, orthopedic or neurosurgical
13 evaluation. Respondent did not establish the etiology of Patient B's pain, did not order additional
14 imaging studies, did not evaluate or examine for changes or etiology of pain.

15 43. Respondent prescribed benzodiazapines to Patient B at higher than indicated
16 starting dosages based on Patient B's complaint of a history of anxiety, without establishing
17 diagnoses through a proper history, physical and psychological exams or appropriate studies. No
18 previous treatment modalities to control his anxiety were explored, and treatment alternatives,
19 such as non-controlled substances or psychological therapy, were also not explored by
20 Respondent. Respondent increased the dosage from 1 mg to 2 mg for Patient B without
21 explanation, noting only that the history of present illness was that "anxiety is severe now, as
22 patient is going through personal issues with his family/girlfriend feels the Xanax is not
23 controlling his anxiety." Respondent did not order any lab work or tests. Respondent increased
24 the dosage without further evaluation, diagnosis or explanation. Risks of dependence, tolerance
25 and addiction with chronic use were not explained to Patient B, and the use of benzodiazapines in
26 conjunction with opioids was not assessed for risk of accidental overdose.

27 ///

28 ///

COUNT VII

NRS 630.301(4) (Malpractice)

44. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

45. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

46. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

47. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient B by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B.

48. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

49. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

50. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

51. The Board adopted by reference the Model Policy in NAC 630.187.

52. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

53. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

54. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IX

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

58. Respondent's conduct was unsafe and unprofessional.

59. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

60. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

61. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

62. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B, and failing to document his compliance with the Model Policy.

63. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

1 **C. Respondent's Treatment of Patient C**

2 64. Patient C was a 32-year-old male at the time he established care with Respondent.
3 Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the
4 Patient Designation.

5 65. Respondent treated Patient C from October 24, 2014, through August 11, 2017.
6 Respondent saw Patient C approximately 34 times during this period. From April 18, 2016,
7 through August 28, 2017, Respondent prescribed controlled substances to Patient C, including but
8 not limited to: Hydrocodone and Acetaminophen, 10/325 mg tablets; Oxycodone and
9 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Alprazolam 0.5 mg and 1 mg
10 tablets; Phentermine 37.5 mg tablets.

11 66. Respondent prescribed opioid analgesics to Patient C without establishing a
12 diagnosis through a history, physical exam and appropriate studies. Once an MRI was eventually
13 performed on Patient C, treatment alternatives and findings were not reviewed by Respondent.
14 Respondent continued to prescribe opioids to Patient C, which were incrementally increased
15 without exploring other non-controlled substances and therapy alternatives.

16 67. Respondent prescribed benzodiazapines to Patient C at higher than indicated
17 starting dosages for nonspecific patient complaints without establishing diagnoses through a
18 proper history, physical and psychological exams or appropriate studies. Alternatives, such as
19 non-controlled substances or psychological therapy, were not explored by Respondent.
20 Respondent increased benzodiazapine prescription dosages for Patient C without further
21 evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were
22 not explained to Patient C, and the use of benzodiazapines in conjunction with opioids was not
23 assessed for risk of accidental overdose.

24 68. Respondent prescribed Phentermine, an appetite suppressant, to Patient C at a
25 higher than indicated starting dosage based on Patient C stating a desire to lose weight.
26 Respondent prescribed the appetite suppressant without taking a complete medical history,
27 without performing a physical examination and conducting appropriate studies to determine if
28 there are any contraindications to the use of the appetite suppressant by the patient, without

1 establishing that Patient C's obesity represented a threat to her health, and without including a
2 program of dietary restrictions, modification of behavior and exercise.

3 COUNT XI

4 **NRS 630.301(4) (Malpractice)**

5 69. All of the allegations in the above paragraphs are hereby incorporated as if fully set
6 forth herein.

7 70. Malpractice is grounds for disciplinary action against a licensee pursuant to
8 NRS 630.301(4).

9 71. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
10 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

11 72. As demonstrated by, but not limited to, the above-outlined facts, Respondent
12 committed malpractice with respect to his treatment of Patient C by failing to use reasonable care,
13 skill or knowledge ordinarily used under similar circumstance when treating Patient C.

14 73. By reason of the foregoing, Respondent is subject to discipline by the Board as
15 provided in NRS 630.352.

16 COUNT XII

17 **NRS 630.306(1)(b)(2) (Violation of Standards of Practice)**

18 74. All of the allegations in the above paragraphs are hereby incorporated by reference
19 as though fully set forth herein.

20 75. Violation of a standard of practice adopted by the Board is grounds for disciplinary
21 action pursuant to NRS 630.306(1)(b)(2).

22 76. The Board adopted by reference the Model Policy in NAC 630.187.

23 77. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of
24 writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that
25 deviates from the standards set forth in the Model Policy.

26 78. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
27 prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated
28 from the Model Policy.

79. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

80. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

81. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

82. The Board adopted by reference the Dietary Guidelines in NAC 630.187.

83. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifically incorporates the Dietary Guidelines.

84. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

85. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

86. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

87. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

88. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

89. Respondent's conduct was unsafe and unprofessional.

90. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

91. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

92. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

93. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

94. Respondent's conduct was unsafe and unprofessional.

95. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

96. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

97. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

98. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient C, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

1 99. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 **D. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of**
4 **Pharmacy's Revocation of Respondent's Licenses to Prescribe and Dispense**
5 **Controlled Substances.**

6 100. On November 1, 2017, investigators from the Nevada State Board of Pharmacy
7 (Pharmacy Board), the Board, and the Drug Enforcement Administration (DEA) conducted a joint
8 investigation and inspection at Respondent's medical office, located at 7200 Smoke Ranch Road,
9 Suite 120, in Las Vegas, Nevada.

10 101. During the inspection of Respondent's medical office, the Pharmacy Board's
11 investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions
12 for controlled substances and dangerous drugs that each indicated a written date between October
13 14, 2017, and October 31, 2017.

14 102. The 580 unsigned prescriptions are designated by Respondent's medical office to
15 include prescription numbers Rx #136694 through Rx #137287.

16 103. Respondent's medical office had already dispensed to patients the controlled
17 substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the
18 inspection.

19 104. Respondent did not sign any of the aforementioned 580 prescriptions.

20 105. Respondent's medical office did not have, and could not provide, signed copies of
21 those 580 prescriptions when the Pharmacy Board's investigators requested them at the time of
22 the inspection.

23 106. Respondent's medical office never produced to Pharmacy Board investigators the
24 original, or a signed copy of the original, of any of the 580 unsigned prescriptions.

25 107. Respondent's medical office reported to the Nevada Prescription Monitoring
26 Program (PMP) that it dispensed all the controlled substances called for by the 580 unsigned
27 prescriptions – approximately 248 controlled substance prescriptions between October 14, 2017,
28 and October 31, 2017.

1 108. Additionally, Respondent routinely permitted unlicensed members of his office
2 staff, including Teresa Jaffer (Jaffer), Rubio-Veronica (Rubio-Veronica) and other members of his
3 staff, to falsify his signature on his prescriptions.

4 109. Respondent typically signs his first and last name ("Craig Weingrow") when he
5 signs prescriptions and other documents personally.

6 110. Respondent routinely permitted unlicensed members of his office staff, including
7 Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for
8 medications dispensed by his medical office by writing a "C" followed by a wavy line on his
9 prescriptions.

10 111. Respondent routinely permitted unlicensed members of his office staff, including
11 Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on
12 patients' informed consent labels.

13 112. Respondent routinely allowed Jaffer access to the keys and to access his locked
14 cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he
15 was not present in the office.

16 113. Respondent and Jaffer dispensed controlled substances and dangerous drugs by
17 mail to patients who lived out of town.

18 114. Respondent routinely allowed Jaffer to transport controlled substances and
19 dangerous drugs to a United States post office for mailing.

20 115. Respondent and Jaffer routinely used Federal Express to ship medications to
21 patients.

22 116. Respondent and Jaffer each signed a statement admitting that Jaffer, Rubio-
23 Veronica and office staff:

- 24 a. signed Respondent's name on prescriptions for controlled substances and
25 dangerous drugs;
26 b. falsely documented patient initials on informed consent forms;
27 c. dispensed controlled substances and dangerous drugs to patients by U.S. mail and
28 Federal Express; and

d. dispensed medications for controlled substances and dangerous drugs without Respondent's signature or initials on the prescriptions.

117. Respondent vacationed outside of the country in October 2016, and again in July 2017.

118. Jaffer and Rubio-Veronica dispensed to Respondent's patients prescription medications during those periods in Respondent's absence, as follows:

From October 18, 2016 to October 28, 2016, Respondent's medical office:

- Issued 18 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 14 patients.
- Dispensed 6 medications at Respondent's office.
- Dispensed 4 medications to patients by mail.

From July 1, 2017 to July 9, 2017, Respondent's medical office:

- Issued 4 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 3 patients.
- Dispensed 1 medication at Respondent's office.

119. Respondent's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Respondent's staff shipped approximately 166 shipments containing controlled substances to Respondent's patients.

120. Respondent's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

121. On February 27, 2018, the Pharmacy Board filed a Notice of Intended Action and Accusation in its Case Nos. 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, against Respondent, holder of Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502. On Wednesday, July 18, 2018, in Las Vegas, Nevada, the Pharmacy Board heard the matter at its regularly-scheduled meeting, at which time Respondent appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Respondent, made its Findings of Fact, Conclusions of Law and Order, which was filed July 25, 2018.

122. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See*

1 NRS 453.128(l)(a), NRS 454.0096(l)(a), NRS 454.223(2)(a), NRS 639.013(l)(a) and
2 NRS 639.2353(2); *see also* NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1) and
3 21 C.F.R. § 1306.05.

4 123. No person may prescribe and dispense controlled substances in Nevada except as
5 authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1);
6 NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

7 124. "Performing or in any way being a party to any fraudulent or deceitful practice or
8 transaction" constitutes "unprofessional conduct and conduct contrary to the public interest."
9 NAC 639.945(1)(h).

10 125. A licensee "[p]erforming any of his or her duties as the holder of a license,
11 certificate or registration issued by the Board, or as the owner of a business or an entity licensed
12 by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional
13 conduct and conduct contrary to the public interest." NAC 639.945(l)(i).

14 126. A person must be a licensed practitioner in order to lawfully write a prescription.
15 *See* NRS 453.226, NRS 453.231, and NRS 639.100.

16 127. "Performing any act, task or operation for which licensure, certification or
17 registration is required without the required license, certificate or registration" constitutes
18 "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

19 128. NAC 639.742 states in relevant part:

20 1. A practitioner who wishes to dispense controlled substances or
21 dangerous drugs must apply to the Board on an application provided
22 by the Board for a certificate of registration to dispense controlled
substances or dangerous drugs.

23 . . .
24 3. Except as otherwise provided in NRS 639.23277 and NAC
639.395, the dispensing practitioner and, if applicable, the owner or
owners of the facility, shall ensure that:

- 25 (a) All drugs are ordered by the dispensing practitioner;
- 26 (b) All drugs are received and accounted for by the
dispensing practitioner;
- 27 (c) All drugs are stored in a secure, locked room or cabinet
28 to which the dispensing practitioner has the only key or lock
combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

...

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

129. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which

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has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

130. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

131. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

132. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to perform acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

133. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(4).

134. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(11).

135. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(12).

1 136. The Pharmacy Board may suspend or revoke a registration issued pursuant to
2 NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the
3 registrant has committed an act that would render registration inconsistent with the public interest.
4 NRS 453.236(1)(d) and NRS 453.241(1).

5 137. By dispensing, and by allowing to be dispensed, controlled substances and
6 dangerous drugs to patients without his handwritten signature on each written prescription,
7 Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c),
8 NAC 453.410(1)(b)(8) and NAC 454.060(1).

9 138. By allowing members of his office staff to falsify his signature on prescriptions for
10 controlled substances and dangerous drugs that his medical office had already dispensed and that
11 were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent
12 and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary
13 to the public interest per NAC 639.945(1)(h).

14 139. By allowing unlicensed members of his office staff to sign prescriptions for
15 controlled substances and dangerous drugs as if they were licensed practitioners with authority to
16 prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to
17 perform acts, tasks or operations for which licensure, certification or registration is required
18 without the required license, certificate or registration, or knowingly allowed such conduct to
19 occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest
20 per NAC 639.945(k).

21 140. A dispensing practitioner must secure all controlled substances and dangerous
22 drugs in his office in a locked storage area to which the dispensing practitioner has the only key or
23 lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent
24 violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member
25 of his office staff access to his locked storage cabinets for controlled substances and dangerous
26 drugs when he was not on-site at his facility.

27 141. A dispensing practitioner must not allow a dispensing technician access to the
28 room or cabinet in which controlled substances and/or dangerous drugs are stored unless the

1 dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent violated
2 NAC 639.743 when he allowed a member of his office staff access to the key and to access the
3 room and cabinet in which he stored controlled substances and dangerous drugs when he was not
4 on-site at his office.

5 142. A dispensing practitioner may not allow his staff to dispense any controlled
6 substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By
7 allowing members of his office staff to dispense controlled substances and dangerous drugs to
8 patients when he was not on-site at his medical facility, Respondent violated NAC 639.742(3)(e).

9 143. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only
10 to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f).
11 Respondent allowed members of his office staff to dispense to patients who were not at his
12 medical facility, including dispensing by U.S. mail and Federal Express. By doing so, Respondent
13 violated NAC 639.742(3)(f).

14 144. By allowing members of his staff to falsely document patient initials and dates of
15 service on patient informed consent forms, Respondent engaged in "unprofessional conduct and
16 conduct contrary to the public interest," as defined at NAC 639.945(1)(h).

17 145. For the misconduct and violations described in this Section D, Respondent was
18 subject to discipline by the Pharmacy Board per NRS 639.210(1), (4), (11) and (12),
19 NRS 639.255, and NAC 639.7445.

20 146. For the misconduct and violations described in this Section D, the Pharmacy Board
21 ordered as follows:

- 22 a. Respondent's Controlled Substance Registration, Certificate No. CS20272, and his
23 Practitioner Dispensing Registration, Certificate No. PD00502, were each revoked
24 effective as of the date of the hearing, July 18, 2018.
- 25 b. Unless and until Respondent applies for reinstatement of his controlled substance
26 registration and/or his dispensing practitioner registration, and the Board reinstates
27 his registration(s), Respondent:
28

- i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.
- ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.
- iii. May not prescribe any controlled substance for any patient.
- iv. May not dispense any controlled substance or dangerous drug.
- c. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).
- d. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

COUNT XVII

NRS 630.301(9) (Disreputable Conduct)

147. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

148. Conduct that brings the medical profession into disrepute is grounds for discipline pursuant to NRS 630.301(9), including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

149. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes engaging in conduct that brings the medical profession into disrepute.

150. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVIII

NRS 630.306(1)(b)(1) (Deceptive Conduct)

151. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

152. Engaging in any conduct which is intended to deceive is grounds for discipline pursuant to NRS 630.306(1)(b)(1).

153. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes deceptive conduct that is intended to deceive.

154. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIX

NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct)

155. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

156. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

157. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent engaged in unsafe and unprofessional conduct

158. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XX

NRS 630.306(1)(r) (Failure to Adequately Supervise)

159. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

160. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

1 assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating
2 disciplinary action.

3 161. By the misconduct described in this Section D, under the circumstances set forth
4 herein, Respondent failed to adequately supervise Jaffer and Rubio-Veronica in their performance
5 of medical tasks.

6 162. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
7 Board of Medical Examiners as provided in NRS 630.352.

8 COUNT XXI

9 **NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person)**

10 163. All of the allegations in the above paragraphs are hereby incorporated as if fully set
11 forth herein.

12 164. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising,
13 directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the
14 provisions of NRS 630 or the regulations of the Board is an act, among others, that constitutes
15 grounds for initiating disciplinary action.

16 165. NRS 630.020 provides that the "practice of medicine" means:

- 17 1. To diagnose, treat, correct, prevent or prescribe for any human
- 18 disease, ailment, injury, infirmity, deformity or other condition,
- 19 physical or mental, by any means or instrumentality, including, but
- 20 not limited to, the performance of an autopsy.
- 21 2. To apply principles or techniques of medical science in the
- 22 diagnosis or the prevention of any such conditions.
- 23 3. To perform any of the acts described in subsections 1 and 2 by
- 24 using equipment that transfers information concerning the medical
- 25 condition of the patient electronically, telephonically or by fiber
- 26 optics, including, without limitation, through telehealth, from within
- 27 or outside this State or the United States.
- 28 4. To offer, undertake, attempt to do or hold oneself out as able to
- do any of the acts described in subsections 1 and 2.

166. The conduct of Jaffer and Rubio-Veronica, including but not limited to the conduct
described in this Section D, constitutes the practice of medicine.

167. By the misconduct described in this Section D, to the extent that Respondent either
did not delegate medical tasks to Jaffer and Rubio-Veronica as medical assistants, or to the extent

that Jaffer's and Rubio-Veronica's actions were not authorized by Respondent, Respondent nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in their engaging in the practice of medicine contrary to the provisions of NRS 630 and the regulations of the Board.

168. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXII

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

169. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

170. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

171. By the misconduct described in this Section D, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1), NAC 639.945(1)(h), NAC 639.945(k).

172. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXIII

NRS 630.301(4) (Malpractice)

173. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

174. NRS 630.301(4) provides that committing malpractice is grounds for disciplinary action or denying licensure.

175. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

176. By the misconduct described in this Section D, Respondent committed malpractice by failing to use to use the reasonable care, skill, or knowledge ordinarily used under similar

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1 circumstances when treating the patients at issue.

2 177. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
 3 Board of Medical Examiners as provided in NRS 630.352.

4 **WHEREFORE**, the Investigative Committee prays:

5 1. That the Board give Respondent notice of the charges herein against him and give
 6 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
 7 within twenty (20) days of service of the Complaint;

8 2. That the Board set a time and place for a formal hearing after holding an Early
 9 Case Conference pursuant to NRS 630.339(3);

10 3. That the Board determine what sanctions to impose if it determines there has been
 11 a violation or violations of the Medical Practice Act committed by Respondent;

12 4. That the Board make, issue and serve on Respondent its findings of fact,
 13 conclusions of law and order, in writing, that includes the sanctions imposed; and

14 5. That the Board take such other and further action as may be just and proper in these
 15 premises.

16 DATED this 16 day of August, 2018.

17 INVESTIGATIVE COMMITTEE OF THE
 18 NEVADA STATE BOARD OF MEDICAL EXAMINERS

19 By: _____

20 Aaron Bart Fricke, Esq., Deputy General Counsel
 21 Attorney for the Investigative Committee
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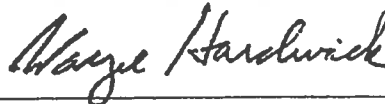
VERIFICATION

STATE OF NEVADA)
 : ss.
 COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 15th day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS



Wayne Hardwick, M.D., Chairman

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of August, 2018, I served a file-stamped copy of the COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Craig Weingrow

c/o Jason Weiner, Esq.

WEINER LAW GROUP

2820 W. Charleston Blvd #35

Las Vegas, NV 89102

DATED this 16th day of August, 2018.

Dawn DeHaven Gordillo
Dawn DeHaven Gordillo
Legal Assistant

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

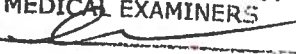
**In the Matter of Charges and
Complaint Against
CRAIG MITCHELL WEINGROW, M.D.,
Respondent.**

Case No. 18-39792-1

FILED

SEP 10 2018

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Craig Mitchell Weingrow, M.D. (Respondent), a licensed Physician in Nevada, assisted by his attorney, Jason Weiner, Esq., of the law firm of Weiner Law Group, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a medical doctor currently licensed (License No. 14309) in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since April 5, 2012.

2. On August 16, 2018, in Case No. 18-11729-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.301(4) (Malpractice); Count II, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count III, violations of NRS

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. 

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630.306(1)(b)(2) (Violation of Standards of Practice); Count IV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count V, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count VII, violation of NRS 630.301(4) (Malpractice); Count VIII, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count IX, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count X, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XI, violation of NRS 630.301(4) (Malpractice); Count XII, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count XIII, violations of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count XIV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XVI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XVII, violation of NRS 630.301(9) (Disreputable Conduct); Count XVIII, violation of NRS 630.306(1)(b)(1) (Deceptive Conduct); Count XIX, violation of NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct); Count XX, violation of NRS 630.306(1)(r) (Failure to Adequately Supervise); XXI, violation of NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person); Count XXII, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct that Violated Pharmacy Board Regulations); Count XXIII, NRS 630.301(4) (Malpractice)

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS

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Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this

1 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 2 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 3 have a full consultation with and upon the advice of legal counsel.

4 **3. Waiver of Rights.** In connection with this Agreement, and the associated terms
 5 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
 6 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
 7 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
 8 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
 9 may apply to him in connection with the administrative proceedings resulting from the Complaint
 10 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
 11 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
 12 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
 13 Agreement, without a hearing or any further proceedings and without the right to judicial review.

14 **4. Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges
 15 that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is
 16 grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent
 17 is not admitting that the Board's claims/counts as alleged in the Complaint have merit and
 18 Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
 19 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
 20 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
 21 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
 22 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
 23 effectuate this Agreement.

24 **5. Consent to Entry of Order.** In order to resolve this Complaint pending against
 25 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
 26 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
 27 the following terms and conditions are hereby agreed upon:
 28

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1 A. Respondent admits to Counts II, III, VI, VIII, X, XII, XIII, XVI, XVII, XVIII, XX
 2 and XXII.

3 B. Respondent's license to practice medicine in the state of Nevada shall be revoked
 4 with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive"
 5 status until successful completion of the terms set forth in Paragraph C immediately following.

6 C. Respondent's license shall be subject to a term of probation for a period of time not
 7 to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval
 8 of this Agreement (Probationary Period). Respondent must complete the following terms and
 9 conditions within the Probationary Period and demonstrate compliance to the good faith
 10 satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice
 11 of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to
 12 demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36)
 13 months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the
 14 stay of revocation of Respondent's license shall be lifted, and his license shall be immediately
 15 revoked. The following terms and conditions shall apply during Respondent's probationary
 16 period:

17 (1) Respondent shall complete the University of San Diego, Physician Assessment and
 18 Competency Evaluation Program (PACE), Competency Assessment, and, if
 19 recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the
 20 above to the satisfaction of the Board;

21 (2) Respondent will pay the costs and expenses incurred in the investigation and
 22 prosecution of the above-referenced matter within thirty (30) days of the Board's
 23 acceptance, adoption and approval of this Agreement, the current amount being
 24 \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

25 (3) Respondent shall take twenty (20) hours of continuing medical education (CME)
 26 related to best practices in the prescribing of controlled substances within twelve (12)
 27 months from the date of the Board's acceptance, adoption and approval of this
 28 Agreement. The aforementioned hours of CME shall be in addition to any CME

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1 requirements that are regularly imposed upon Respondent as a condition of licensure
2 in the state of Nevada and shall be approved by the Board to meet this requirement
3 prior to their completion.

4 (4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12
5 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's
6 acceptance, adoption and approval of this Agreement.

7 (5) During the probationary period, Respondent shall successfully complete all
8 requirements and comply with all orders, past or future, of the Nevada State Board of
9 Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy
10 Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-
11 TD-A-S and 17-066-TD-B-S, specifically including the following:

12 a. Unless and until Respondent applies for reinstatement of his controlled
13 substance registration and/or his dispensing practitioner registration, and the
14 Pharmacy Board reinstates his registration(s), Respondent:

15 i. May not possess any controlled substance other than a controlled
16 substance that was lawfully prescribed to him by a licensed practitioner
17 and lawfully dispensed to him for his own personal use to treat a
18 documented medical necessity.

19 ii. May not possess any controlled substance for office use or for patient
20 use and must immediately and lawfully dispose of any and all controlled
21 substances in his possession and/or control, other than a controlled
22 substance lawfully prescribed and dispensed to him for his own
23 personal use.

24 iii. May not prescribe any controlled substance for any patient.

25 iv. May not dispense any controlled substance or dangerous drug.

26 b. Respondent may not apply for reinstatement of his controlled substance
27 registration or his dispensing practitioner registration until after "a period of not
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less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

c. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Pharmacy Board, he shall appear before the Pharmacy Board to answer questions and give testimony regarding his application, his compliance with the Pharmacy Board Order, and the facts and circumstances underlying this matter.

(6) During the probationary period, Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this agreement, if any, including probation or parole.

(7) During the probationary period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse.

(8) Within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate compliance with all the terms of this Agreement, at which time, Respondent may complete an application for a change of status to "Active," and petition the Board to allow him to resume the practice of medicine.

D. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

E. Respondent shall receive a Public Letter of Reprimand.

F. The other counts of the Complaint shall be dismissed with prejudice.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,

committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. Effect of Acceptance of Agreement by Board. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. Effect of Rejection of Agreement by Board. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering

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1 this Complaint and from participating in disciplinary proceedings against Respondent, including
 2 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
 3 such member absent evidence of bad faith.

4 **10. Binding Effect.** If approved by the Board, Respondent understands that this
 5 Agreement is a binding and enforceable contract upon Respondent and the Board.

6 **11. Forum Selection Clause.** The parties agree that in the event either party is
 7 required to seek enforcement of this Agreement in district court, the parties consent to such
 8 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,
 9 State of Nevada, Washoe County.

10 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
 11 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 12 be entitled to recover reasonable attorneys' fees and costs.

13 **13. Failure to Comply with Terms.** Should Respondent fail to comply with any term
 14 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 15 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 16 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 17 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 18 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 19 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
 20 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
 21 condition of this Agreement may subject Respondent to civil collection efforts.

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 1105 Terminal Way #301
 Reno, Nevada 89502
 (775) 688-2559

1 Dated this 23 day of AUGUST, 2018.

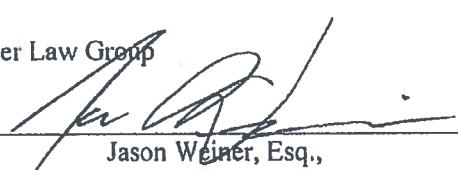
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3 INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

4
5 By: 

6 Aaron Bart Frieke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

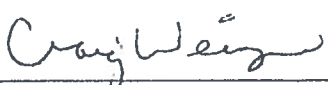
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9 Dated this ____ day of _____, 2018.

10
11 Weiner Law Group

12 By: 

13 Jason Weiner, Esq.,
Attorneys for Respondent

14
15 Dated this 16th day of August, 2018.

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17
18 

19 Craig Mitchell Weingrow, M.D., Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted
2 by the Nevada State Board of Medical Examiners on the 7th day of September, 2018, with the final
3 total amount of costs due of \$12,000.00.

D. Prabhu Rachakonda
40

5 _____
6 Rachakonda D. Prabhu, M.D., President
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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Jeffrey B. Setness

From: 1 <>
Sent: Tuesday, December 10, 2019 12:46 PM
To: Jeffrey B. Setness
Subject: Fwd: License Status Changed

Sent from my iPhone

Begin forwarded message:

From: Tara Bailey <tbailey@medboard.nv.gov>
Date: December 10, 2019 at 12:20:42 PM PST
To: "t n" <@yahoo.com>
Subject: License Status Changed

Good afternoon Dr. Weingrow,

Your license status has been changed from "Inactive-Probation" to "Active-Probation". Your wallet I.D. card will be mailed to you in about a week or two.

Congratulations!

Tara Bailey
License Specialist
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Phone: (775)324.9359
Fax: (775)688.2551

CAUTION: This email originated from outside the Fabian VanCott organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

EXHIBIT 10



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search Results

1. For a more detailed view of a licensee's background, click on the licensee name from the alphabetical list below. Results will open in a new window.
2. Click the numbers below the grid to see additional pages of licensees.
3. To return to the Search page, use the **New Person Search** button below. *Do not use your browser's back button.*

[Search](#)

Name	License #	Profession	License Type	Status
WEINGROW, Craig Mitchell	14309	Medical Examiners	Medical Doctor	Active-Probation

[New Person Search](#)

In the Matter of

Craig M. Weingrow, M.D.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Craig M. Weingrow, M.D. (Weingrow). This Memorandum is based on the following:

1. Weingrow is licensed as a physician in Nevada and is registered with the DEA as a physician with Registration No. FW3352539.

2. On August 23, 2018, Weingrow entered into a Settlement Agreement with the Nevada State Board of Medical Examiners in which it was agreed that "Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following". The Settlement Agreement also states, in pertinent part, as follows:

a. All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. (Page 1, Footnote 1)

b. . . . The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement. (Page 4)

3. Weingrow's Controlled Substance Registration Certificate and Practitioner Dispensing Registration Certificate have been revoked by the Nevada State Board of Pharmacy effective July 18, 2018. Weingrow may apply for reinstatement of his Nevada State Board of Pharmacy controlled substance registration or his dispensing practitioner registration on or after July 18, 2019.

4. The DEA conducted an investigation concerning the receipt and distribution of and record-keeping for certain Controlled Substances that were acquired or dispensed by Weingrow in Las Vegas, Nevada during the period from March 8, 2017, through November 1, 2017 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801, *et seq.*, and related regulations.

5. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act.

6. Nothing in this Agreement constitutes an admission of any facts and / or liability by Weingrow. The parties agree that this Agreement may only be admitted into evidence in any proceeding to the extent that admission would not violate Fed. R. Evid. 408.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Weingrow agree as follows:

7. Weingrow agrees to pay the United States \$80,000 in civil penalties (the Settlement Amount), by making 11 monthly payments of \$6,667 and one final monthly payment of \$6,663. Payments by check shall be made payable to the United States Department of Justice.

8. The United States agrees not to institute any civil proceedings relating to the Covered Conduct.

9. Weingrow agrees to abide by all federal, state, and local laws and regulations relating to the prescribing of Controlled Substances.

10. The address where Weingrow will maintain any and all medical records that it is required to maintain under Title 21 of the United States Code is 7200 Smoke Ranch Rd., Suite # 120, Las Vegas, Nevada 89128 (the "Designated Address."). For a period of two years from the date on which Weingrow executes this Memorandum, Weingrow represents that he will currently maintain the required records at the Designated Address. Weingrow further agrees to

notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

11. This Memorandum of Agreement will remain in effect until the entire \$80,000 penalty is paid in full by or on behalf of Weingrow. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

12. If any other offense or violation by Weingrow arising from conduct other than the Covered Conduct is charged after the Effective Date of this Agreement, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this Agreement shall constitute a release by the United States of any civil or criminal liability of Weingrow other than civil liability for the Covered Conduct.

13. The United States enters into this Memorandum of Agreement with the understanding that Weingrow will abide by its contents in good faith.

14. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

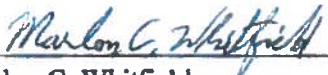
CRAIG M. WEINGROW, M.D.


 Dated: 11/28/18


 Jeffrey B. Setness, Esq.
 Attorney for Weingrow

Dated: NOV 28, 2018

DRUG ENFORCEMENT
 ADMINISTRATION

By: 
 Marlon C. Whitfield
 Diversion Program Manager
 Las Vegas District Office
 Los Angeles Field Division
 Dated: 11/28/18

DAYLE ELIESON
 United States Attorney

By: 
 Roger W. Wenthe
 Assistant United States Attorney

Dated: 11/28/18

Jeffrey B. Setness

From: Wenthe, Roger (USANV) <Roger.Wenthe@usdoj.gov>
Sent: Wednesday, November 20, 2019 8:52 AM
To: Jeffrey B. Setness
Subject: Dr. Weingrow

Jeff – This email will confirm that Dr. Craig Weingrow has paid in full his settlement amount with the United States.

Roger Wenthe
Assistant United States Attorney
501 Las Vegas Blvd. S., Suite 1100
Las Vegas, NV 89101
Direct: 702-388-6538

CAUTION: This email originated from outside the Fabian VanCott organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.


EXHIBIT 12 -



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

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[Federal Register Volume 84, Number 67 (Monday, April 8, 2019)]
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 [FR Doc No: 2019-06834]

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 19-7]

Craig M. Weingrow, M.D.; Decision and Order

EXHIBIT 13

On November 7, 2018, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Craig M. Weingrow, M.D. (Respondent), of Las Vegas, Nevada. The Show Cause Order proposed the revocation of Respondent's DEA Certificate of Registration No. FW3352539 on the ground that he does "not have authority to handle controlled substances in Nevada, the [S]tate in which [he is] registered." Order to Show Cause, at 1 (citing 21 U.S.C. 823(f), 824(a)(3)).

With respect to the Agency's jurisdiction, the Show Cause Order alleged that Respondent is the holder of Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances as a practitioner in schedules II through V, at the registered address of 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. Id. The Order also alleged that this registration does not expire until May 31, 2021. Id.

Regarding the substantive grounds for the proceeding, the Show Cause Order alleged that effective July 18, 2018, the Nevada State Board of Pharmacy (NSBP) revoked Respondent's Nevada "Controlled Substance Registration" and his Nevada "Practitioner Dispensing Registration." Id. The Show Cause Order also alleged that on September 18, 2018, Respondent entered into a Settlement Agreement with the Board of Medical Examiners of the State of Nevada (NBME) "whereby [he was] placed on probation for a period of 36 months, and during which [he is] prohibited from prescribing or dispensing controlled substances." Id. at 1-2. As a result, the Order alleged that Respondent "currently lack[s] the authority to handle controlled substances in Nevada." Id. at 2. Based on his "lack of authority to [dispense] controlled substances in . . . Nevada," the Order asserted that "DEA must revoke" Respondent's registration. Id. (citing 21 U.S.C. 823(f); 824(a)(3)).

The Show Cause Order notified Respondent of (1) his right to request a hearing on the allegations or to submit a written statement in lieu of a hearing, (2) the procedure for electing either option, and (3) the consequence for failing to elect either option. Id. (citing 21 CFR 1301.43). The Order also notified Respondent of his right to submit a corrective action plan. Id. at 3 (citing 21 U.S.C. 824(c)(2)(C)).

On December 10, 2018, Respondent, through counsel, filed a letter requesting a hearing on the allegations and indicating that the Show Cause Order "was received on November 13, 2018." Dec. 10, 2018 Letter from Respondent's Counsel to Hearing Clerk (hereinafter, Hearing Request), at 1. In his Hearing Request, Respondent specifically contends that suspension, rather than revocation, "is an appropriate sanction in this case" because he had not committed a crime and neither the conduct set forth in the Settlement Agreement with the NBME nor the findings of the NSBP "warrant a revocation." Id. at 2-4.

The matter was then placed on the docket of the Office of Administrative Law Judges and assigned to Chief Administrative Law Judge John J. Mulrooney, II (hereinafter, CALJ). On December 11, 2018, the CALJ issued an Order directing the Government to file its "evidence to support the allegation that the Respondent lacks state authority to handle controlled substances" and "any Government motion for summary disposition" no later than December 28, 2018. Order Directing the Filing of Government Evidence of Lack of State Authority Allegation and Briefing Schedule, at 1. The CALJ issued a separate Order directing Respondent to file his response to any summary disposition motion no later than January 14, 2019. Order Granting Unopposed Motion for Enlargement of Time, at 1.

On December 27, 2018, the Government filed its Motion for Summary Disposition. In its Motion, the Government argued that Respondent currently lacks authority to handle controlled substances in Nevada because the NSBP revoked Respondent's Nevada Controlled Substance Registration and Nevada Practitioner Dispensing Registration effective July 18, 2018. Government's Motion for Summary Disposition (hereinafter Government's Motion or Govt. Mot.) at 1, 5. The Government also alleged that neither registration has been reinstated. Id. In addition, the Government alleged that the NBME placed Respondent's Nevada medical license on probation for 36 months as part of a Settlement Agreement and that, as part of this Agreement, Respondent "has been prohibited from prescribing or dispensing controlled substances" during this period. Id. On January 14, 2019, Respondent filed his "Non-Opposition" to the Government's Motion, stating that he no longer opposes the Government's Motion based upon his review of the Government's Motion and past DEA and federal court decisions. Respondent's Non-Opposition to Government's Motion for Summary Disposition, at 1.

After considering these pleadings, the CALJ issued an Order on January 16, 2019, recommending that I find that it is "undisputed that the Respondent lacks the state authority to handle controlled substances." Order Granting the Government's Motion for Summary Disposition and Recommended Rulings, Findings of Fact, Conclusions of Law, and Decision of the Administrative Law Judge (hereinafter "Recommended Decision" or "R.D."), at 4. As a result, the ALJ granted the Government's motion for summary disposition and recommended that I revoke Respondent's DEA registration and deny any pending applications for renewal. Id. at 5. Neither party filed exceptions to the ALJ's Recommended Decision.

Thereafter, the record was forwarded to my Office for Final Agency Action. Having reviewed the record, I find that Respondent is currently without authority to handle controlled substances in Nevada, the State in which he holds his registration with the Agency, and thus he is not entitled to maintain his DEA registration. I adopt the ALJ's recommendation that I revoke Respondent's registration. I make the following factual findings.

[[Page 13958]]

Findings of Fact

Respondent is the holder of DEA Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances in schedules II through V as a practitioner at the registered address of Weingrow Wellness & Medical Center, 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. GX 2 (Certification of Registration History) to Govt. Mot., at 1. This registration does not expire until May 31, 2021. Id.

On July 25, 2018, the NSBP issued an Order revoking Respondent's Nevada "Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502," effective July 18, 2018. GX 3 (July 25, 2018 Findings of Fact, Conclusion of Law and Order of the NSBP) to Govt. Mot., at 8. The NSBP's Order expressly prohibited Respondent from, *inter alia*, (1) "prescrib[ing] any controlled substance for any patient;" (2) "dispens[ing] any controlled substance or dangerous drug;" and (3) "possess[ing] any controlled substance for office use or for patient use." Id. The NSBP also directed Respondent to "immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use." Id. On September 18, 2018, the NBME placed Respondent's Nevada medical license in an "[i]nactive status" as part of a Settlement Agreement whereby Respondent agreed that his medical license would be subject to probation for 36 months and that he would be prohibited from prescribing or dispensing controlled substances during that time. See GX 4 (NBME-Respondent Settlement Agreement) to RFAA, at 5-6. There is no evidence in the



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 Diversion Control Division • 8701 Morrisette Drive • Springfield, VA 22152 • 1-800-682-9536

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record that the NSBP ever reinstated Respondent's Nevada controlled substance or practitioner dispensing registrations, nor is there any evidence that the NBME changed the status of Respondent's medical license from inactive status.

\1 After conducting a hearing, the NSBP based its decision to revoke Respondent's Nevada controlled substance and practitioner dispensing registrations in part on its finding that Respondent "routinely permitted unlicensed members of his office staff . . . to falsify his signature on the prescriptions for medications dispensed by his medical office" and "to falsify patient initials and dates of service on patients' informed consent labels." Id. at 1 & n.1, 2. The NSBP also found that Respondent "dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town" and "used Federal Express to ship medications to patients." Id. Respondent also signed a statement agreeing to these fact findings. See id.

Accordingly, I find that Respondent currently does not possess the authority to dispense controlled substances in the State of Nevada, the State in which he is registered with the DEA, because both the NSBP and the NBME have expressly prohibited him from doing so.

Discussion

Pursuant to **21 U.S.C. 824(a)(3)**, the Attorney General is authorized to suspend or revoke a registration issued under **section 823** of the Controlled Substances Act (CSA), "upon a finding that the registrant . . . has had his State license . . . suspended [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." Also, DEA has long held that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. See, e.g., James L. Hooper, 76 FR 71371 (2011), pet. for rev. denied, 481 Fed. Appx. 826 (4th Cir. 2012); see also Frederick Marsh Blanton, 43 FR 27616 (1978) ("State authorization to dispense or otherwise handle controlled substances is a prerequisite to the issuance and maintenance of a Federal controlled substances registration.").

This rule derives from the text of two provisions of the CSA. First, Congress defined "the term 'practitioner' [to] mean[] a . . . physician . . . or other person licensed, registered or otherwise permitted, by . . . the jurisdiction in which he practices . . . to distribute, dispense, [or] administer . . . a controlled substance in the course of professional practice." **21 U.S.C. 802(21)**. Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that "[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices." **21 U.S.C. 823(f)**. Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the Act, DEA has long held that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the State in which he engages in professional practice. See, e.g., Calvin Ramsey, 76 FR 20034, 20036 (2011); Sharon Arden Yeates, M.D., 71 FR 39130, 39131 (2006); Dominick A. Ricci, 58 FR 51104, 51105 (1993); Bobby Watts, 53 FR 11919, 11920 (1988); Blanton, 43 FR 27616 (1978).

Here, I find that there is no dispute over the material fact that Respondent is no longer currently authorized to dispense controlled substances in Nevada, the State in which he is registered with the Agency. Accordingly, Respondent is not entitled to maintain his DEA registration. I will therefore adopt the ALJ's recommendation that I revoke Respondent's registration. R.D., at 5. I will also deny any pending application to renew or to modify his registration, or any pending application for any other DEA registration in Nevada.

Order

Pursuant to the authority vested in me by **21 U.S.C. 823(f)** and **824(a)**, as well as 28 CFR 0.100(b), I order that DEA Certificate of Registration No. FW3352539, issued to Craig M. Weingrow, M.D., be, and it hereby is, revoked. I further order that any pending application of Craig M. Weingrow to renew or modify the above registration, or any pending application of Craig M. Weingrow for any other DEA registration in the State of Nevada, be, and it hereby is, denied. This Order is effective immediately.\2\

\2 For the same reasons which led the NSBP to revoke Respondent's controlled substances and practitioner's dispensing licenses and prescriptive authority, I conclude that the public interest necessitates that this Order be effective immediately. **21 CFR 1316.67**.

Dated: March 22, 2019.

Uttam Dhillon,
Acting Administrator.

[FR Doc. 2019-06834 Filed 4-5-19; 8:45 am]

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7

7A

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane ~ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: CIARA Middle: JULICE Last: JOHNSON
 Home Address: CASA ANTIGUA ST Apt #: _____
 City: NORTH LAS VEGAS State: NV Zip Code: 89081
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: VA Sex: ☐ M or ☒ F
 E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: NORTHWEST CAREER COLLEGE Store #: n/a
 Address: 7398 SMOKE RANCH RD
 City: LAS VEGAS State: NV Zip Code: 89128
 Signature of Managing Pharmacist: [Signature] Lic #: PT02744 Date: 9/12/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older?

Yes ☒ No ☐

2. Are you a high school graduate or the equivalent?

Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
 Physical condition that would impair your ability to perform the essential functions of your license?.....

Yes No

3. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....☐ ☒
 4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....☐ ☒
 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....☐ ☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State		Case #:
Criminal Action:	State	/ /	Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?.....☐ ☒
 IF you marked YES to the question, above are you in compliance with the court order?.....☐ ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed:

Amount: 40.00

10/14/19

To: Nevada State Board of Pharmacy

My name is Ciara Johnson, and I am currently attending the Pharmacy Technician program at Northwest Career College in Las Vegas, NV. I am writing to provide details about a misdemeanor that I was convicted of on 09/16/2014 for Shoplifting – No Priors. Please see the details below.

• Case No: GC14013899-00 Exmore, VA 09/16/2014

On 08/11/2014 I went to my local Dollar General store in Exmore, VA, where I was living at the time, to purchase some laundry detergent. As I was walking down the aisle, I found the brand I wanted and went to pick it up. I noticed at that moment that the bottle I selected was only half-full. I thought, "This isn't full, let me fill it the rest of the way up from another bottle." I then took another bottle off the shelf that was full and poured it in the half-full bottle. I put the second bottle back on the shelf and purchased the bottle I had just filled up, paying for it at full-price. To my memory, that was the only purchase I made from that store before leaving to go home.

On 09/16/2014, a police officer came to my home and delivered paperwork stating that I had a court summons due to the Dollar General charging me with shoplifting. The officer explained that the store had video camera footage of me filling up the half-empty laundry detergent with detergent from another bottle. I was summoned to appear in court on 10/16/2014 to plead my case.

I presented to my court date on 10/16/2014 and plead guilty to the charge of Shoplifting. During the hearing, I explained what happened to the judge, who was confused about why my case was even brought to the court. After hearing my account of the event, he decided to order me to pay a \$50 fine along with \$216 worth of court costs. I paid all my costs in a timely manner and was not ordered to complete any other requirements. I have not been in any legal trouble since that day.

When I picked up the second bottle of detergent and filled up the first bottle, I was not thinking at all. At that time, I didn't think that what I was doing was wrong or considered a crime because I was going to pay for the detergent. I was not thinking about my future at the time, either. Now, as I have had many years to reflect on the incident, I realize the seriousness of my actions and wish that I could go back in time to rightfully purchase an already full bottle of detergent. My one and only legal mistake has and continues to prevent me from pursuing my dream career of becoming a Pharmacy Technician thus far in my life. From this, I have learned that every choice you make in your life impacts not only your present but also your future. Since then, I have worked hard to live my life as an honest, hard-working woman that is trying to create a successful career and future for myself and my family.

I realized I wanted to be Pharmacy Technician in 2016 when I was working as a Supervisor House Counselor in Salisbury, MD. One of my jobs was to hand out medications to the patients. The patients always told me that I made it easier for them to take medicine because of my caring and compassionate approach. From there, I realized that I was interested in the pharmaceutical field and wanted to help people by interacting with them with kindness, warmth, and empathy. As a Pharmacy Technician, I envisioned myself being able to help thousands of people this way. It is my hope that, despite one legal incident in my past, I will be able to pursue this dream of mine. Please do not hesitate to contact me if you need any additional information to consider my license application.

Thank you for considering me,



Ciara Johnson

Ciara.johnson@northwestcareercollege.edu



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Northampton General District Court

Case #: **GC14013899-00**

Defendant: **JOHNSON, CIARA JALISE**

Defendant Information

Address: **ACCOMAC, VA 23301**
 Gender: **FEMALE**
 Race: **BLACK (NON-HISPANIC)**
 DOB: **01/07/******
 Attorney: **P. WATSON**

Case/Charge Information

Defendant Status: **RELEASED ON SUMMONS**
 Filed Date: **09/16/2014**
 Locality: **COMMONWEALTH OF VA**
 Code Section: **18.2-103**
 Charge: **SHOPLIFTING**
 Case Type: **MISDEMEANOR**
 Class:
 Offense Date: **08/11/2014**
 Arrest Date:
 Complainant: **RIPPON, G**
 Amended Code Section:
 Amended Charge:
 Amended Case Type:
 Amended Class:

Appeal Information

Appeal Date:

Hearing Information

Date	Time	Result	Type	Courtroom	Plea	Continuance
10/16/2014	09:00 AM	FINAL				
09/16/2014	01:30 PM	CONTINUED	ARRAIGNMENT			

Disposition Information

Disposition: **GUILTY**

Sentence Time:

Sentence Suspended:

Probation Type:

Probation Time:

Probation Starts:

Operator License Suspension Time:

Restriction Effective Date:

Operator License Restrictions:

VASAP:

Fine: **\$50.00 ***

Costs: **\$216.00 ***

Fine/Costs Due: **01/20/2015 ***

Fine/Costs Paid: **YES**

Fine/Costs Paid Date: **01/19/2015**

* This system cannot process online payments at this time. Please refer to ' [How to Pay Traffic Tickets and Other Offenses](#) ' for more information.

Service/Process

7B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: **\$40.00** - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Heidi Middle: Sora Last: MinsonHome Address: Alamo Ranch Ave. Apt #: _____City: Las Vegas State: NV Zip Code: 89179

Telephone: _____ Social Security Number: _____

Date of Birth: 1 Place of Birth: Seoul, Korea Sex: ☐ M or ☒ F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:Pharmacy: CVS #8794 Store #: 8794Address: 1600 N. Buffalo Dr.City: Las Vegas State: NV Zip Code: 89128Signature of Managing Pharmacist: Brenda Vaknin Lic #: 19231 Date: _____

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐2. Are you a high school graduate or the equivalent? Yes ☒ No ☐(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU **CAN NOT** SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	☒	☐
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	☒	☐

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide explanation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed: _____ Amount: \$40.00

Official PTCB Wallet Card - 3.375 in. by 2.125 in.

1. Cut the dotted line along the perimeter of the card.
2. Fold at the dashed vertical line.

**PHARMACY TECHNICIAN
CERTIFICATION BOARD**

Heidi Minson

30106402 - CPhT

Certified August 02, 2019

Apply by August 01, 2021

Expires on August 31, 2021



Certified Pharmacy Technician (CPhT)

Renewal of certification is required every two years.

Pharmacy Technician Certification Board

2215 Constitution Avenue, NW

Suite 101

Washington, DC 20037-2985

ptcb.org

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement
of:

HEIDI MINSON,

Petitioner.

Case No. 3188

OAH No. 2018090145

DECISION

This matter was heard by a quorum of the Board of Pharmacy (Board) on September 7, 2018, in Los Angeles, California. Laurie R. Pearlman, Administrative Law Judge, Office of Administrative Hearings, State of California, presided.

Heidi Minson (petitioner) appeared at the hearing and represented herself.

Desiree Tulleners, Deputy Attorney General, appeared on behalf of the Attorney General of the State of California pursuant to Government Code section 11522.

The petition and other relevant documents were presented. Petitioner and the Deputy Attorney General made oral presentations to the Board. Petitioner responded to questions of Board members and the Deputy Attorney General. The record was closed, the Board met in executive session, and the matter was submitted on September 7, 2018.

FACTUAL FINDINGS

1. On August 4, 2003, the Board issued Pharmacy Technician License Number TCH 46372 to petitioner.

2. The Board revoked petitioner's license, effective January 22, 2009. (Default Decision and Order, Case No. 3188, December 23, 2008.)

3. The discipline arose from petitioner's July 2005 conviction for violation of Health and Safety Code section 11364 (possession of narcotics paraphernalia), in that petitioner admitted to owning a glass pipe with visible signs of a controlled substance when

a warrant was served on petitioner's boyfriend at an apartment they shared. The court deferred entry of judgment for 18 months pursuant to Penal Code section 1000. Petitioner violated her probation for not completing the diversion program (San Diego Superior Court Case No. CN195360). Also, in July 2007, petitioner pled guilty to and was convicted of violating Penal Code section 496D (receiving a stolen vehicle), a misdemeanor, in that she and her boyfriend knowingly and admittedly received a stolen vehicle. She was sentenced to three years of summary probation, completion of public service, and payment of fees, fines and restitution (San Diego County Superior Court Central Division, Case No. CD207620).

4. In 2010, petitioner's 2005 and 2007 convictions were expunged.

5. The Board received petitioner's Petition for Reinstatement on May 11, 2018. In it, petitioner stated that her license should be restored because she is truly sorry for the choices she made and she is a different person than she was at the time of her convictions. Petitioner now lives in Nevada with her husband and their two young children. Petitioner worked at CVS for nine years from 2008 to 2017, and quickly rose up the ranks to become the store manager. Petitioner has cut all ties with those who were a bad influence in her life, including her former boyfriend. She has done a variety of charitable work in the community, and volunteers at her children's school.

6. As part of her petition, petitioner submitted four letters from three professional colleagues and both of her in-laws, recommending reinstatement. Each of them described petitioner as responsible, trustworthy, hard-working, and dedicated to her family.

7. In her hearing testimony, petitioner emphasized that she was sorry for what she had done in the past. Petitioner is now 34 years old, and she acknowledged that she had made bad choices when she was convicted at age 22 and 24. At that time, petitioner was living with her boyfriend, who used drugs. Petitioner stayed with him, because she believed that she could "fix him." He used methamphetamines (meth), and the meth pipe in their apartment which led to her 2005 criminal conviction was his. As for the 2007 criminal conviction, petitioner's boyfriend was driving a stolen car, which he told her he had been borrowed from a friend. At that time, petitioner smoked marijuana and consumed alcoholic beverages, but she did not use meth. She no longer drinks or uses marijuana, and has broken off all ties with those who do. Petitioner has a very strong support system of family and friends, and has been "clean" for 10 years now. Petitioner strives to be a good role model for her children. As a store manager at CVS, petitioner had easy access to cash, credit cards, medications, and confidential customer information. She left CVS because they wanted their store managers to become pharmacy technicians, and petitioner was unable to do so because of her license revocation in California. Petitioner now works at Treasure Island in Las Vegas and hopes to eventually return to school "in the medical field" after regaining her pharmacy technician license.

8. Petitioner's testimony demonstrated a commitment to future compliance, and a changed attitude from that which existed at the time of the convictions. The Board finds that

petitioner has demonstrated significant evidence of rehabilitation, given her decade-long sobriety; her demonstrated ability to hold a position of responsibility with access to money, medications, and confidential consumer information; the stability of her family life and her fulfillment of parental and familial responsibilities subsequent to her criminal convictions; expungement of the convictions; her involvement in charitable and community activities; and her new and different social and business relationships from those which existed at the time of her criminal convictions.

LEGAL CONCLUSIONS

1. A person whose license has been revoked may petition the Board for reinstatement, after at least three years has elapsed from the effective date of revocation. (Bus. & Prof. Code, § 4309, subd. (a).) “The petition shall state any facts required by the [B]oard, and . . . shall be accompanied by two or more verified recommendations from holders of licenses issued by the [B]oard . . . , and two or more recommendations from citizens, each having personal knowledge of the disciplinary penalty imposed by the [B]oard and the activities of the petitioner since the disciplinary penalty was imposed.” (Bus. & Prof. Code, § 4309, subd. (b).) “In considering reinstatement . . . , the [B]oard . . . may consider factors including, but not limited to, all of the following: [¶] (1) All the activities of the petitioner since the disciplinary action was taken. [¶] (2) The offense for which the petitioner was disciplined. [¶] (3) The petitioner’s activities during the time the license was in good standing. [¶] (4) The petitioner’s documented rehabilitative efforts. [¶] (5) The petitioner’s general reputation for truth and professional ability.” (Bus. & Prof. Code, § 4309, subd. (d).) Petitioner bears the burden of proving her rehabilitation, by clear and convincing evidence to a reasonable certainty. (See *Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1091-1092; *Flanzer v. Bd. of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398; *Housman v. Bd. of Medical Examiners* (1948) 84 Cal.App.2d 308, 315.)

2. In this case, petitioner met her heavy burden of establishing that cause exists to reinstate her license, pursuant to specific conditions precedent, as set forth in the order below. (Factual Findings 1 through 8.)

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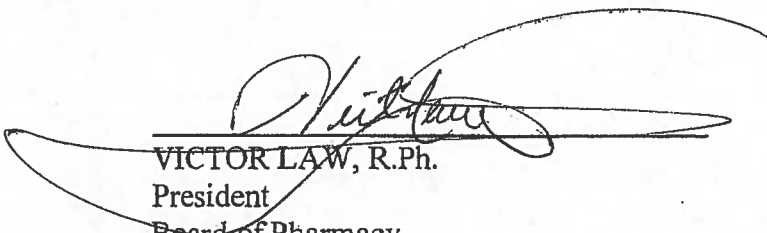
///

ORDER

The petition for reinstatement filed by petitioner Heidi Minson is hereby GRANTED and Petitioner's Pharmacy Technician License Number TCH 46372 will be reinstated upon satisfaction of the following condition precedent: Petitioner shall take and pass the Pharmacy Technician Certification Board or a pharmacy technician certification exam in one year. Failure to take and pass the examination within one year of the effective date of this order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and petitioner's License Number TCH 46372 shall remain revoked.

This Decision shall become effective on January 4, 2019.

It is so ordered this 21st day of December, 2018.



VICTOR LAW, R.Ph.
President
Board of Pharmacy
Department of Consumer Affairs

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

<u>NAME</u>	<u>CERTIFIED NO.</u>
Heidi Minson 7547 Alamo Ranch Avenue Las Vegas, NV 89179	7018 0680 0000 1183 2810

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on December 21, 2018, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on December 21, 2018, at Sacramento, California.



Susan Cappello, Enforcement Manager

8

8A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Sergio Middle: Jose Last: Garcia
 Home Address: Juno Beach St Apt #: 102
 City: Las Vegas State: NV Zip Code: 89129
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Talisco, Mexico Sex: ☒ M or ☐ F
 E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☐ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
☐ Copy of a certificate from an ASHP approved pharmacy technician school.
☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes ☒ No ☐
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- | | Yes | No |
|---|----------------------------------|-----------------------|
| 3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....? | ☒ | ☐ |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....? | ☒ | ☐ |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....? | ☒ | ☐ |

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		<u>1 / 1</u>	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>11/15/2018</u>	<u>C339888</u>	<u>Clark</u>	<u>District</u>

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?.....? Yes ☒ No ☐
 you marked **YES** to the question, above are you in compliance with the court order?.....? IF ☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only: Date Processed:

Amount:

\$40.00



**EIGHTH JUDICIAL DISTRICT COURT
SPECIALTY COURTS DIVISION**

Regional Justice Center
200 Lewis Avenue
Las Vegas, Nevada 89155
(702) 671-4528

September 17, 2018

RE: Sergio Garcia

Case #: C339888

To Whom It May Concern:

This letter is in reference to Mr. Garcia. Mr. Garcia was accepted into the Felony DUI Program (formerly the Serious Offender Program) on May 22, 2019 for case # C339888. The Felony DUI program is a three-year Specialty Court Program pursuant to NRS 484C.340, which states that upon successful completion of the program, the court will enter a judgment of conviction for a misdemeanor instead of a felony offense. In the interim, the charge will show as a pending felony, but no judgment of conviction is entered until the participant either successfully completes the program or he is terminated due to non-compliance.

Mr. Garcia is currently compliant in the Felony DUI Program. His current expectations are to participate in two treatment sessions per week, attend two sober support group sessions per week, submit to random drug and alcohol screens, maintain a breath ignition interlock device in all vehicles he owns, operates, or are maintained at his residence, abide by all rules and regulations of probation, and attend standard court status checks in Department 7 of District Court. Mr. Garcia has shown excellent participation and contributes a great deal to this program.

Please contact me for any further updates, questions or concerns.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Kristie Cury", is written over a horizontal line.

Kristie Cury, MS, CPC-Intern
Specialty Courts Specialist
(702) 671-3270
curyk@clarkcountycourts.us

Adult Drug Court • DUI Court • Mental Health Court • Veterans Treatment Court
Family Drug Court • Dependency Mother's Drug Court • Juvenile Drug Court
• Truancy Diversion Program • Competency Court

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY TECHNICIAN OR TRAINEE

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$60.00 (postmarked after 10/31/2014)

LICENSE: PT04947

SERGIO JOSE GARCIA

PRESCOTT ST,
Las Vegas, NV 89110

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED



Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

Yes No

- Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ Yes ☒ No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☒ Yes ☐ No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☐ Yes ☒ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ Yes ☒ No

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:		
		1 / 1			
Criminal Action:	State	Date:	Case #:	County	Court
	NV	11/15/2018	C339898	Clark	Distric

Section 2:

Yes No

- Are you the subject of a court order for the support of a child?..... ☐ Yes ☒ No
- If you marked YES to the question above, are you in compliance with the court order?..... ☐ Yes ☐ No

Section 3: Technicians in Training must be registered at EACH place of employment

By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law program, as required.

A licensee is not required to have a Nevada State Business license, however, if you do, please provide the #: _____

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military occupation/specialty: _____ Dates of service: _____

Section 4: I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature: Sergio Jose Garcia

Date: 10/01/19

8B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Courtney Middle: Renee Last: Lee
 Home Address: 1 W Lake mead Blvd Apt #: _____
 City: Las Vegas State: NV Zip Code: 89108
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Sacramento, CA Sex: ☐ M or ☒ F
 E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
☐ Copy of a certificate from an ASHP approved pharmacy technician school.
☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: N/A

1. Are you 18 years of age or older? Yes ☒ No ☐
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... | ☐ | ☒ |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | ☒ | ☐ |
| 5. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?..... | ☐ | ☒ |
| 6. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | ☐ | ☒ |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
	CA	4/12/2018	18MI007005	Sacramento	Superior court of California

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency

Original Signature, no copies or stamps accepted

Date

Board Use Only: Date Processed: _____ Amount: \$40.00



Superior Court of California, County of Sacramento - Order of Informal Probation, DUI First

Case Number <u>15MT001065</u>	Def. Name (Last, First, Middle) <u>Lee, Courtney R.</u>
Viol(s): ☐ 23152(a) VC - First Offense ☐ 23152(b) VC - First Offense ☐ 23152(e) VC - First Offense ☐ 23152(f) VC - First Offense ☐ 23152(g) VC - First Offense	

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, **IT IS ORDERED THAT** imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of **THREE (3)** years from this date on the conditions checked below:

- ☒ 1. (OAL) Obey all laws
- ☒ 2. (DRINK/DRIVE) Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so.
- ☒ 3. (VALID/LIC) Do not drive without a valid Calif. driver's license or in violation of Calif. Vehicle licensing laws.
- ☒ 4. (VALID/INS) Do not drive without insurance.

☐ 5. (REST/LOSS) Make restitution for personal injury/property damage/loss caused in this offense. Purs. to 1202.4(f)(7) & (11) PC, you shall prepare and file a financial disclosure form (CR-115) with the court and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine.

☒ 6. (REST/TBD) Restitution to be determined by the District Attorney's Office. Amt: \$
Victim(s): Christine Nalae #TBD; RHP North #665-

☐ Restitution to the responding LEA. (Specify agency):

☒ 7. (FINE/ASMT)(FINE/TIME) Fine & Assessments: Pay the following fines/assessments or serve 47 days County Jail.

Fine / Assessment Type	Amount	Reduced Amount	
Base Fine per VC 23538(a)			
☒ *CIF (PC1465.7(a)) (CIF)	FINE \$ 625.00 + CIF \$ 125.00		OR SERVE
*Penalty Assessment (PC 1464, GC 76000)	+ PA \$ 1071.00 + CTCONST \$ 189.00		
*Court Construction Penalty Assessment (CTCONST) (GC70372(a)) (Effective 01/01/03)	+ ICNA PA \$ 126.00 + DNA1 \$ 63.00		
*ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	+ DNA2 \$ 63.00 + DNA2A \$ 126.00		
*DNA Penalty Assessment (GC76104.6) (DNA1) (Effective 11/04/04)	+ DNA2B \$ 63.00 + EMS \$ 126.00		
*DNA Penalty Assessment (GC76104.7) (DNA2) (Effective 07/12/06)			
*DNA Penalty Assessment (GC76104.7) (DNA2A) (Effective 06/10/10)			
*DNA Penalty Assessment (GC 76104.7) (DNA2B) (Effective 06/24/12)	\$50.00	REDUCES FINE(S)	DAYS C/J/S IN LIEU OF FINE
*EMS-Co. Penalty Assessment (EMSCOPA) (GC 76000.5) (Eff. 01/01/2018)	\$100.00		

**** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS****

- ☒ (REST MISD) Rest Fine in the amt. of \$150.00 purs. to PC 1202.4(b)
- ☒ (1202.44 PC) Addtl. Rest. Fine in the amt. of \$150.00 purs. to PC 1202.44 stayed pending revocation of probation.
- ☒ (ALC/ASMT) Alcohol Abuse Education & Prevention Asmt (VC 23645) \$50.00
- ☒ (ALC/ASMT2) Alcohol & Drug Program Assessment (VC 23649) \$10.00
- ☐ (HIST/FEE) DMV History Fee \$10.00 (VC 40508.6)
- ☒ (NCA) Night Court Assessment (VC 42006) \$4.00
- ☒ Emergency Medical Air Transport Fund (GC76000.10) (EMAT) \$4.00
- ☐ (CLASS/FEE) Classification Fee \$99.19 (GC 29550.2(a))
- ☐ (BOOK/FEE) MJ Booking Fee \$402.38 (GC 29550.2(a))
- ☐ (RCCC/FEE) RCCC Booking Fee \$267.71 (GC 29550.2(a))

All fines/fees payable through: ☒ PAY/DRR through DRR ☐ (PAY/FW) Forthwith ☒ Fine Stayed payments to begin ☐ Stay fee waived

☒ (ASP/LIEUF) Alternative Sentencing Program in lieu of fine. hours to be completed by/within days/months

☒ Jail in lieu of fine to be served 32 consecutive days/months

☒ 8. (JAIL/SERVE) 25 hrs / days in the C/J, credit for time served ONE days. ☐ Plus days good time work time (GTWT) =

☒ Consecutive ☐ Concurrent to ☐ Released to apply. ☐ Straight time

☐ Jail stayed pending completion of

☒ Court has no objection to a Work Release Program. Qualify or surrender at ☐ Main Jail ☐ RCCC on: 4/12/18

☐ Stay to sign up on or before: Court objects to: ☐ SWP ☐ HD/Medical HD.

☐ CJ may be done in County. Show proof of enroll / completion on: at in Dept.

☐ County Jail converted to hours of ASP by / within days / months.

☐ 9. (NO/DRUGS) Do not knowingly use, handle or possess controlled substances of any kind unless lawfully prescribed to you by a licensed medical practitioner.

☐ 10. (NO/ASSOC) Do not associate with persons you know to be illegal users/sellers of controlled substances, nor be in a place where you know illegal controlled substances are present.

☐ 11. (NO/ALC) Do not knowingly consume or possess any alcoholic beverages in any amount whatsoever nor be in places where you know alcohol is the chief item for sale

☒ 12. (DUI/1ST) You are hereby ordered to report to and enroll in the ☐ First Offender ☐ High Blood Alcohol 6-month Program ☒ 9-month Program ☐ SB-38 Program within 72 hours from today or release from custody.

☐ Stay to sign up on or before (date) ☐ Program permanently suspended.

☐ Program may be done in County. ☐ Program to run C/C with case number:

☐ 13. (ATTEND/AA) Defendant to attend AA or 12-Step meetings and provide proof of attendance on at in Dept. or in the alternative serve days in the county jail consecutive.

☐ 14. (LIC/REST) Driver's License revoked/suspended / restricted for a period of months/years pursuant 13202.5 VC.

☐ Proof of critical need shown; pursuant VC 13202.5(c), court recommends restricted driver's license with codes S, T, & V. Amended DMV abstract to be issued.

☐ 15. (S&S) SEARCH: Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.

☒ 16. (ADV23593VC) Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.

☒ 17. (BBSS) Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with or without your consent, and with or without a warrant.

☐ 18. (IID) Install an Ignition Interlock Device (IID) on any vehicle you own or operate for a period of years.

☐ 19. Other:

Judge of the Superior Court LAURI A. DAMRELL Dept. 2 Date 4-12-18



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Pharmacy Technician

REGISTRATION
NUMBER TCH 158189
RECEIPT NO. 80850529

VALID UNTIL APRIL 30, 2020

COURTNEY RENEE LEE
VALLEY QUAIL CT.
ANTELOPE CA 94843

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.

Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

FORM WPHTCH (12/31/16)

The official status of this license can be verified at www.pharmacy.ca.gov

PHARMACY TECHNICIAN CERTIFICATION BOARD

Courtney Renee Lee
30013777 - CPhT

Certified June 17, 2016

Apply by June 01, 2020

Expires on June 30, 2020



8C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Carmen Middle: Dolores Last: Martinez
 Home Address: E. Carey Ave Apt #: _____
 City: N. Las Vegas State: NV Zip Code: 89030
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: ☐ M or ☒ F
 E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☐ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- ☐ Copy of a certificate from an ASHP approved pharmacy technician school.
- ☒ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: N/A

1. Are you 18 years of age or older?		☒ Yes ☐ No
2. Are you a high school graduate or the equivalent?		☒ Yes ☐ No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....?		☐ Yes ☒ No
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		☐ Yes ☒ No
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		☐ Yes ☒ No
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		☐ Yes ☒ No
If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:		
Board Administrative Action:	State: _____ Date: _____ Case #: _____	
Criminal Action:	State: <u>NV</u> Date: <u>01/11/2010</u> Case #: <u>C1004646A</u> County: <u>Clark</u> Court: <u>Las Vegas Municipal Court</u>	
In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications		
Are you the subject of a court order for the support of a child?.....?		☐ Yes ☒ No
you marked YES to the question, above are you in compliance with the court order?.....?		☐ Yes ☒ IF

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted _____

09/14/2019
Date

Board Use Only: Date Processed: _____ Amount: \$40.00

[Print Report](#)

Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

Mailing Address:
P.O. Box 3950
Las Vegas, NV 89127
www.lasvegasnevada.gov

Printed on:
9/14/2019
8:05 AM

Phone: 38-Court(382-6878)

History Number: 1148148

Case Number: C1004646A

Citation Number: C1004646A

Violation: RECKLESS DRIVING

Violation Date: 1/11/2010 12:34 AM

Name: MARTINEZ, CARMEN DOLORES

Department: 6

Court Date: 9/13/2011 8:00 AM

Case Sentencing

Item Name	Due	Paid	Balance
Administrative Assessment	\$ 115	115	0
BOND FEE	\$ 40	40	0
Construction Assessment	\$ 10	10	0
DUI Chemical Analysis Assessme	\$ 60	60	0
DUI FEE	\$ 0	0	0
Fine	\$ 510	510	0
Specialty Court Program Assess	\$ 7	7	0
DUI Online	1	1	0
DUI Program	0	0	0
Stay Out of Trouble-BROAD	1	1	0
Suspended Jail	0	0	0
Victim Impact Panel	1	1	0

Case Activity

Activity Date	Activity
9/13/2011 8:38 AM	Case Closed
9/13/2011 8:38 AM	Charge Amended to: 1100
9/13/2011 8:38 AM	Finding: GUILTY
9/13/2011 8:38 AM	Charge Amended to: RECKLESS DRIVING
9/13/2011 8:38 AM	Original Charge: DUI LIQUOR
9/13/2011 8:38 AM	Sentence: Stay Out of Trouble-BROAD completed 1
9/12/2011 3:56 PM	ASED Case CLOSED on 9/12/2011 3:56 PM
9/12/2011 3:56 PM	Reason vacated: DID ONLINE
9/12/2011 3:56 PM	Sentence: DUI CLSS. vacated 4
9/8/2011 3:51 PM	Victim Impact Panel Completed
9/8/2011 3:11 PM	Fine Paid \$10
9/8/2011 3:11 PM	DUI Chemical Analysis Assessme Paid \$60
9/8/2011 3:11 PM	Specialty Court Program Assess Paid \$7
9/8/2011 3:11 PM	Construction Assessment Paid \$10
9/8/2011 3:11 PM	Administrative Assessment Paid \$115
9/8/2011 3:11 PM	Paid \$202 (11-COMPLIANCE5-000029)
9/8/2011 3:11 PM	Payment Hierarchy Overridden
9/8/2011 3:10 PM	Fine Paid \$500
9/8/2011 3:10 PM	Paid \$500 (11-COMPLIANCE5-000028)
9/8/2011 3:10 PM	Payment Hierarchy Overridden
9/6/2011 7:56 AM	DUI Online Completed
9/13/2010 5:03 PM	Tape Start 1: 9/13/2010 2:55 PM

9/13/2010 3:22 PM	Correction Sentence: DUI Online due 1
9/13/2010 3:22 PM	Correction: DUI Program Vacated 1
9/13/2010 3:22 PM	Correction: req. on line
9/13/2010 3:05 PM	Continued
9/13/2010 3:05 PM	Sentence: Victim Impact Panel due 1
9/13/2010 3:05 PM	Sentence: DUI Program due 1
9/13/2010 3:05 PM	Sentence: Construction Assessment due \$10
9/13/2010 3:05 PM	Sentence: Administrative Assessment due \$115
9/13/2010 3:05 PM	Sentence: Specialty Court Program Assess due \$7
9/13/2010 3:05 PM	Sentence: DUI Chemical Analysis Assessme due \$60
9/13/2010 3:05 PM	Sentence: Fine due \$510
9/13/2010 3:05 PM	Sentence: Stay Out of Trouble-BROAD due 1
9/13/2010 3:05 PM	Sentence: Suspend JAIL 90 days
9/13/2010 3:05 PM	Amend Charge Upon Completion to 1100
9/13/2010 3:05 PM	Suspend Sentence for 1y
9/13/2010 3:05 PM	Plea: SUBMIT
9/13/2010 3:03 PM	Withdraw Plea of: NOT GUILTY
6/14/2010 1:42 PM	Continued
4/12/2010 8:13 AM	Bond Management: Bond Exonerated. (\$2115, #5608943978)
4/12/2010 8:13 AM	Continued
4/12/2010 8:13 AM	Plea: NOT GUILTY
4/12/2010 8:11 AM	Private Attorney HAYES, DALE A, JR. Bar# 9056
3/12/2010 5:05 PM	Complaint Filed 3/12/2010 5:05 PM
1/11/2010 3:26 PM	Released
1/11/2010 9:56 AM	BOND FEE Paid \$40
1/11/2010 9:56 AM	Paid \$280 (10-LEST-8-000475)
1/11/2010 9:56 AM	BOND FEE Due \$40
1/11/2010 9:56 AM	Bond posted: #5608943978, Amount: \$2115 (Free Bail Bonds)
1/11/2010 9:53 AM	Continued
1/11/2010 9:53 AM	Interpreter Flag Removed
1/11/2010 2:56 AM	Initial Court Date
1/11/2010 2:56 AM	Bail Due: \$2115
1/11/2010 2:56 AM	Allocated to Department: 6
1/11/2010 2:56 AM	Arrest/Case Created

Class Requirement:

Classes Due: 0

Classes Completed: 0

PHARMACY TECHNICIAN CERTIFICATION BOARD

certifies that

Carmen Dolores Martinez

has met all requirements for certification and merits the designation of

Certified Pharmacy Technician (CPhT)

Certification Number

30111836

Initial Certification Date

September 13, 2019

Application Deadline

September 01, 2021

Expiration Date

September 30, 2021

PTC/B

Pharmacy Technician Certification Board®

President, Certification Council

Executive Director, CEO

Verify certification at ptcb.org.

Official PTCB Wallet Card - 3.375 in. by 2.125 in.

1. Cut the dotted line along the perimeter of the card.
2. Fold at the dashed vertical line.

**PHARMACY TECHNICIAN
CERTIFICATION BOARD**

Carmen Dolores Martinez

30111836 - CPhT

Certified September 13, 2019

Apply by September 01, 2021

Expires on September 30, 2021



Certified Pharmacy Technician (CPhT)

Renewal of certification is required every two years.

Pharmacy Technician Certification Board

2215 Constitution Avenue, NW

Suite 101

Washington, DC 20037-2985

ptcb.org

Upon the recommendation of the Academic Faculty

U.S. Career Institute

certifies that

CARMEN D MARTINEZ

has satisfactorily completed the required Course of Instruction and met all prescribed standards as specified by the Board of Directors in accordance with the laws of the State of Colorado and is hereby awarded this

Certificate in

Pharmacy Technician

Sworn to by the undersigned on

April 23, 2019



U.S. Career
Institute®

ACCREDITED
BY DEAC

Ann Rohr
Ann Rohr, President

Leslie Ballentine
Leslie Ballentine, Dean of Curriculum

8D

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Britney Middle: Renee Last: McDermott
 Home Address: E. Garvey Ave. North Apt #: 19
 City: West Covina State: CA. Zip Code: 91791
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Bakersfield, Ca. Sex: ☒ M or ☒ F
 E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
☐ Copy of a certificate from an ASHP approved pharmacy technician school.
☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? ☒ Yes ☐ No
 2. Are you a high school graduate or the equivalent? ☒ Yes ☐ No
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	☒	☐
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	☒	☐

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	6/20/2016	6EMD1285	Los Angeles	Superior Court of Los Angeles Case was expunged

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

Are you the subject of a court order for the support of a child?..... ☒ Yes ☐ No
 you marked YES to the question, above are you in compliance with the court order?..... ☒ IF

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted Britney McDermott Date 9/16/19

Board Use Only: Date Processed: _____ Amount: 40.00

MCDERMOTT, BRITNEY RENEE**LICENSE NUMBER:** TCH 168155 **LICENSE TYPE:** PHARMACY TECHNICIAN**LICENSE STATUS:** CLEAR **EXPIRATION DATE:** APRIL 30, 2020**SECONDARY STATUS:** N/A**CITY:** WEST COVINA **STATE:** CALIFORNIA **COUNTY:** LOS ANGELES **ZIP:** 91791

November 19, 2019

To whom it may concern,

My name is Britney McDermott, I am writing this letter in regards to my application to be a certified pharmacy technician in the state of Nevada. I want to explain my situation that will come up on the application that I do have a background, I was convicted of a misdemeanor charge in 2016 however the case has been expunged which I have included documentation of. The case was for child endangerment, I worked as a nanny at the time and I made a huge mistake while the children were in my care. The children were not harmed or injured in the process and the parents did not press charges on me, however the district attorney did and that is how I was convicted. I was young and not thinking clearly about my decisions and how they would affect others and myself. The parents of the children were understanding and took into consideration that I was young, this was my first nanny position, and the pressure of managing a household and three children was a lot and that she wanted me to still have a future and stable employment after moving on; we both mutually agreed that child care was not the field I should be working in.

I attended Parenting classes for 52 sessions at El Monte-Rosemead Adult School which equaled out to over one year total and I have a certificate of completion for Parenting the Adolescent and for Skillful Parenting. I have paid all fines and fees, attended all my court dates on time, and completed 120 hours of community service, while there and throughout these past two years I have had so much time to reflect on my mistakes and how I want to make a better life for myself in the future. I volunteer my time weekly to help families with different issues come together and learn how the Bible's guidance can help them in their lives as it has practicing it in my life.

I will ensure that it will not happen again because I am older, and have learned from my errors. I have suffered financially, mentally, and emotionally from not being able to find suitable work due to this charge. I have been able to attain my certification in the state of California however my

husband and I are planning to relocate to Nevada within the next few months. To get this certification would be a fresh start for me, Never again will I put myself in a position where I put anyone's children or anyone in general in harm's way. My application should be considered because I am a motivated, hardworking person who managed to complete my pharmacy technician course with an A grade, work overnight at a warehouse, and still manage family life best I could. I want to help people in their daily lives whether it's managing their long term health problems or just minor temporary issues they are dealing with as a pharmacy technician. I hope that I can get my second chance at life by being a certified pharmacy technician in the state of Nevada.

Thank you for your time and consideration of my application.

Britney McDermott

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

J. 6EM01285

PAGE NO. 1

THE PEOPLE OF THE STATE OF CALIFORNIA VS.

CURRENT DATE 09/17/18

DEFENDANT 01: BRITTNEY RENEE HANNAH

ARREST ENFORCEMENT AGENCY EFFECTING ARREST: EL MONTE POLICE DEPARTMENT

ARREST DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
-------------	----------------	-------------	---------------------	----------------	-----------------

ARREST FILED ON 03/16/16.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 02/11/16 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:

COUNT 01: 273A(B) PC MISD

COUNT 02: 273A(B) PC MISD

/AN

EXTENDED SCHEDULED EVENT:

04/14/16 830 AM ARRAIGNMENT DIST EL MONTE COURTHOUSE DEPT 006

ON 04/14/16 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

ARREST CALLED FOR ARRAIGNMENT

PARTIES: DONNA HOLLINGSWORTH (JUDGE) ROBERT VONSLOMSKI (CLERK)
ELEANOR FLORES (REP) T.G. RICHARDSON, II (DA)

DEFENDANT DEMANDS COUNSEL.

COURT REFERS DEFENDANT TO THE PUBLIC DEFENDER.

PUBLIC DEFENDER APPOINTED. FABIANNA A. OLIVARES - P.D.

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY FABIANNA A. OLIVARES DEPUTY PUBLIC DEFENDER

DEFENDANT ADVISED OF THE FOLLOWING RIGHTS IN WRITING:

DEFENDANT ARRAIGNED AND ADVISED OF THE FOLLOWING RIGHTS AT MASS ADVISEMENT:

SPEEDY PUBLIC TRIAL, TRIAL WITHIN 30/45 DAYS, RIGHT TO REMAIN SILENT,
SUBPOENA POWER OF COURT, CONFRONTATION AND CROSS EXAMINATION, JURY TRIAL,
COURT TRIAL, RIGHT TO ATTORNEY, SELF-REPRESENTATION, REASONABLE BAIL,
CITIZENSHIP, EFFECT OF PRIORS, PLEAS AVAILABLE, PROBATION.

DEFENDANT WAIVES ARRAIGNMENT, READING OF COMPLAINT, AND STATEMENT OF CONSTITUTIONAL AND STATUTORY RIGHTS.

DEFENDANT PLEADS NOT GUILTY TO COUNT 01, 273A(B) PC.

DEFENDANT PLEADS NOT GUILTY TO COUNT 02, 273A(B) PC.

COURT ORDERS AND FINDINGS:

-DEFENDANT IS SERVED WITH A COPY OF THE PROTECTIVE ORDER IN OPEN COURT.

-OBEY THE PROTECTIVE ORDER ISSUED IN THIS OR ANY OTHER CASE.

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

PRETRIAL HEARING IS SET FOR 06/20/16 AT 8:30 A.M. IN THIS DEPARTMENT.

WAIVES STATUTORY TIME.

EXTENDED SCHEDULED EVENT:

6/20/16 830 AM PRETRIAL HEARING DIST EL MONTE COURTHOUSE DEPT 006
DAY 00 OF 30

GUARDIAN STATUS: RELEASED ON OWN RECOGNIZANCE

ON 06/20/16 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

ARREST CALLED FOR PRETRIAL HEARING

PARTIES: DONNA HOLLINGSWORTH (JUDGE) VIVIAN YOSHIOKA (CLERK)
JEANNETTE BUSH (REP) T.G. RICHARDSON, II (DA)

CASE NO. 6EM01285
DEF NO. 01

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DATE PRINTED 09/17/18

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY FABIANNA A. OLIVARES DEPUTY
PUBLIC DEFENDER

DEFENDANT ADVISED OF THE FOLLOWING RIGHTS IN WRITING:

DEFENDANT WAIVES ARRAIGNMENT, READING OF COMPLAINT, AND STATEMENT OF
CONSTITUTIONAL AND STATUTORY RIGHTS.

DEFENDANT WAIVES FURTHER ARRAIGNMENT.

DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
WRITTEN ADVISEMENT OF RIGHTS AND WAIVERS FILED, INCORPORATED BY REFERENCE
HEREIN

TRIAL BY COURT AND TRIAL BY JURY

CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;

SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;

AGAINST SELF-INCRIMINATION;

DEFENDANT ADVISED OF THE FOLLOWING:

THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE
COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;

THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING
THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL

EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE
SAME OR SIMILAR OFFENSES;

THE EFFECTS OF PROBATION;

IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE
OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF
DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF
NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.

THE COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND
EXPLICITLY MADE; COUNSEL JOINS IN THE WAIVERS

THE DEFENDANT PERSONALLY WITHDRAWS PLEA OF NOT GUILTY TO COUNT 01 AND PLEADS
NOLO CONTENDERE WITH THE APPROVAL OF THE COURT TO A VIOLATION OF SECTION
273A(B) PC IN COUNT 01. THE COURT FINDS THE DEFENDANT GUILTY.

COUNT (01) : DISPOSITION: CONVICTED

DEFENDANT IS ADVISED OF HIS RIGHT TO A SPEEDY TRIAL AND WAIVES STATUTORY TIME
FOR TRIAL.

COURT ACCEPTS PLEA

MATTER IS CALLED FOR PRETRIAL HEARING.

CHANGE OF PLEA.

STATEMENT OF RIGHTS IS SIGNED BY THE COURT THIS DATE.

NEXT SCHEDULED EVENT:

SENTENCING

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING

JUDGMENT:

AS TO COUNT (01):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 004 YEARS UNDER THE FOLLOWING TERMS AND CONDITIONS:

PLUS \$40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)

\$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)

\$144.00 987.8 P.C. - ATTORNEY FEES

DEFENDANT TO PAY FINE TO THE COURT CLERK

PERFORM 15 DAYS OF COMMUNITY LABOR

ASE NO. 6EM01285
EF NO. 01

PAGE NO. 3
DATE PRINTED 09/17/18

DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF \$150.00 TO THE COURT
TOTAL DUE: \$364.00

IN ADDITION:

- DO NOT USE OR THREATEN TO USE FORCE OR VIOLENCE ON ANY PERSON.
DO NOT ANNOY, HARASS OR MOLEST ANY PERSON OR WITNESS INVOLVED IN
THIS CASE, ESPECIALLY GRETA KARVUNIOS AND STELLA KARVUNIOS.
- DO NOT ASSOCIATE WITH, HAVE NO CONTACT WITH AND STAY
AT LEAST 100 YARDS AWAY FROM STELLA KARVUNIOS AND GRETA
KARVUNIOS.

- ENROLL WITHIN 30 DAYS AND SUCCESSFULLY COMPLETE A
52

WEEK APPROVED PARENTING SKILLS PROGRAM.

- OBEY THE PROTECTIVE ORDER ISSUED IN THIS OR ANY OTHER CASE.
- DEFENDANT IS SERVED WITH A COPY OF THE PROTECTIVE ORDER IN OPEN
COURT.
- OBEY ALL LAWS AND ORDERS OF THE COURT.
- DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT

UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND
DEFENDANT AGREES TO ABIDE BY SAME.

- DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION
FINE PURSUANT TO PENAL CODE SECTION 1202.44, IN THE AMOUNT OF
\$150.00.

THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION OF
PROBATION.

COURT ORDERS AND FINDINGS:

- NOT OWN, USE OR POSSESS ANY DANGEROUS OR DEADLY WEAPONS,
INCLUDING ANY FIREARMS, KNIVES OR OTHER CONCEALABLE WEAPONS.

NY MANDATORY AND NON-PUNITIVE FEES OR ASSESSMENTS ORDERED IN THIS CASE ARE NOT
CONDITIONS OF PROBATION

- THE DEFENDANT IS ORDERED TO RETURN ON 07-28-16 AT 8:30 A.M.
IN THIS DEPARTMENT AND SHOW PROOF OF ENROLLMENT IN A 52 WEEK
PARENTING PROGRAM.

- THE DEFENDANT IS GIVEN A REFERRAL TO THE PARENTING PROGRAM
AND A LIST OF PROGRAMS.

- THE DEFENDANT IS ORDERED TO PAY ATTORNEY FEES IN THE AMOUNT
OF \$144.00 TO THE CLERK'S OFFICE BY 06-20-17 FOR THE SERVICES
OF THE PUBLIC DEFENDER.

COUNT (01): DISPOSITION: CONVICTED

REMAINING COUNTS DISMISSED:

COUNT (02): DISMISSED DUE TO PLEA NEGOTIATION

MV ABSTRACT NOT REQUIRED

EXT SCHEDULED EVENT:

07/28/16 830 AM PROOF OF ENROLLMENT DIST EL MONTE COURTHOUSE DEPT 006

EXT SCHEDULED EVENT:

06/20/17 900 AM PROOF OF COMPLETION/FINE DIST EL MONTE COURTHOUSE DEPT
CLK

EXT SCHEDULED EVENT:

06/20/17 1000 AM 987.8 - ATTORNEY FEES PAYMENT DIST EL MONTE COURTHOUSE

CASE NO. 6EM01285
DEF NO. 01

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DATE PRINTED 09/17/18

DEPT CLK

06/24/16 ARREST DISPOSITION REPORT SENT VIA FILE TRANSFER TO DEPARTMENT OF JUSTICE

ON 07/28/16 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

CASE CALLED FOR PROOF OF ENROLLMENT

PARTIES: DONNA HOLLINGSWORTH (JUDGE) ROBERT VONSLOMSKI (CLERK)
ELEANOR FLORES (REP) MIREYA I. SAAVEDRA (DA)
DEFENDANT IS NOT PRESENT IN COURT, BUT REPRESENTED BY IRMA J. VARGAS DEPUTY PUBLIC DEFENDER

DEFENDANT APPEARING BY COUNSEL PURSUANT TO PENAL CODE SECTION 977 ET SEQ, BY IRMA J. VARGAS DEPUTY PUBLIC DEFENDER
PROOF OF ENROLLMENT IN PARENTING CLASSES, IS RECEIVED AND FILED THIS DATE.

FURTHER PROGRESS REPORT IS SET FOR 10/27/16 AT 8:30 A.M. IN THIS DEPARTMENT.

APPEARANCE PURSUANT TO PENAL CODE SECTION 977(A) IS ALLOWED.

COURT ORDERS AND FINDINGS:

-ORIGINAL TERMS AND CONDITIONS OF PROBATION TO REMAIN IN FULL FORCE AND EFFECT.

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

NEXT SCHEDULED EVENT:

10/27/16 830 AM PROGRESS REPORT DIST EL MONTE COURTHOUSE DEPT 006

CUSTODY STATUS: ON PROBATION

ON 10/27/16 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

CASE CALLED FOR PROGRESS REPORT

PARTIES: DONNA HOLLINGSWORTH (JUDGE) ROBERT VONSLOMSKI (CLERK)
ELEANOR FLORES (REP) CESAR RODRIGUEZ (DA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY IRMA J. VARGAS DEPUTY PUBLIC DEFENDER

PROGRESS REPORT IN PARENTING CLASSES IS RECEIVED AND FILED THIS DATE.

FURTHER PROGRESS REPORT IS SET FOR 01/26/17 AT 8:30 A.M. IN THIS DEPARTMENT.

COURT ORDERS AND FINDINGS:

-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

NEXT SCHEDULED EVENT:

01/26/17 830 AM PROGRESS REPORT DIST EL MONTE COURTHOUSE DEPT 006

CUSTODY STATUS: ON PROBATION

ON 01/26/17 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

NUNC PRO TUNC ORDER PREPARED. IT APPEARING TO THE COURT THAT THE MINUTE ORDER IN THE ABOVE ENTITLED ACTION DOES NOT PROPERLY REFLECT THE COURT'S ORDER. SAID MINUTE ORDER IS AMENDED NUNC PRO TUNC AS OF THAT DATE. ALL OTHER ORDERS ARE TO REMAIN IN FULL FORCE AND EFFECT. DETAILS LISTED AT END OF THIS MINUTE ORDER.

ASE NO. 6EM01285
EF NO. 01

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DATE PRINTED 09/17/18

ASE CALLED FOR PROGRESS REPORT
ARTIES: DONNA HOLLINGSWORTH (JUDGE) MONICA VILLARRUEL (CLERK)
ELEANOR FLORES (REP) CESAR RODRIGUEZ (DA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY IRMA J. VARGAS DEPUTY PUBLIC
DEFENDER
PROOF OF COMPLETION OF PARENTING IS RECEIVED AND FILED DATED
12-15-17 FROM EL MONTE-ROSEMEAD ADULT SCHOOL AND A CERTIFICATE.
- THE COURT INFORMS THE DEFENDANT THAT THE COURT NEEDS TO
CONSIDER HOW MANY SESSIONS WERE COMPLETED, THEREFORE,
MATTER CONTINUES FOR FURTHER PROGRESS REPORT ON PARENTING
PROGRAM TO 04-27-17 AT 8:30 A.M. IN DEPARTMENT 06.

...
COURT ORDERS AND FINDINGS:
-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
EXT SCHEDULED EVENT:
04/27/17 830 AM PROGRESS REPORT DIST EL MONTE COURTHOUSE DEPT 006

N 04/27/17 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

ASE CALLED FOR PROGRESS REPORT
ARTIES: DONNA HOLLINGSWORTH (JUDGE) VIVIAN YOSHIOKA (CLERK)
ELEANOR FLORES (REP) CESAR RODRIGUEZ (DA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY SHANTAL R R GALLARDO DEPUTY
PUBLIC DEFENDER
MATTER IS CALLED FOR PARENTING PROGRESS REPORT.

THE COURT HAS READ AND CONSIDERED THE PARENTING PROGRESS
REPORT DATED 04-26-17 FROM THE E-MONTE-ROSEMEAD ADULT
SCHOOL.

THE DEFENDANT HAS ATTENDED 40 OF 52 PARENTING SESSIONS.

PROBATION IS CONTINUED ON THE SAME TERMS AND CONDITIONS.

THE DEFENDANT IS ORDERED TO RETURN ON 07-27-17 AT
8:30 A.M. IN THIS DEPARTMENT FOR A PARENTING PROGRESS
REPORT.

THE DEFENDANT STATES SHE WILL COMPLETE THE 15 DAYS COMMUNITY
LABOR AND PAY MANDATORY FEES OF \$364.00 BY 06-20-17
AND DOES NOT NEED AN EXTENSION.

COURT ORDERS AND FINDINGS:
-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

EXT SCHEDULED EVENT:
07/27/17 830 AM PROGRESS REPORT DIST EL MONTE COURTHOUSE DEPT 006

N 06/15/17 AT 830 AM :

WALKIN: DEFENDANT REQUEST AN EXTENSION TO PAY FEES AND COMPLETE
COMMUNITY LABOR.

/CT
EXT SCHEDULED EVENT:
06/15/17 830 AM FURTHER PROCEEDINGS DIST EL MONTE COURTHOUSE DEPT 006

CASE NO. 6EM01285
DEF NO. 01

PAGE NO. 6
DATE PRINTED 09/17/18

ON 06/15/17 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

NUNC PRO TUNC ORDER PREPARED. IT APPEARING TO THE COURT THAT THE MINUTE ORDER IN THE ABOVE ENTITLED ACTION DOES NOT PROPERLY REFLECT THE COURT'S ORDER. SAID MINUTE ORDER IS AMENDED NUNC PRO TUNC AS OF THAT DATE. ALL OTHER ORDERS ARE TO REMAIN IN FULL FORCE AND EFFECT. DETAILS LISTED AT END OF THIS MINUTE ORDER. CASE CALLED FOR FURTHER PROCEEDINGS

PARTIES: DONNA HOLLINGSWORTH (JUDGE) ROBERT VONSLOMSKI (CLERK)
ELEANOR FLORES (REP) CESAR RODRIGUEZ (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY SHANTAL R R GALLARDO DEPUTY PUBLIC DEFENDER

THE DEFENDANT'S REQUEST FOR AN EXTENSION IS GRANTED.

PROOF OF COMPLETION OF 15 DAYS OF COMMUNITY LABOR IS EXTENDED TO 12/12/17 IN THE CLERK'S OFFICE.

COURT FEES ARE EXTENDED TO 12/12/17 IN THE CLERK'S OFFICE.

THE DEFENDANT IS GIVEN A REFERRAL FORM THIS DATE.

NUNC PRO TUNC ISSUED ON 07/26/17 BY R. VONSLOMSKI AS FOLLOWS:
TO CORRECT NEXT CALENDAR DATE TO CLERK'S OFFICE.

NEXT SCHEDULED EVENT:

12/12/17 830 AM PROOF OF COMPLETION/FINE DIST EL MONTE COURTHOUSE DEPT CLK

CUSTODY STATUS: ON PROBATION

ON 07/27/17 AT 830 AM IN EL MONTE COURTHOUSE DEPT 006

CASE CALLED FOR PROGRESS REPORT

PARTIES: DONNA HOLLINGSWORTH (JUDGE) ROBERT VONSLOMSKI (CLERK)
MICHELLE GARDNER (REP) CESAR RODRIGUEZ (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY SHANTAL R R GALLARDO DEPUTY PUBLIC DEFENDER

PROOF OF COMPLETION OF PARENTING CLASSES IS RECEIVED AND FILED THIS DATE.

PROOF OF COMPLETION OF 15 DAYS COMMUNITY LABOR AND COURT FEES REMAIN DUE ON 12/12/17 IN THE CLERK'S OFFICE.

NEXT SCHEDULED EVENT:

MATTER PREV SET/REMAIN ON CLDR

CUSTODY STATUS: ON PROBATION

ON 12/06/17 AT 830 AM :

FILED PROOF OF COMPLETION OF 15 DAYS TREE FARM.

PAID FEES IN FULL./AG

PAYMENT IN THE AMOUNT OF \$364.00 PAID ON 12/06/17 RECEIPT # ELM634946005
PROCEEDING TERM & CLDR CANCEL

CASE NO. 6EM01285
DEF NO. 01

PAGE NO. 7
DATE PRINTED 09/17/18

09/17/18

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET
ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.

HERRI R. CARTER, EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS
ANGELES, STATE OF CALIFORNIA

BY *HR Carter*, DEPUTY





CITY OF EL MONTE



POLICE DEPARTMENT



768

Chief
David Reynoso

Captain
DAVID VAUTRIN

Date: 09/19/18

To: Britney McDermott
CDL:

Re: **16CR-1266**

In response to your request, please return if applicable:

Based on the information provided, a search of our records was made which failed to reveal any record. A search was made April 1996 to present date.

The requested report is attached.

☒ Per section 11167.5 PC, your request is being denied.

The following information is needed (check if applicable):

☐ Name of victim(s)/parties involved

☐ Address of victim(s)/parties involved

☐ Location of occurrence (street and address) or cross streets

☐ Date/Time of incident

☐ Date/Time of reported if different

☐ Type of incident (burglary, theft, traffic collision)

☐ Vehicle license plate number, driver's license number

☐ Traffic accidents/incidents: WE DO NOT HANDLE THIS AREA, PLEASE CONTACT

☐ There is a fee of _____ to process your requested photographs (\$2.00 each).

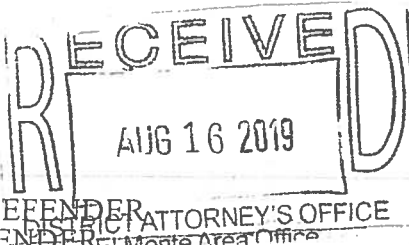
☐ The information you requested cannot be furnished without a **subpoena duces tecum**.

☒ Other (see comments)

COMMENTS Our records indicate no arrest was made and per the above penal code section, child abuse reports are not releasable.

Sincerely,
Haydee Barrios
El Monte Police Department/Records Bureau
626/580-2115

A handwritten signature in black ink, appearing to read "Haydee Barrios".



CONFORMED COPY
ORIGINAL FILED
Superior Court of California
County of Los Angeles

AUG 16 2019

Sherri R. Carter, Executive Officer/Clerk
By: Charlie Thach, Deputy

COUNTY OF LOS ANGELES
LAW OFFICES OF THE PUBLIC DEFENDER
RICARDO GARCIA, PUBLIC DEFENDER
Kim Repecka, Deputy Public Defender
State Bar No. 285656
11234 E. Valley Blvd, Suite 113
El Monte CA 91731
Tel: 626-575-4179
KRepecka@pubdef.lacounty.gov

Attorney for Defendant
Brittney Hannah

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES**

PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,

Case No.: 6EM01285

vs.
BRITTNEY HANNAH
Defendant,

**NOTICE OF MOTION AND
MOTION FOR EARLY
TERMINATION OF PROBATION
PURSUANT TO PENAL CODE
§12303.3 AND MOTION TO DISMISS
ACCUSATORY PLEADINGS
PURSUANT TO PENAL CODE
§1203.4 AND PETITION**

DATE: 8/30/2019
TIME: 8:30 a.m.
DEPT: 2

**TO THE HONORABLE JUDGE TONY CHO AND THE ASSIGNED DEPUTY
DISTRICT ATTORNEY::**

NOTICE IS HEREBY GIVEN that on 8/30/2019 at 8:30 a.m., or as soon thereafter as the matter can be heard in Department 2 of the Superior Court, or such other courtroom to which said motion is assigned, the defendant, Brittney Hannah, by and through her attorney, the Public Defender for the County of Los Angeles, will move, and does hereby move the court to terminate her probation early pursuant to the provisions of Penal Code §1203.3, and to order withdrawal of her guilty plea, and dismissal of the accusatory pleadings pursuant to the provisions of Penal Code §1203.4.

CASE # 6EM01285

On June 20, 2016, Ms. Hannah entered a no contest plea to a charge of PC 273a(b), a misdemeanor. She was subsequently sentenced to four years of summary probation, and ordered to complete fifteen days of community labor and a 52-week parenting course. She was additionally subject to a protective order and weapons conditions.

On July 28, 2016, Ms. Hannah filed proof of enrollment in her parenting course.

On July 27, 2017, Ms. Hannah filed proof of completion in her parenting course.

On December 6, 2017, Ms. Hannah filed proof of completion of her community labor and paid her court fees.

This is the only case on Ms. Hannah's record, and she has completed over three years of her four year probationary period without incident.

ARGUMENT

I. PENAL CODE SECTION 1203.3 SPECIFICALLY PROVIDES THAT THIS COURT HAS THE BROAD DISCRETION TO MODIFY A PROBATIONARY SENTENCE.

Penal Code section 1203.3, subdivision (a) provides, in relevant part, that:

The court shall have authority at any time during the term of probation to revoke, modify, or change its order of suspension of imposition or execution of sentence. The court may at any time when the ends of justice will be subserved thereby, and when the good conduct and reform of the person so held on probation shall warrant it, terminate the period of probation, and discharge the person so held.

(Pen. Code. § 1203.3.)

Probation is neither "punishment" nor a criminal "judgment." Rather, probation is an act of clemency in lieu of punishment whose primary purpose is rehabilitative in nature. (See *People v. Cookson* (1991) 54 Cal.3d 1091, 1097; *People v. Howard* (1997) 16 Cal.4th 1081, 1092.) Moreover, this Court may terminate probation and discharge the probationer "when the ends of justice will be subserved thereby, and when the good conduct and reform of the person so held on probation shall warrant it." (Pen. Code § 1203.3(a).)

According to the language of Penal Code Section 1203.3, this Court has broad discretion, powers, and authority to modify and terminate a grant of probation at any point

1 following a court's original grant of probation.

2 In this case, Ms. Hannah was placed on summary probation. She completed all of her
3 obligations timely and did not miss any court dates. She appeared in advance of her court date
4 to request an extension for completion of labor and fees, and then completed those by the
5 prescribed deadline. She was never found in violation, and never had her probation revoked.

6 II. A COURT MAY DISMISS A CASE IN THE INTERESTS OF JUSTICE.

7 According to Penal Code Section 1203.4, "...in any case in which a court, in its
8 discretion and the interests of justice, determines that a defendant should be granted the relief
9 available under this section, the defendant shall, at any time after the termination of the period
10 of probation, if he is not then serving a sentence for any commission of any offense, on
11 probation for any offense, or charged with the commission of any offense, be permitted by the
12 court to withdraw his plea of guilty and enter a plea of not guilty, and the court shall thereupon

13 dismiss the accusations..." If the Court were to grant Ms. Hannah's petition for early
14 termination of probation, Ms. Hannah would not presently serving a sentence for any offense,
15 on probation for any offense, or charged with any offense.

16 It is in the interest of justice to grant post-conviction dismissal this case because Ms.
17 Hannah has learned from her time in the court system and has been living an honest and
18 upright life. As discussed above, Ms. Hannah quickly completed her court requirements and
19 committed no violations.

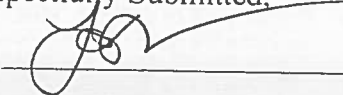
20 In addition, Ms. Hannah completed a pharmacy technician course with an A grade, and
21 has obtained a pharmacy technician license in the state of California.

22 However, Ms. Hannah has experienced hardships as a result of being on probation.
23 Despite receiving her license, she has been unable to apply for most positions in her new field
24 because they require background checks and employers are unwilling to look past her
25 probationary status. Further, she and her husband have been unable to relocate because both
26 landlords and homeowners' associations run similar background checks.
27
28

1 Said motion will be based on this notice, the pleadings, records and files in this matter,
2 and any and all evidence, oral or documentary, which may be presented at the hearing of said
3 motion.

4 Dated: 8/15/19

Respectfully Submitted,

By 

Kim Repecka

Deputy Public Defender

CR-180

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 285656 NAME: Kim Repecka FIRM NAME: Law Office of the Public Defender STREET ADDRESS: 11234 E. Valley Blvd. CITY: El Monte STATE: CA ZIP CODE: 91731 TELEPHONE NO.: 626-575-4179 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Brittney Hannah		FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: Brittney Hannah DATE OF BIRTH:		CASE NUMBER 6EM01285
PETITION FOR DISMISSAL (Pen. Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.42, 1203.43, 1203.49)		FOR COURT USE ONLY DATE TIME DEPARTMENT

1. On (date): 6/28/16, the petitioner (the defendant in the above-entitled criminal action) was convicted of a violation of the following offenses or was granted deferred entry of judgment for the following offenses:

Code	Section	Type of offense (felony, misdemeanor, or infraction):	Eligible for reduction to misdemeanor under Penal Code, § 17(b) (yes or no)	Eligible for reduction to infraction under Penal Code, § 17(d)(2) (yes or no)
PC	273a(b)	misdemeanor	no	no

If additional space is needed for listing offenses, use *Attachment to Judicial Council Form* (form MC-025).

2. ☒ Felony or misdemeanor with probation granted (Pen. Code, § 1203.4)

Probation was granted on the terms and conditions stated in the docket of the above-entitled court; the petitioner is not serving a sentence for any offense, on probation for any offense, or under charge of commission of any crime, and the petitioner (check all that apply)

- a. ☒ has fulfilled the conditions of probation for the entire period thereof.
- b. ☒ has been discharged from probation prior to the termination of the period thereof.
- c. ☐ should be granted relief in the interests of justice. (Please note: You may explain why granting a dismissal would be in the interests of justice. You can provide that information by writing in the space below, or by attaching a letter or other relevant documents. If you need more space for your writing, you can use the Attached Declaration (form MC-031) and attach it to this petition.)

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:

CASE NUMBER

3. ☐ **Misdemeanor or infraction with sentence other than probation (Pen. Code, § 1203.4a)**

Probation was not granted; more than one year has elapsed since the date of pronouncement of judgment. Petitioner has complied with the sentence of the court and is not serving a sentence for any offense or under charge of commission of any crime; and the petitioner (*check one*):

- a. ☐ has lived an honest and upright life since pronouncement of judgment and conformed to and obeyed the laws of the land; **or**
- b. ☐ should be granted relief in the interests of justice. (*Please note: You may explain why granting a dismissal would be in the interests of justice. You can provide that information by writing in the space below or by attaching a letter or other relevant documents. If you need more space for your writing, you can use the Attached Declaration (form MC-031) and attach it to this petition.*)

4. ☐ **Misdemeanor conviction under Penal Code section 647(b) (Pen. Code, § 1203.49)**

Petitioner has completed a term of probation for a conviction under Penal Code section 647(b) and should be granted relief because the petitioner can establish by clear and convincing evidence that the conviction was the result of his or her status as a victim of human trafficking.

(*Please note: You may provide evidence that the conviction was the result of your status as a victim of human trafficking. You can provide that information by writing in the space below or by attaching a letter or other relevant documents. If you need more space for your writing, you can use the Attached Declaration (form MC-031) and attach it to this petition.*)

5. ☐ **Felony county jail sentence under Penal Code section 1170(h)(5) (Pen. Code, § 1203.41)**

Petitioner is not under supervision under Penal Code section 1170(h)(5)(B); is not serving a sentence for, on probation for, or charged with the commission of any offense; and should be granted relief in the interests of justice, and (*check one*)

- a. ☐ more than one year has elapsed since petitioner completed the felony county jail sentence **with** a period of mandatory supervision imposed under Penal Code section 1170(h)(5)(B); **or**
- b. ☐ more than two years have elapsed since petitioner completed the felony county jail sentence **without** a period of mandatory supervision imposed under Penal Code section 1170(h)(5)(A).

(*Please note: You may explain why granting a dismissal would be in the interests of justice. You can provide that information by writing in the space below or by attaching a letter or other relevant documents. If you need more space for your writing, you can use the Attached Declaration (form MC-031) and attach it to this petition.*)

CR-180

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	CASE NUMBER
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6. ☐ **Felony prison sentence that would have been eligible for a felony county jail sentence after 2011 under Penal Code section 1170(h)(5) (Pen. Code, § 1203.42)**

Petitioner is not under supervision and is not serving a sentence for, on probation for, or charged with the commission of any offense; more than two years have elapsed since petitioner completed the felony prison sentence; and petitioner should be granted relief in the interests of justice.

(Please note: You may explain why granting a dismissal would be in the interests of justice. You can provide that information by writing in the space below or by attaching a letter or other relevant documents. If you need more space for your writing, you can use the Attached Declaration (form MC-031) and attach it to this petition.)

7. ☐ **Deferred entry of judgment (Pen. Code, § 1203.43)**

Petitioner performed satisfactorily during the period in which deferred entry of judgment was granted. The criminal charge(s) were dismissed under former Penal Code section 1000.3 on (date): _____ . Furthermore (check one),

- a. ☐ court records are available showing the case resolution; or
- b. ☐ petitioner declares under penalty of perjury that the charges were dismissed after he or she completed the requirements for deferred entry of judgment. Petitioner (check one)
- (1) ☐ has
- (2) ☐ has not
- attached a copy of his or her state summary criminal history information.

8. Petitioner requests that the eligible felony offenses listed above be reduced to misdemeanors under Penal Code section 17(b) and eligible misdemeanor offenses be reduced to infractions under Penal Code section 17(d)(2).

9. Petitioner requests that he or she be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under the Penal Code section(s) noted above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 8/16/2019


(SIGNATURE OF PETITIONER OR ATTORNEY)

11234 E. Valley Blvd.
(ADDRESS OF PETITIONER)

E/ Monte CA 91731
(CITY) (STATE) (ZIP CODE)

CR-181

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: 285656 NAME: Kim Repecka FIRM NAME: Law Office of the Public Defender STREET ADDRESS: 11234 E. Valley Blvd CITY: El Monte STATE: CA ZIP CODE: 91731 TELEPHONE NO.: 626-575-4179 FAX NO: E-MAIL ADDRESS: ATTORNEY FOR (name): Brittney Hannah		FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: Brittney Hannah DATE OF BIRTH:		
ORDER FOR DISMISSAL (Pen. Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.42, 1203.43, 1203.49)		
		CASE NUMBER 6EM01285

The court finds from the records on file in this case, and from the foregoing petition, that the petitioner (*the defendant in the above-entitled criminal action*) is eligible for the following requested relief:

1. The court **GRANTS** the petition for reduction of a felony to a misdemeanor (maximum punishment of 364 days per Pen. Code, § 18.5) under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) and reduces
 - a. ☐ ALL FELONY CONVICTIONS in the above-entitled action.
 - b. ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action.
 - c. ☐ only the following convictions in the above-entitled action (*specify charges and date of conviction*):

2. The court **DENIES** the petition for reduction of a felony to a misdemeanor under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) for
 - a. ☐ ALL FELONY CONVICTIONS in the above-entitled action.
 - b. ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action.
 - c. ☐ only the following convictions in the above-entitled action (*specify charges and date of conviction*):

3. The court **GRANTS** the petition for dismissal regarding the following convictions under Penal Code (*check all that apply*)

☒ § 1203.4 ☐ § 1203.4a ☐ § 1203.41 ☐ § 1203.42 ☐ § 1203.43 ☐ § 1203.49

 and it is ordered that the pleas of guilty or nolo contendere or verdicts or findings of guilt be set aside and vacated and a plea of not guilty be entered and that the complaint or information be, and is hereby, dismissed for (*check one*)
 - a. ☒ ALL CONVICTIONS OR PLEAS FOR DEFERRED ENTRY OF JUDGMENT in the above-entitled action.
 - b. ☐ only the following convictions or pleas for deferred entry of judgment in the above-entitled action (*specify charges and date of conviction or plea for deferred entry of judgment*):

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:

CASE NUMBER:

4. The court **DENIES** the petition for dismissal under Penal Code (*check all that apply*)☐ § 1203.4 ☐ § 1203.4a ☐ § 1203.41 ☐ § 1203.42 ☐ § 1203.43 ☐ § 1203.49 for (*check one*)a. ☐ ALL CONVICTIONS OR PLEAS FOR DEFERRED ENTRY OF JUDGMENT in the above-entitled action.b. ☐ only the following convictions or pleas for deferred entry of judgment in the above-entitled action (*specify charges and date of conviction or plea for deferred entry of judgment*):5. In granting this order under the provisions of Penal Code section 1203.49, the court finds that the petitioner was a victim of human trafficking when he or she committed the crime. The court orders (*check one*)a. ☐ the relief described in section 1203.4.b. ☐ the relief described in section 1203.4, with the following exceptions (*specify*):6. If the order is granted under the provisions of Penal Code section 1203.49, the Department of Justice is hereby notified that ~~petitioner was a victim of human trafficking when he or she committed the crime, and of the relief ordered.~~

7. If this order is granted under the provisions of Penal Code section 1203.4, 1203.41, or 1203.42,

a. the petitioner is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office, or for licensure by any state or local agency, or for contracting with the California State Lottery Commission; and

b. dismissal of the conviction does not *automatically* relieve petitioner from the requirement to register as a sex offender. (See, e.g., Pen. Code, § 290.5.)

8. If the order is granted under the provisions of Penal Code section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.49, the petitioner is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 29800 and 29900 (formerly sections 12021 and 12021.1) and Vehicle Code section 13555. In any subsequent prosecution of the petitioner for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if probation had not been granted or the accusation or information dismissed. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 29800 or 29900 (formerly sections 12021 and 12021.1). Dismissal of a conviction does not permit a person prohibited from holding public office as a result of that conviction to hold public office.

9. In addition, as required by Penal Code section 299(f), relief under Penal Code sections 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.49 does *not* release petitioner from the separate administrative duty to provide specimens, samples, or print impressions under the DNA and Forensic Identification Database and Data Bank Act (Pen. Code, § 295 et seq.) if petitioner was found guilty by a trier of fact, not guilty by reason of insanity, or pled no contest to a qualifying offense as defined in Penal Code section 296(a).

FOR COURT USE ONLY

10. The basis for an order of dismissal granted under the provisions of Penal Code section 1203.43 is the invalidity of defendant's prior plea due to misinformation in former Penal Code section 1000.4 regarding the actual consequences of making a plea and successful completion of a deferred entry of judgment program.

Date:

(JUDICIAL OFFICER)

9

9A

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed for all types of ownership

Facility Name: Huvepharma, Inc.

Physical Address: 20927 State Route K

City: St. Joseph State: MO Zip Code: 64505

Telephone Number: (816) 233-9533 Fax Number: (816) 233-1858

Toll Free Number: (800) 542-8916

E-mail: HUV@slny.com Website: www.huvepharma.com

Facility Manager: Tonya Louise Willson

Professional qualifications and experience of facility manager: Oversee operations within the organization's customer service and logistics departments. Responsible for the development, execution and continuous improvements of the logistics, distribution and customer service processes in alignment with organizations objectives.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: VET OTC Drugs, Rx IV drugs, Biologics

APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Sparhawk Laboratories, Inc

Address: 12340 Santa Fe Drive, Lenexa, KS 66215-3591

Name: Norbrook, Inc

Address: 9733 Loriet Blvd, Lenexa, KS 62219

Name: American Animal Health / Black Phoenix Holdings

Address: 1401 Joel East Rd, Fort Worth, TX 76140

Name: Vets Plus, Inc

Address: 302 Cedar Falls Road, Menomonie, WI 54751

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Glen M. Wilkinson

Print Name of Authorized Person

6/14/19

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Huvepharma, EOOD

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Huvapharma, EOOD</u>	<u>5th Floor, 3A "Nikolay Haytov" Str., 1113 Sofia, Bulgaria</u>
	Name	Business Address
b)	<u></u>	<u></u>
	Name	Business Address
c)	<u></u>	<u></u>
	Name	Business Address
d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A Company is solely owned by
Huvepharma, EOOD.

3) What was the price paid per share? N/A - no price per share

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Inlude ith the appli ation or a non pu li ly traded orporation**List of officers and directors**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Huvepharma, Inc.



Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
FEIN: 20-3406575
www.huvepharma.com

Drug Labeler Code: 23243
Incorporation State: DE
Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STJ	20927 State Route K St. Joseph, MO 64505 County: Andrew			155594450	No	(816) 233-9533	(816) 233-1858

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Tonya Louise Wilson	Juniper Road Barnard, MO 64423	Director of Logistics	No

All states but CA for now.

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Glen M. Wilkinson	Dukes Court Brooks, GA 30205	President	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Registered Agent Solutions, Inc.

State of Missouri

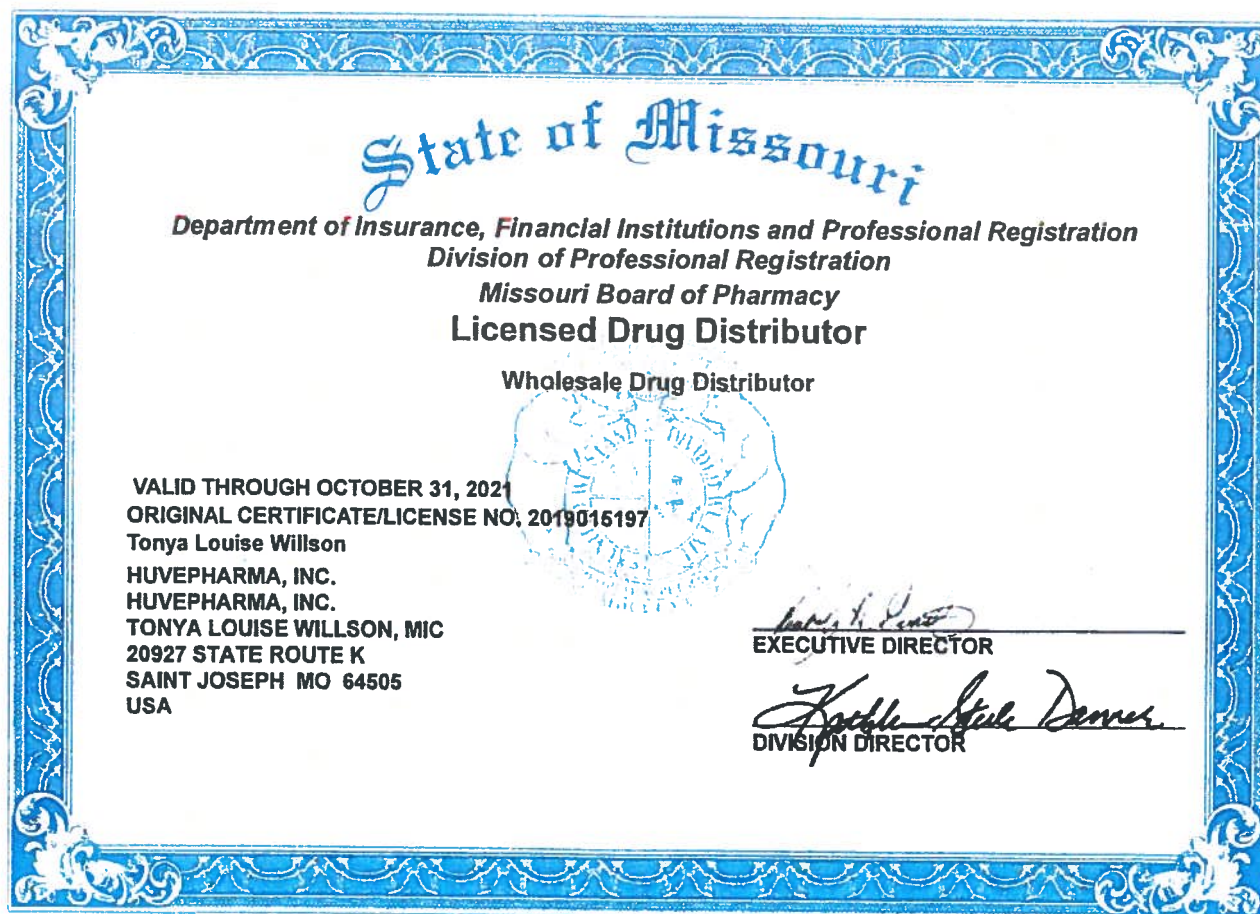
Division of Professional Registration

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
 ORIGINAL CERTIFICATE/LICENSE NO. 2019015197
 HUVEPHARMA, INC.
 HUVEPHARMA, INC.
 TONYA LOUISE WILLSON, MIC
 20927 STATE ROUTE K
 SAINT JOSEPH MO 64505
 USA

HUVEPHARMA, INC.
 HUVEPHARMA, INC.
 TONYA LOUISE WILLSON, MIC
 20927 STATE ROUTE K
 SAINT JOSEPH MO 64505
 USA



State of Missouri

Division of Professional Registration
 Licensed Drug Distributor
 Wholesale Drug Distributor

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 USA



State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor



VALID THROUGH OCTOBER 31, 2019
ORIGINAL CERTIFICATE/LICENSE NO. 2019015197
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HUVEPHARMA, INC.
TONYA LOUISE WILLSON, MIC
20927 STATE ROUTE K
SAINT JOSEPH MO 64505
USA

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration

Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor



VALID THROUGH OCTOBER 31, 2019
ORIGINAL CERTIFICATE/LICENSE NO. 2019015197
Tonya Louise Willson
HUVEPHARMA, INC.
HUVEPHARMA, INC.
TONYA LOUISE WILLSON, MIC
20927 STATE ROUTE K
SAINT JOSEPH MO 64505
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HUVEPHARMA INC.

using in Missouri the name

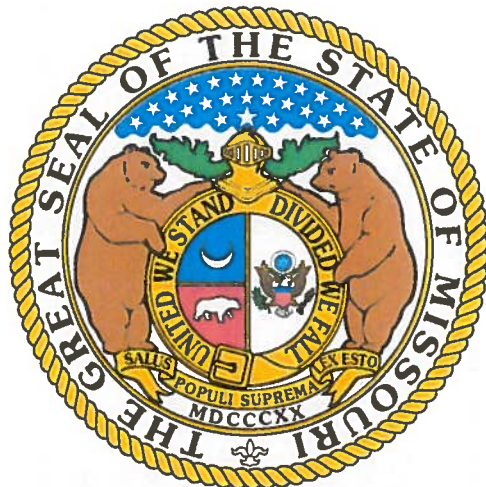
HUVEPHARMA INC.
F00734302

a DELAWARE entity was created under the laws of this State on the 25th day of April, 2006, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of September, 2019.


Secretary of State

Certification Number: CERT-09182019-0015



Huvebnarman, ..

20927 State Route

Saint Joseph, MO 64505

Employee Name

Tonya Willson

Adam Yankowsky

Jacqueline McClure

Cari Evans

Robert "Bob" Keegan

Brian Snyder

John Nagel

Jody Runkles

Josh Miller

Noah Jensen

Kim Drydale

Ragena Hilsabeck

Sarah Hixson

Title

Director of Logistics

Product Manager

Sales, Marketing and Regulatory Administrator

Digital Brand Manager

Warehouse Supervisor

Warehouse Coordinator

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Customer Relations - Technical Support Specialist

Customer Relations - Product Support

Customer Relations - Product Support

Address

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

City

Saint Joseph

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Zip Code

64505

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64505

List of employees
who handle things

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41394267

Application/License No. _____

Huvepharma, Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
525 Westpark Drive Suite 230 Peachtree City, GA 30269, as
Address of Applicant/Principal
PRINCIPAL, and Platte River Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Delaware
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900 Madison, WI 53705-0900 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/21/2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

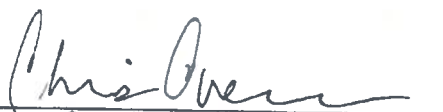
In witness whereof, each party to this bond has caused it to be executed on this 21 day of May, 2019.

APPLICANT/PRINCIPAL

SURETY

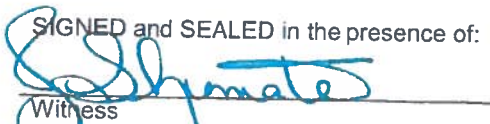
COMPANY


Authorized Representative


Surety Company's Representative

Christopher Owens, Attorney-in-fact
print name

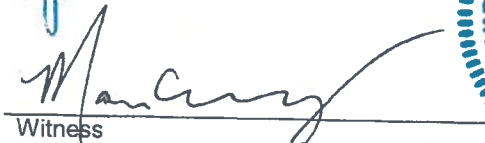
SIGNED and SEALED in the presence of:

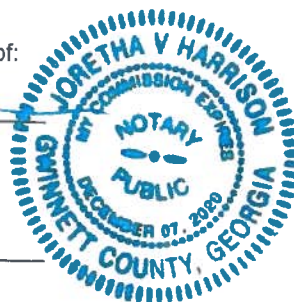

Witness


Witness

SIGNED and SEALED in the presence of:


Witness


Witness



Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

41394267

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

CHRISTOPHER OWENS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski

Vice President, Treasurer & CFO

Suzanne M. Broadbent

Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } s.s.
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills

Stephen J. Sills
CEO & President

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



David J. Regele

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } s.s.
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 21 day of May, 2017.



Antonio Celi

Antonio Celi
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)



STATE LICENSE SERVICING, INC
 1751 State Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
statelicensesservicing.com

October 17, 2019

To: Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway
 Suite 206
 Reno, NV 89512

Re: **Notice of Administrative Fine**

Huvepharma, Inc.

License/Permit No.: Pending – Initial (Wholesaler Application) (20927 State Route K, St. Joseph, MO 64505)



Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a Public Consent Agreement and administrative fine for the above-referenced licensee.

On September 30, 2019, the Georgia State Board of Pharmacy issued an administrative fine against Huvepharma, Inc. in the amount of Two Thousand Seven Hundred and Eighty Dollars (\$2,780.00). This administrative fine is the result of a failure to notice the Georgia State Board of Pharmacy of a change of name and change of ownership in a timely manner.

Huvepharma, Inc. returned the signed Consent Agreement to the Georgia State Board of Pharmacy on October 7, 2019, and will pay the Two Thousand Seven Hundred and Eighty Dollars (\$2,780.00) administrative fine within the sixty (60) day time frame issued by the Georgia State Board of Pharmacy.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
HUV@slny.com

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:

HUVEPHARMA, INC.,

Applicant.

*
*
* **DOCKET NO. _____**
*
*

PUBLIC CONSENT AGREEMENT FOR LICENSURE

By agreement of the Georgia State Board of Pharmacy ("Board") and Huvepharma, Inc. ("Applicant"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

FINDINGS OF FACT

1.

Agri Laboratories Ltd. was licensed as a wholesaler pharmacy, License No. PHWH003105, in the State of Georgia on November 23, 2010.

2.

On or about July 27, 2018, Agri Laboratories Ltd. was purchased and changed its name to Huvepharma, Inc. Applicant did not submit its application for a new registration with a change of ownership and change of name to the Board until on or about May 24, 2019. In connection with the application, a representative of Applicant indicated that Applicant continued to ship a total of 278 shipments into the State of Georgia after the ownership and name change without the Board's authorization.

3.

Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, T. 16, Ch. 13 and § 43-1-19, the Georgia State Board of Pharmacy may deny the change of ownership and change of name wholesaler application and/or impose disciplinary sanctions on Applicant's Georgia license based on the conduct described above. Applicant waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, and the Applicant hereby agrees that the Applicant's application for a change of ownership and change of name as a wholesaler pharmacy for the State of Georgia shall be granted under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of **\$2,780.00 payable within sixty (60) days from the effective date of this Consent Agreement.** Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. **The Applicant's failure to timely pay the administrative fine shall subject Applicant's license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Agreement and dissemination thereof shall serve as a public reprimand to the Applicant for Applicant's conduct.

3.

Approval of this Consent Agreement by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Agreement shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Huvepharma, Inc., acknowledges he/she has read this Consent Agreement and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record of the Board. Applicant further understands that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures on the following page)

Approved, this 7th day of October, 2019.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
WILLIAM PRATHER, R.Ph.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

CONSENTED TO:

Tanya Willson
AGENT, ON BEHALF OF
Huvepharma, Inc.
Applicant

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT

Sworn to and subscribed before me

this 7th day of October, 2019

Jacqueline McClure
NOTARY PUBLIC

My commission expires:



JACQUELINE MCCLURE
My Commission Expires
May 21, 2020
DeKalb County
Commission #12475066



STATE LICENSE SERVICING, INC
 1751 State Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
statelicensservicing.com

October 21, 2019

To: Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway
 Suite 206
 Reno, NV 89521

Re: **Notice of Civil Fine**

Huvepharma, Inc.

**License/Permit No.: Pending – Initial (Wholesaler Application)(20927 State Route K,
 St. Joseph, MO 64505)**

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a Summary Order and civil fine for the above-referenced licensee.

On September 19, 2019, the Kansas Board of Pharmacy issued a civil fine against Huvepharma, Inc. in the amount of Five Hundred (\$500.00) Dollars. This civil fine is the result of operating as a wholesale distributor in the state of Kansas after July 27, 2018 (the effective date of the change of ownership) and prior to May 29, 2019 (the date the Board approved the new registration).

Huvepharma, Inc. accepted the administrative fine and will be submitting the Five Hundred (\$500.00) dollar payment to the Kansas Board of Pharmacy within the required timeframe given by the Board.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
HUV@slny.com

SEP 19 2019

BEFORE THE KANSAS BOARD OF PHARMACY

KANSAS STATE
BOARD OF PHARMACY

In the Matter of)

Huvepharma, Inc.)

Case No. 19-443

Registration No. 5-109751)**SUMMARY ORDER**

NOW, on this 19th day of September 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Huvepharma, Inc. ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 5-103196 which entitles Respondent to operate as a wholesale distributor in the State of Kansas ("Respondent's Registration").
2. On July 27, 2018, name and ownership of Respondent's facility were changed from Agri Laboratories, Ltd. to Huvepharma, Inc.
3. On May 16, 2019, the Board received Form BA-05 Distributor Registration Application from Respondent, notifying the Board of the changes in name and ownership.

SUMMARY ORDER

Page 1 of 4

4. On May 29, 2019, the Board approved Respondent's Distributor Application, effective immediately.

5. With the May 29, 2019 approval, Respondent's previous registration number 5-103196 was cancelled, effective July 2018, and Respondent was issued new registration number 5-109751, under new name and ownership.

6. On July 25, 2019, the Board received information regarding a non-disciplinary fine against Respondent by the Arkansas Board of Pharmacy, for failing to notify their Board of ownership change in a timely manner.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1643, it shall be unlawful for any person to distribute at wholesale any drugs without first obtaining a registration as a wholesale distributor from the Board.

3. Respondent's application documents indicated Respondent had functioned as a wholesale distributor in the state of Kansas between the July 27, 2019 ownership change and the May 29, 2019 Board registration approval.

4. By operating as a wholesale distributor in the state of Kansas prior to its May 29, 2019 Distributor Application approval by the Board, Respondent violated K.S.A. 65-1643(c).

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of \$500.00. Respondent has 30 days from the date of this order to pay the full \$500.00.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.
2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

Date

9/19/19

Kansas Board of Pharmacy

Alexandra Blasi

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 19th day of September 2019, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505



Kansas Board of Pharmacy Staff



STATE LICENSE SERVICING, INC
 1751 State Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
statelicensesservicing.com

December 9, 2019

To: Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway
 Suite 206
 Reno, NV 89521



Re: **Notice of Discipline**

Huvepharma, Inc.

License/Permit No.: Pending – Initial (20927 State Route K, St. Joseph, MO 64505)

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of discipline in the form of a letter of admonition.

Huvepharma, Inc. failed to notify the Colorado State Board of Pharmacy of a change of Designated Representative in a timely manner. As a result, the Colorado State Board of Pharmacy issued the attached letter of admonition and warned that repetition of such practice may lead to more severe disciplinary action.

Huvepharma, Inc. has accepted the admonishment.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
HUV@slsny.com



MAILED CERTIFIED MAIL

November 18, 2019

Huvepharma, Inc.
Attn: Todd Noll
: 0 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us

Re: License Number: WHO.0008282
Case Number: 2019-7677

Dear Designated Representative,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against the Wholesaler license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failure to timely notify the Colorado State Board of Pharmacy of a designated representative change is in violation of 12-280-126(1)(c)(II), C.R.S. and Board Rule 15.01.14. In this case 61 days elapsed before notification.

By this letter, the Board takes the formal disciplinary action of admonishing the Wholesaler for the conduct specified above, and warns that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages the Wholesaler to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the Practice of Pharmacy in Colorado.

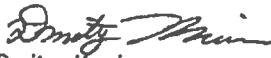
In accordance with section 12-20-404(4), C.R.S., the Board advises the Wholesaler that it has the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If the wholesaler makes a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of the Wholesalers record. It is not, however, a restriction on your practice as a Wholesaler.

If you have further questions or concerns, please visit our website at <https://www.colorado.gov/dora/dpo> or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY



Dmitry Kunin

Program Director

Division of Professions and Occupations

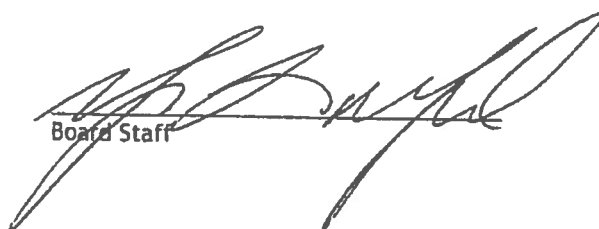
Please complete a short survey at <https://www.surveymonkey.com/r/B5JR27T> regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the enclosed LETTER OF ADMONITION upon all parties herein by depositing copies of the same in the United States mail via certified mail, at Denver, Colorado, and electronic mail this 18th day of NOVEMBER, 2019, addressed as follows:

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us


Board Staff

9B

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Partnership - Pages 1,2,3,7 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Jams Wholesale Distribution Services LLC, DBA: JAMSRX-DEERFIELD

Physical Address: 1371 West Newport Center Drive Suite 103

City: Deerfield Beach State: Florida Zip Code: 33442

Telephone Number: 888-570-5267 Fax Number: 866-542-8544

Toll Free Number: _____

E-mail: pete@petebizzarro.com Website: www.jamsrx.com

Facility Manager: Peter Bizzarro

Professional qualifications and experience of facility manager: Designated Rep at other location since 2010. Oversees daily functions at location and fully understands all distributor rules and regulations

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies	☐ Practitioners	☐ Hospitals	☒ Wholesalers
☐ Other: _____			

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)	
☐ Other: _____	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

we have not sold, dispensed or distributed in the past year.
Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

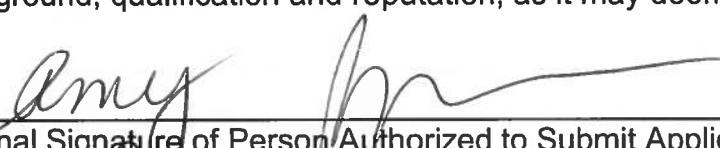
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

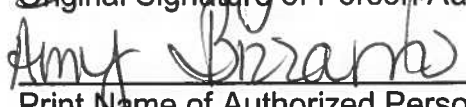
Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps


Print Name of Authorized Person

5/28/2019
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
 Parent Company if any: N/A
 Mailing Address: 1371 West Newport Center Drive Suite 103
 City: Deerfield Beach State: Florida Zip: 33442
 Telephone: 888-570-5267 Fax: 866-542-8544
 Contact Person: Peter Bizzarro

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u></u>	
	Name	Business Address
b)	<u></u>	
	Name	Business Address
c)	<u></u>	
	Name	Business Address
d)	<u></u>	
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation**List of officers and directors**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Halsey Beshears, Secretary

Ron DeSantis, Governor

NAME: **JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD (DBA NAME)**

ADDRESS: **1371 W. NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL 33442**

PROFESSION: **Prescription Drug Wholesale Distributor**

LICENSE NUMBER: **2220266**

STATUS: **CURRENT**

ISSUE DATE: **04/15/2019**

EXPIRATION DATE: **04/30/2020**

Verification by:



Trisha L. Shannon
Regulatory Specialist II
Department of Business and Professional Regulation

You may also access online verification at
<https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

813

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

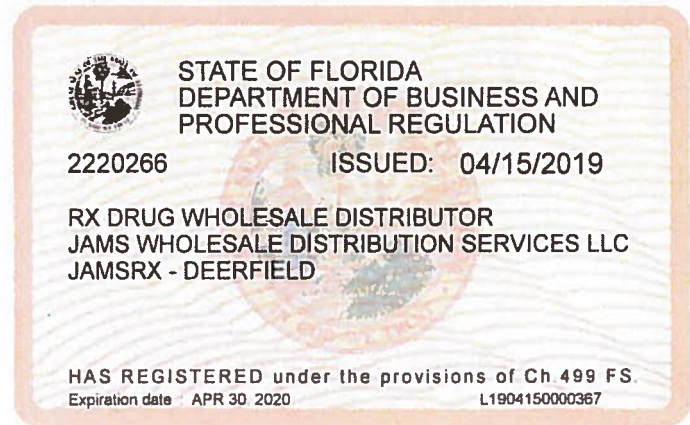
(850) 487-1395

**JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD
1371 WEST NEWPORT CENTER DRIVE
SUITE 103
DEERFIELD BEACH FL 33442**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridallicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER

2220266

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2020

**JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD
1371 WEST NEWPORT CENTER DRIVE
SUITE 103
DEERFIELD BEACH FL 33442**



ISSUED: 04/15/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1904150000367

Paul Edwards

From: Harrison Schwartz <harrison@jamsrx.com>
Sent: Wednesday, June 19, 2019 10:40 AM
To: Paul Edwards
Cc: Peter Bizzarro; Amy Bizzarro
Subject: FW: Nevada Board of Pharmacy - JAMSRX-DEERFIELD Application

Good Afternoon,

We recently received a request for clarification (copied below) regarding our facility, JAMSRX-DEERFIELD, with question as to who the managers are. The following are the only individuals who are actual the managers of the company:

Amy Bizzarro – 100% owner and Designated Rep
 Peter Bizzarro – Main Manager of the facility

These people are the only ones who do reporting to the state(s), make company-wide choices, and provide company reports to organizations like the Secretary of State.

If there are any other questions please let me know at this email address. Thank you

HARRISON SCHWARTZ

☎ 954.422.1332 / 888.570.JAMS (5267) | 📠 866.542.8544

📍 1371 West Newport Center Drive Suite 103, Deerfield Beach, FL 33442

www.jamsrx.com



JAMS Wholesale Distribution Services, LLC, Coconut Creek, FL Facility has earned VAWD accreditation.

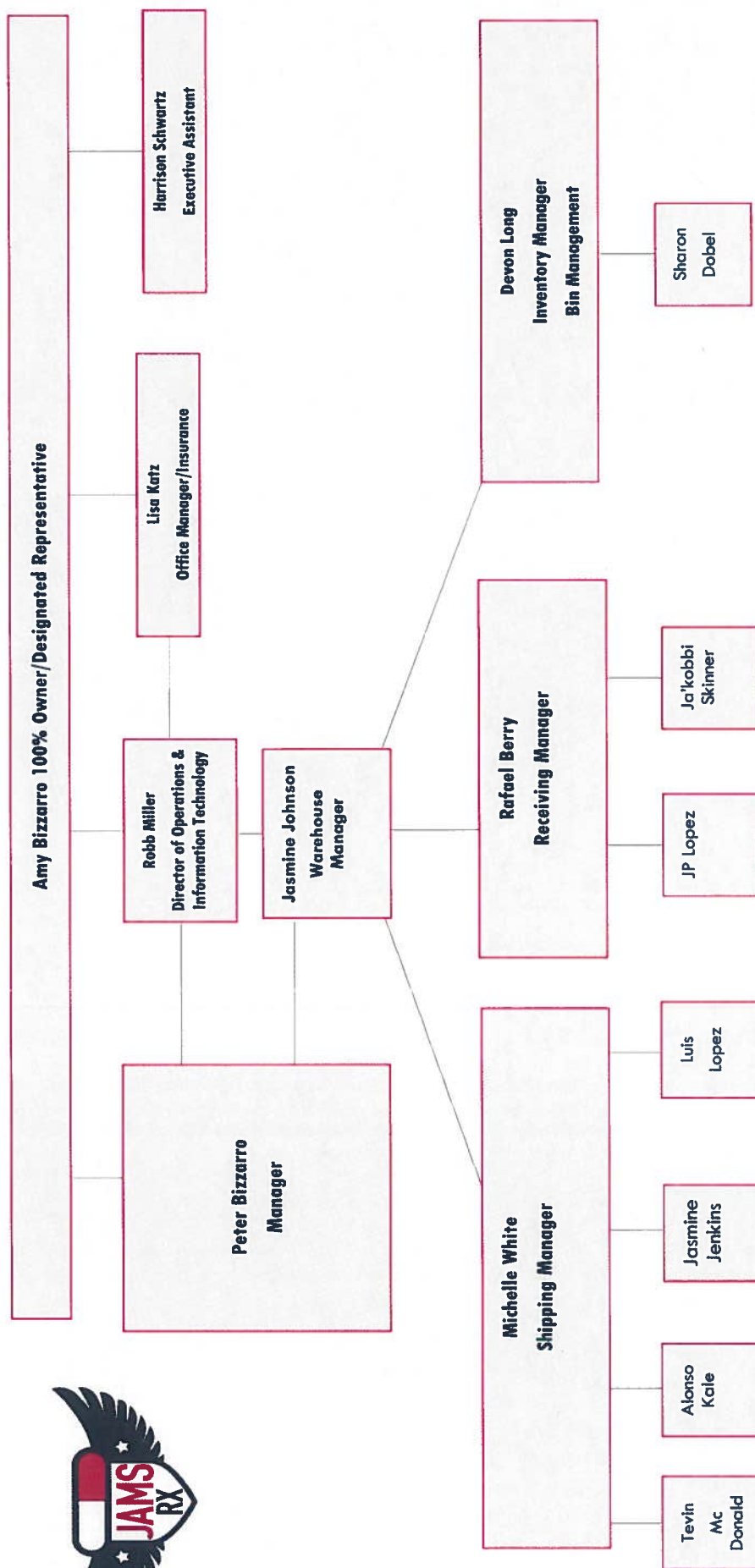
NOTE: The information contained in this electronic message may be confidential information and is intended for the sole use of the intended recipient. Any use, distribution, transmission, or forwarding of information contained in this email by persons who are not intended recipients may be a violation of law and is strictly prohibited. If you are not the intended recipient, please contact the sender and delete all copies.

From: Paul Edwards <pedwards@pharmacy.nv.gov>
Date: June 12, 2019 at 5:32:13 PM EDT
To: "pete@petebizzarro.com" <pete@petebizzarro.com>
Subject: Nevada Board of Pharmacy -

Mr. Bizzarro,

JAMS Wholesale Distribution Services LLC dba JAMS RX Deerfield recently submitted an application with fingerprint cards for its managers. The company also included an employee chart. It is not clear from that chart, however, who are the actual managers of the company (i.e., who does the company report to the Secretary of State are the company's managers?).

Everyone in this chart handles drugs on a daily basis.



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
 Reno, NV 89509
 (775) 850-1440
 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12289500256

Application/License No. _____

JAMS WHOLESALE DISTRIBUTION SERVICES LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1371 NEWPORT CENTER DRIVE, SUITE 103, DEERFIELD BEACH, FL 33442, as
Address of Applicant/Principal
 PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of PENNSYLVANIA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on MAY 20, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

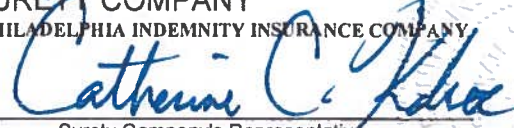
In witness whereof, each party to this bond has caused it to be executed on this

20TH day of MAY, 2019.

APPLICANT/PRINCIPAL
JAMS WHOLESALE DISTRIBUTION SERVICES LLC

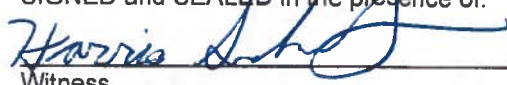

Authorized Representative

SURETY COMPANY
PHILADELPHIA INDEMNITY INSURANCE COMPANY


Surety Company's Representative

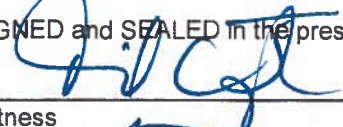
CATHERINE C. KEHOE, Attorney-in-fact
print name

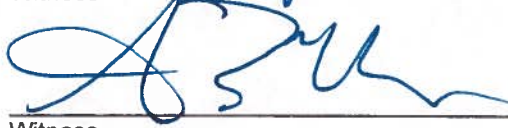
SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness


Witness

Countersigned by:


Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Linda C Sheffield, Darlene A Bornt, Catherine C Kehoe, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm, Elizabeth Kearney, Roxanne Craven, Andrea Becker and/or Candice Gros of Global Surety, LLC**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PHILADELPHIA INDEMNITY INSURANCE COMPANY** on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER
RESOLVED:**

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, **PHILADELPHIA INDEMNITY INSURANCE COMPANY** HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

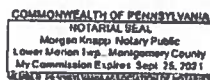
(Seal)



Robert D. O'Leary Jr.

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

Morgan Knapp

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 21st day of May, 20 19.



Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: NDC Homecare, LLC dba Preferred Medical Supply

Physical Address: 1000 Schroeder Bldg 1 Suite 101

City: Waco State: TX Zip Code: TX Telephone

Number: 254-772-0040 Fax Number: N/A

Toll Free Number: 800-722-7865

E-mail: Compliance@ndc-ihac.com Website: www.preferredmedical.com

Facility Manager: Jay Piscacek

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☒ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

Yes answers

07/07 Mark Seitz President and CEO plead guilty to a misdemeanor “reckless endangerment” Nashville TN

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Tammy Beasley
Print Name of Authorized Person

8/9/18
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: NDC Intermediate Holdings LLC
Mailing Address: 402 BNA Dr. Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 364 3230 Fax: —
Contact Person: Tammy Beasley

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) NDC Intermediate Holding, LLC 402 BNA Drive, Ste 500
Name Business Address Nashville, TN 37217 100%

b)	
Name	Business Address

c) _____
Name Business Address

d) _____

Name	Business Address
------	------------------

- 2) Provide the number of shares issued by the corporation. 0
- 3) What was the price paid per share? 0

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporation

- ✓ List of officers and directors
- ✓ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/22/18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NDC Homecare / Preferred Medical
NDC Homecare / Preferred Medical Nature of Pharmacy or Wholesaler
1000 Schroeder Blvd Suite 101 Waco, TX 76710
Preferred Medical Name and Address of Business for Which Designated Representative Is Requested
Preferred Medical
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Pisculek Last Name Jay First Name Dawson Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
2 Riders Way Waco TX 76712
 Present Residence Address-Street or RFD City State/Zip
1000 Schroeder Blvd Suite 202 Waco TX 76710
4/17-present Dates City State/Zip
 Present Business Address
Branch Manager 11/16-present Waco TX 76710
 Dates City State/Zip
 Present Position with the Pharmacy or Wholesaler
 Phone: Residence N/A
 Business (254) 772-0040
Waco, McLennan, Texas
 Date of Birth 28 Place of Birth (City, County, State)
 Age 28 Social Security Number M Sex
Green Brown Fair 180 M 6"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A
 Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A
 If naturalized, certificate No. N/A Date N/A
 Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JP

MARITAL INFORMATION-Continued

A. **Current Marriage**..... N/A
 Date..... N/A City, County and State..... N/A
 Spouse's full name (Maiden)..... N/A S.S. No..... N/A
 Date of Birth..... N/A Place of Birth..... N/A
 Resident address..... N/A
 Street..... City..... State..... Zip.....
 Telephone: Residence..... N/A Business..... N/A
 Spouse's employer..... N/A Occupation..... N/A
 Address of employer..... N/A
 Street..... City..... State..... Zip.....

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial..... JO

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Thomas Piscacek	2/10/1961	Cumder Court	Salesman
Mother			
Debra Rudolph-Piscacek	11/1/1961	"	Retired
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Brian Piscacek	1/11/1991	Little Rock Court Collegestation, TX	Analyst
Spouse			
Michel Jones-Piscacek	1/11/1991	"	Teacher
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Waco, TX	1995-2003	Yes ☒ No ☐
High School	Robinson, TX	2004-2008	Yes ☒ No ☐
College	Waco, TX	2007-2009	Yes ☐ No ☒
University	Brenham, TX	2008-2009	Yes ☐ No ☒

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial JP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒ No ☐County McLennan State Texas Date registered 2008**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

N/AApplicant's initial JP

- | Plaintiff/Defendant or
Claimant/Respondent | Date Filed | Court and Case
Number | City, County and State | Disposition/Date |
|---|------------|--------------------------|------------------------|------------------|
| N/A | | | | |

- | Name of Entity | Type of Entity | Approximate Date(s) of
Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
| | N/A | |

Month and Year (From-To)	Street and Number	City	State or County
991-2008	9012 Kingswood Place	Worthway	TX
2008-2014	9308 Yellowstone	Waco	TX
2014-2017	1105 Camden Court	Waco	TX
2017-Present	1105 Riders Way	Waco	TX

Page 5

8. EMPLOYMENT:

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A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

3/2011-3/2016	Privett Medical - 6813 Cactus Drive Waco, TX, 76712 - 4,000	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Warehouse / Driver / Sales	Stocking, deliveries, customer relations	Mark Martinez / Anne Privett / Kelly Kunkin
Title	Description of Duties	Name of Supervisor
4/16 - Present	Preferred Medical - 1000 Schroeder Blvd. Suite 101 Waco, TX, 76710 - 4,900	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Sales / Branch Manager	Calling on customers / Responsible for all Branch Duties	David Hicks / Dave Johnson
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JP
Page 6

9. CHARACTER REFERENCES:

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List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Denny Warren</u>	Home	<u>Lytham Court</u>	<u>Burleson, TX</u>	<u>76028</u>	<u>-</u>	<u>25</u>
Employer <u>ESL Region 12</u>	Business	<u>2101 West Loop</u>	<u>340 - Waco, TX</u>	<u>76712</u>	<u>(254) 297-1161</u>	
Name <u>Paula Parish</u>	Home	<u>Summit Ridge</u>	<u>Waco, TX</u>	<u>76710</u>	<u>-6</u>	<u>25</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Terri Murfin</u>	Home	<u>Double Tree Lane</u>	<u>Austin, TX</u>	<u>78750</u>	<u>-1</u>	<u>8</u>
Employer <u>Curb</u>	Business	<u>1524 South IH 35</u>	<u>Frontage Rd - Austin, TX</u>	<u>78704</u>	<u>(512) 629-2872</u>	
Name <u>Dr. Ken Koeritz</u>	Home	<u>Kingswood Place</u>	<u>Leander, TX</u>	<u>76112</u>	<u>-6</u>	<u>25</u>
Employer <u>Himself</u>	Business	<u>2501 Ambassador Dr.</u>	<u>Waco, TX</u>	<u>76712</u>	<u>(254) 752-4395</u>	
Name <u>Rev. Mark Wehmer</u>	Home	<u>5 Hanks Rd</u>	<u>Magnolia, TX</u>	<u>77355</u>	<u>-</u>	<u>20</u>
Employer <u>Magnolia UMC</u>	Business	<u>419 Commerce St</u>	<u>Magnolia, TX</u>	<u>77355</u>	<u>(281) 356-6647</u>	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator
Yes ☐ No ☒				

If yes, state type, where and years held

N/A

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial

JP

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
N/A
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
N/A
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
N/A
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
N/A
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



GRAPH

LAST

Date of photograph

Applicant's initial

STATE OF Texas

833

SS.

COUNTY OF McLennan

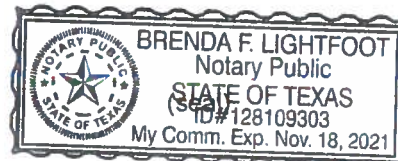
I, Jay Dislaczek, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

October 2018
Brenda F. Lightfoot
Notary Public



Applicant's initial

JP

Applicant's initial JP

Jay Piscacek
1 Riders Way
Waco, TX 76712

Education

Spring 2016
 2008-2009
 2007-2009
 2005-2008

Austin Community College, Austin, TX
 Blinn College, Brenham and Bryan, TX.
 McLennan Community College, Waco, TX.
 Robinson High School, Waco, TX.

Work Experience

November 2016-present

Preferred Medical-Waco, TX
 Branch Manager. Oversees all daily operations.

January-October 2016

Pruett/Preferred Medical-Austin, TX
 Salesman. Called on new and existing customers.

February 2011-2015

Pruett Medical-Waco, TX.
 Warehouse and Delivery. Packed and delivered medical supplies to central Texas hospitals and nursing homes.

July -August 2008

Wendy's Waco, TX.
 Cooked and cleaned.

Honors and Awards

Baylor Masonic Lodge Bill Holder Memorial
 Scholarship Recipient
 Mayborn Museum Volunteer
 A/B High School Honor Roll
 Honorable Mention All-District Basketball

References

Denny Warren
 ytham Court
 Burleson, TX 76028
 (254) 495-0227

Paula Parish
 Summit Ridge
 Waco, TX 76710
 (254) 722-7998



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

January 14, 2019

Djana Milliken
NDC
407 New Sanford Rd.
Lavergne, TN 37086

CFN: 2075828
Lic.: 1002544
Type: 2501
File: 5595

Re: License Verification for NV

Dear Ms. Milliken:

Enclosed is the license information you requested for NDC Homecare LLC dba Preferred Medical Supply located at 1000 Schroeder, Building 2, Suite 202, Waco, Texas. The firm currently holds license number 1002544 as a prescription drug distributor in Texas and is in good standing.

If you have questions or need additional information, please contact me or Ms. Jonnetta Wheaton at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Tannert", written over a horizontal line.

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:

Karen Tannert
Drugs and Medical Devices Unit MC 1987
PO Box 149347
Austin, TX 78714-9347

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: NDC Homecare, LLC dba Preferred Medical Supply
 Address: 1000 Schroeder Bldg 1, Ste 101
 City: Waco State: TX Zip: 76710
 I hereby authorize the Texas Dept of State Health Ser. to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant Dana D. [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002544	Current	8.1.2018	6.25.2020

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Chief Pharmacist	TX	1.14.18	

<u>State</u>	<u>Facility</u>	<u>License number</u>	<u>Issue date</u>	<u>expiration date</u>
Kansas, KS	Home TX	5-107883	2/25/2019	6/30/2019
Oregon, OR	Home TX	W1-0004753	2/13/2019	9/30/2019
Washington, WA	Home TX	PHWH.FX.60914175	11/2/2018	9/30/2019
Montana, MT	Home TX	PHA-WDD-LIC-57753	11/15/2018	11/30/2019
Louisiana, LA	Home TX	9509	1/2/2019	12/31/2019
South Dakota, SD	Home TX	600-2965	11/6/2018	12/31/2019
Oklahoma, OK	Home TX	88-W-5784	2/15/2019	2/28/2020
Minnesota, MN	Home TX	364072	11/14/2019	5/31/2020
Texas, TX -Prescription Drug (Address changed to si	Home TX	1002544		6/25/2020
Department of Transportation	Home TX	301802	6/20/2018	6/30/2020
Texas, TX - Multi Product	Home TX	1001574		9/27/2020
Arizona, AZ	Home TX	W003215	11/1/2018	10/31/2020
Colorado, CO	Home TX	WHO.0008394	12/7/2018	10/31/2020
Arkansas, AR	Home TX	WD05130	10/24/2018	12/31/2020
FDA Food Facility Registration Waco TX- Registrar C	Home TX	13430621266	4/24/2018	12/31/2020
Illinois, IL	Home TX	004.004723		12/31/2020
New Mexico, NM	Home TX	WD00012515	1/24/2019	12/31/2020
Utah, UT	Home TX	11123498-1710	2/8/2019	9/30/2021
Missouri, MO	Home TX	2018044343	12/14/2018	10/31/2019

We only have 2 suppliers that we will associate with regards to pharmaceutical products that will be sold, dispensed or distributed from this facility.

MPM Medical
1801 Big Town Blvd Ste 300
Mesquite, TX 75149

Dynarex
10 Glenshaw Street
Orangeburg, NY 10962

NDC Homecare, LLC .

Shareholders

NDC Intermediate Holdings, LLC 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Member

Mark Seitz, Member/Managers & CEO
100 Whistler Cove
Franklin, TN 37067

Scott Craighead, Member/ Manager & COO
Kenny's Bend Lane
Cathage, TN 37030

Tammy Beasley, Compliance Manager
1 Rosecran Circle
LaVergne, TN 37086

RE: New application in process – Updated organization's officer list

8/19/19

Name of Company

NDC Homecare, LLC. dba Preferred Medical Supply
1000 Schroeder Building 1, Suite 101
Waco, TX 76710

Shareholders

NDC Intermediate Holdings, LLC 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Member

Mark Seitz, Member/Managers & CEO
Whistler Cove
Franklin, TN 37067

Tammy Beasley, Compliance Manager
Rosecran Circle
LaVergne, TN 37086

List of names that would be handling the Rx drugs on a daily basis.

Tyler Buckner
Kateltyn Cheney
Marcus Dean
Tristian Clark
Andrew Sturgeon
Josh McFarland
Scott Myers



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

July 2, 2019

Djana Milliken
NDC Homecare
407 New Sanford Rd.
Laverne, TN 37086

CFN: 2075828
Lic.: 1002544
Type: 2501
File: 5594

Re: License Verification for CA & NV

Dear Ms. Milliken:

Enclosed is the license information you requested for NDC Homecare, LLC dba Preferred Medical Supply located at 1000 Schroeder Building 1, Suite 101, Waco, Texas, 76710. The firm currently holds license number 1002544 as a prescription drug distributor in Texas and is in good standing.

If you have questions or need additional information, please contact me or Ms. Jonnetta Wheaton at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:

Karen Tannert
Drugs and Medical Devices Unit MC 1987
PO Box 149347
Austin, TX 78714-9347

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: NDC Homecare, LLC dba Preferred Medical Supply
 Address: 1000 Schroeder Bldg 1 Ste 101
 City: Waco State: TX Zip: 76710
 I hereby authorize the Texas Dept of State Health Ser. to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant Daria M. Miller

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires
1002544	Current	5.31.2019	6.25.2020

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
--	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Chief Pharmacist	TX	7.2.19	

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdllicense.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://reglicensing.questionpro.com>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

NDC HOMECARE LLC
407 NEW SANFORD RD
LA VERGNE TN 37086



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT



NDC HOMECARE LLC DBA
PREFERRED MEDICAL SUPPLY
1000 SCHROEDER BLDG T STB 101
WACO, TX 76710

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002544
Expires: June 25, 2020

NON-TRANSFERABLE

John R. ...
Commissioner

511834

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6333287 8300

SR# 20193515321

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202761439

Date: 05-03-19

**CERTIFICATE OF FORMATION
OF
NDC HOMECARE, LLC**

This Certificate of Formation of NDC Homecare, LLC is to be filed with the Delaware Secretary of State pursuant to the Delaware Limited Liability Company Act, Section 18-201.

1. The name of the limited liability company is NDC Homecare, LLC.
2. The name and street and mailing address of the initial registered office and the registered agent for service of process of the limited liability company in the State of Delaware are as follows: National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, Delaware 19904, County of Kent.

Dated as of this 2nd day of March, 2017.

/s/ Meredith Collins
Meredith Collins, Organizer

22435750.1

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:56 AM 03/02/2017
FILED 11:56 AM 03/02/2017
SR 20171544450 - File Number 6333287

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 106862655

Application/License No. _____

NDC Homecare, LLC dba Dedicated
Distribution, Preferred Medical and Wolf Medical Supply

Applicant/Principal

, doing or intending to do business

as a pharmaceutical wholesaler, whose address for purposes of service is

407 Sanford Road, Laverne, TN 37086

Address of Applicant/Principal

, as

PRINCIPAL, and Travelers Casualty and Surety Company of America

Surety Company

, a

corporation organized under the laws of the state of _____

CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

6640 Carothers Parkway, Suite 300, Franklin, TN 37067

Address of Surety

as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____

May 24, 2018
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

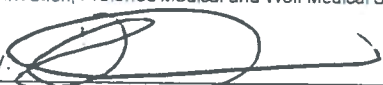
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
 24th day of May, 2018.

APPLICANT/PRINCIPAL

NDC Homecare, LLC dba Dedicated
 Distribution, Preferred Medical and Wolf Medical Supply

By: 

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

By: 

Surety Company's Representative

Pam Pratt, Attorney-in-fact
 print name



SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness Chris McEvoy


 Witness Crissy Hicks

Countersigned by:

N/A
 Nevada Resident Agent



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 106862655

Principal: NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply

OR

Project Description: NV Pharmaceutical Wholesaler bond for NDC Homecare LLC dba
Dedicated Distribution, Preferred Medical and Wolf Medical Supply

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Pam Pratt** of the City of **Nashville**, State of **TN**, their true and lawful Attorney-in-Fact, to sign, execute, seal and acknowledge the surety bond(s) referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **24th** day of **June, 2016**.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut

City of Hartford ss.

By:


Robert L. Raney, Senior Vice President

On this the **24th** day of **June, 2016**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**.


Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24th day of May, 2018.

Kevin E. Hughes

Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

9D

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH- WH101936 Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership WH101856	
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Partnership - Pages 1,2,3,7 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip Code: 38654

Telephone Number: 662-892-9100 Fax Number: 662-892-9900

Toll Free Number: _____

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

Facility Manager: Michael Adam Nester

Professional qualifications and experience of facility manager: see exhibit A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☒ Practitioners
 ☒ Hospitals
 ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
 ☐ Hypodermic Devices
☐ Poisons or Chemicals
 ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: see exhibit B

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)
see exhibit C

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Teleflex LLC only receives product from Arrow International, Inc. and Teleflex Medical

Name: Incorporated. Teleflex LLC has not distributed any product to date.

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: n/a

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? **Yes** ☒ **No** ☐
see exhibit E

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? **Yes** ☐ **No** ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? **Yes** ☐ **No** ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Jake Elguicze
Print Name of Authorized Person

6/10/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Teleflex IncorporatedMailing Address: 550 E Swedesford RoadCity: Wayne State: PA Zip: 19087Telephone: 610-225-6800 Fax: _____Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Teleflex Incorporated
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 100% membership interest in the limited liability company3) What was the price paid per share? n/aA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a**Include with the application for a non publicly traded corporation**List of officers and directors

see exhibit E

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See exhibit F

EXHIBIT A

Michael Adam Nester

1 Crystal Court
Nesbit, MS 38651

Qualifications

- Provide leadership to teams with excellent organizational skills
- Self-motivated leader who is excellent in meeting metrics requirements
- Detail-oriented team player who is eager to accept new challenges while effecting surrounding people in a positive way

Work Experience

Certified Designated Representative**August 2019 - Present**

Teleflex LLC, Olive Branch, Mississippi

- Work with state license specialist and legal to required state license accreditation for the facility
- Work with quality, management, and facilities to ensure Teleflex LLC follows: GMP's, Policy & Procedures, Agile Training, Certifications, Temperature Monitor, Secured Access, and Storage,

Certified Designated Representative**April 2013 – August 2019**

Arrow International Inc., Olive Branch, Mississippi

- Work with state license specialist and legal to gain VAWD-Verified Accredited Wholesale Distributors and required state license accreditation for Arrow International Inc.
- Successfully represented Arrow International Inc. at the South Carolina Board of Pharmacy case review
- Adhere to all state and federal regulations agencies for the wholesale distribution of pharmaceuticals
- Complete annual state required self-assessments (Oregon self-inspections)
- Work with quality, management, and facilities to ensure Arrow International Inc. follows: GMP's, Policy & Procedures, Agile Training, Certifications, Temperature Monitor, Secured Access, and Storage,

Distribution Center Supervisor**January 2019 - Present**

Teleflex LLC, Olive Branch, MS

- Safely manage the employees in the shipping departments and adhere to , Current policies, procedures, & regulations (FDA, ISO, OSHA etc.), responsible for investigating and analyzing all events and developing actions that provide and maximize expected results,
 - Experience with SCAR process (OEM)
 - Created and assist in work instructions
- Support the growth and development of a start-up Distribution Center and the consolidation of existing distribution centers,
- Support and improve metrics for the Distribution Center operation,
- Focus on continuous improvement within the operation and with customers,
 - Operations expert for NADC Parcel Optimization project

- UAT Test Coordinator for NADC Parcel Optimization Project
 - Created the Training Plan for NADC Parcel Optimization Project
 - Created WI & Single Point lessons for NADC Parcel Optimization Project
 - UAT Tester APO project
 - Create service tickets that address root cause issues form a systematic approach
- Demonstrate solid management and leadership ability with the DC employees,
- Maintain compliance with company policies, safety standards, Housekeeping practices, GMP's, ISO, OSHA, FDA and other government regulations,
- Contribute to a budget development process for the Distribution Center operation that includes operating expenses and capital dollar requirements,
- Gain and use knowledge of the existing system to improve the operation

Distribution Center Supervisor

March 2014 – December 2019

Arrow International, Inc. Olive Branch, MS

- Safely manage the employees in the shipping departments and adhere to , Current policies, procedures, & regulations (FDA, ISO, OSHA etc..), responsible for investigating and analyzing all events and developing actions that provide and maximize expected results,
 - Experience with SCAR process (OEM)
 - Created and assist in work instructions
- Support the growth and development of a start-up Distribution Center and the consolidation of existing distribution centers,
- Support and improve metrics for the Distribution Center operation,
- Focus on continuous improvement within the operation and with customers,
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 - Create service tickets that address root cause issues form a systematic approach
- Demonstrate solid management and leadership ability with the DC employees,
- Maintain compliance with company policies, safety standards, Housekeeping practices, GMP's, ISO, OSHA, FDA and other government regulations,
- Contribute to a budget development process for the Distribution Center operation that includes operating expenses and capital dollar requirements,
- Gain and use knowledge of the existing system to improve the operation.

Shipping Lead

December 2012-March 2014

Teleflex Medical Inc. and Arrow International Inc., Olive Branch, Mississippi

- Lead a team in day-to-day shipping activities within a medical device distribution center,
- Ensure that all daily requirements are being met by staff and any projects meet the deadlines given,
- Effectively plan and communicate daily volume and assign work to 40 team members,
- Adjust manpower throughout the day, in conjunction with other leads, to ensure customer orders are processed in a timely manner,
- Assist in determining reasons for system inaccuracies as they occur and recommend methods to prevent future inventory corruption,
- Make recommendations to improve the management and processes,

- Reconcile each count, performing root cause analysis and trending and track errors and report information to the responsible parties,
- Investigate inventory discrepancies (wrong quantity, wrong product, and wrong location),
- Analyze productivity and quality reports to achieve established goals,
- Enforce company rules and regulations,
- Perform duties of material handlers and/or distribution associates as needed and complete daily,
- Operational tasks using RF technology,
- Assist with special projects and training of new processes,
- Pull reports and plan the daily production based on capacity,
- Hold daily meetings with clerks, processors, material handlers and dock Associate.

International

July 2004 - January 2010

Medtronic Inc., Memphis, Tennessee

- Lead a team to successfully meet consolidated and urgent medical shipments to Asia (Hong Kong, South Korea and Malaysia),
- Participated in several Kaizen projects
- Managed and tracked internal transfer orders and deliveries in TCS (automated system),
- Trained new hired employees,
- Created successful strategic action plans for timely consolidated shipments,
- Took charge of record retention requirements (AES customer clearance, shipping documents),
- Managed time and temperature sensitive Infuse (bone marrow protein),
- Cycle count inventory in Automated pick System TCS,
- Create invoices for consolidated shipments and scheduled pickups with Fed Ex,
- Maintained communication and carried out work orders with customer service through email and phone calls,
- Created and directed strategic action plans with teammates for accurate and timely consolidated shipments,
- Selected to represent fellow employees in the HR revision of the employee handbook.

Infuse kitting

- Build Infuse kits for surgery
- count , label , and audit bone marrow proteins , collagen sponges, sterile water, and syringes in a Sterile Environment

Loaner Distribution

- Assign surgical set to deliveries
- Receive sets and product
- Pull missing parts from inventory and place in sets
- Create S6 for missing inventory
- Best of the Best Loaner Distribution Shipping Clerk

Skills

Computer

Advanced in SAP R/3 and proficient in SAP 6.0 production systems, Proficient in TCS Automated System, Proficient in Microsoft office 2010, and Proficient with QuickBooks 2007.

Certificates

Teleflex Academy Management Development

Florida Certified Designated Representative

California Designated Representative

VAWD Verified Accredited Wholesale Distribution for Arrow International, Inc.

Obtained all required state licensing for Arrow

Awards

Recipient of Sense of Urgency for Teleflex Medical Inc. /Arrow International Inc.

Most Committed Award for Teleflex Medical Inc. /Arrow International Inc.

Received Team Player, Passion To Win and Accountability awards from Medtronic Inc.

Education

Currently enrolled and working to complete Bachelors in Business Administration

EXHIBIT B

As a newly formed entity, Teleflex LLC has not received any disciplines to this date. The following information relates to disciplines received by Teleflex LLC's affiliates, Arrow International, Inc. and Teleflex Medical Incorporated.

Arrow International, Inc. 312 Commerce Place, Asheboro, NC

This facility ceased distribution operations in 2014. All distribution activities were moved to the facility located in Olive Branch, MS. The Olive Branch facility has not been subject to any disciplinary actions.

- 1) Arrow received a Citation dated December 17, 2014 from the California State Board of Pharmacy. The Citation alleged a *per se* violation of Section 4301(n) of the California Business and Professional Code due to payment of a fine under a Settlement Agreement entered into by Arrow with the State of Florida on July 17, 2012. The Settlement is further described below.
- 2) Arrow received a Notice of Violation and Notice of Intent to Deny from the Florida Department of Business and Professional Regulation dated April 12, 2012 for alleged violations of sections 499.005(15) and 499.012. Arrow entered into a Settlement Agreement dated July 17, 2012 to resolve the matter. As part of the settlement, Arrow paid a \$25,000 fine. Per section 17(e) of the Settlement Agreement, nothing referenced in the Settlement Agreement constituted a disciplinary action against the facility's Florida permit.
- 3) In 2009, Arrow was cited by the Florida Department of Health for alleged violations of Sections 499.005(2) F. S. and 499.0105(1) F. S. The Florida Department of Health performed an investigation and no violation was found.
- 4) In 2008, Arrow was cited by the Florida Department of Health for a violation of Sections 499.005(18) and 499.012(6) of the Florida statutes concerning required recordkeeping and a violation of Section 499.005(19) concerning reporting of correct lot numbers for drugs contained in Arrow kits distributed in Florida. Arrow agreed to correct its practices and paid a minimal fine.

Teleflex Medical Incorporated 970 Westport Parkway, Fort Worth, TX

This facility is now closed. In 2008, Teleflex Medical Incorporated was issued a probationary Out-of-State Wholesale Drug Distributor License by the State of Missouri for failure to apply for its Missouri Wholesale Drug Distributor License in a timely fashion. As a result of the Missouri disciplinary action, in 2010 the State of Colorado issued Teleflex Medical Incorporated a probationary Out-of-State wholesaler registration under the same terms and for the same period of time as that provided in the order by the State of Missouri. Because of the probationary status of the Teleflex Medical licenses in Missouri and Colorado, South Carolina issued a probationary license to Teleflex Medical, conditioned on Teleflex Medical being VAWD certified by June 1, 2012. Teleflex Medical complied fully with the requirements.

Teleflex Medical Incorporated 11245 North Distribution Cove, Olive Branch, MS

Teleflex Medical Incorporated received a Michigan Administrative Complaint in December 2013. The Complaint alleged a *per se* violation of the Michigan Public Health Code due to the disciplines involving the Texas facility noted above. The Complaint did not allege any current violations. The parties entered into a Consent Order dated December 10, 2014 to resolve the matter by payment of a fine with no reprimand or conditions on Teleflex's Michigan license.

Teleflex Medical Incorporated 2917 Weck Drive, Durham, NC

Teleflex Medical Incorporated received a Notice of Intent to Deny from the Florida Department of Business and Professional Regulations on January 10, 2014 for its administrative facility. The parties entered into a Settlement Agreement on November 25, 2014 to resolve the matter by payment of a fine. Per Section 9 of the Settlement Agreement, the settlement does not constitute a discipline under Florida's statutes or regulations.



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Arrow International, Inc

located at

11245 N Distribution Cove, Olive Branch, MS 38654

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone

Carmen A. Catizone, Executive Director/Secretary

August 27, 2017 - August 26, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Fitchmanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Teleflex Incorporated
dba Teleflex Medical Incorporated

located at

11245 Distribution Cove, Olive Branch, MS 38654

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.net.

Carmen A. Catano Executive Director/Secretary

May 13, 2016 - May 12, 2019

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.net

EXHIBIT E

OFFICERS OF TELEFLEX LLC

OFFICERS	TITLE
Jay White jay.white@teleflex.com **Director	President
John Robert Deren john.deren@teleflex.com **Director	Vice President
Gregg Wayne Winter gregg.winter@teleflex.com	Vice President
Jake Elguicze jake.elguicze@teleflex.com **Director	Vice President & Treasurer
James Joseph Leyden james.leyden@teleflex.com	Secretary

Mr. White is located at
Teleflex LLC
3015 Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
550 E Swedesford Rd #400
Wayne, PA 19087

List of employees at Teleflex LLC that ship the products

Person Id	First Name	Last Name	Position Title
10236	Gary	Thomas	Distribution Associate II
11159	Mack	Harris	Quality Assurance Technician II
11245	Larry	Tate	Material Handler
11311	Henry	Hoang	Senior Team Lead
11312	Leroy	Cryer	Material Handler
11313	Angela	Harris	Material Handler
11316	Dean	Frazier	Quality Assurance Technician I
11339	Tosha	Walker	Team Lead
11343	William	Stanback	Distribution Yard Hostler
11344	Vandasia	Bryant	Senior Team Lead
11347	Derrick	Bradley	Material Handler
11348	Glenda	Settle	Senior Team Lead
11363	Renee	Conston	Quality Assurance Technician II
11390	Wade	Jackson	Team Lead
11391	Torris	Scott	Team Lead
11393	Tiffany	Lowe	Quality Assurance Technician II
11394	Latosha	Harper	Ship Hold Coordinator II
11396	Christopher	Katchens	Distribution Associate II
11399	Jarica	Sumler	Senior Team Lead
11401	Ngoc Van	Vo	Distribution Associate I
11412	LaShondra	Jackson	Wave Planner
11413	Cassandra	Jackson	Wave Planner
11416	Shondreaka	Hill	Senior Team Lead
11417	Jonathan	Hernandez	Quality Assurance Technician II
11419	Israel	Falkner	Material Handler
11420	Montina	Hughes	Distribution Associate I
11421	Tracy	Barnes	Senior Team Lead
11424	Derrick	Granderson	Senior Team Lead
11515	Kenisha	Shelton	Team Lead
11516	Kevin	Johnson	Team Lead
11518	Hang	Le	Distribution Associate II
11523	Sheree	Elliott	Material Handler
11525	Della	Kimbrough	Distribution Associate I
11526	Brian	Tolentino	Material Handler
11537	Adrian	Thomas	Senior Team Lead
11538	Lorando	Hawkins	Material Handler
11543	Lorena	Lopez	Distribution Associate I
11546	Alice	Crutcher	Distribution Associate II
11547	Michael	Carver	Facilities Service Technician
11572	Mohamedou	Gadio	Sr. Team Lead
11603	Erica	Kilpatrick	Material Handler
11604	Roy	Bedford	Team Lead
11605	Shaun	Berryhill	Senior Team Lead

Person Id	First Name	Last Name	Position Title
11607	Derrick	Clark, II	Material Handler
11612	Sharon	Brantley	Distribution Associate I
11613	Michael	Strickland	Material Handler
11627	LeKendris	Chavers	Material Handler
11633	Kent	Williford	Material Handler
11681	Bobby	Bolton	Material Handler
11682	Ruth	Wainaina	Sr. Team Lead
11684	Zuher	Beikhan	Material Handler
11690	Ashley	Burgess	Distribution Associate II
11702	Dedrick	Houston	Material Handler
11703	Gatt	Williams	Material Handler
11704	Rena	Rayford	Material Handler
11725	Doneese	Williams	Material Handler
11754	Jennifer	Wilson	Distribution Associate II
11761	Monee	Adams	Material Handler
11762	Paul	Satcher	Material Handler
11766	Christina	Fitz	Quality Assurance Technician II
11767	Terrie	Yarbrough	Distribution Associate I
11819	Tangie	Sykes	Distribution Associate I
11827	Kendrick	Oliver	Material Handler
11828	Candace	Mallory	Distribution Associate II
11847	Shelly	Mattie	Distribution Associate I
11848	Sheila	Campbell	Distribution Associate I
11852	Kenneth	Cochran	Team Lead
11882	John	Hankins	Material Handler
11890	Chataira	Parnell	Distribution Associate I
11956	Dale	Bortters	Material Handler
11957	Patricia	Moses	Material Handler
11980	Savy	Duch	Distribution Associate II
11982	Chanel	Underwood	Team Lead
11983	Joyce	Vera	Distribution Associate II
11984	Carlos	Vera	Team Lead
11989	Tyler	Dicarlo	Senior Team Lead
12069	Canesha	Luellen	Team Lead
12083	John	Sullivan	Material Handler
12086	John	Lewis Jr.	Material Handler
12096	Tacamjula	Driver	Team Lead
12102	Marco	Watson	Material Handler
12103	Sharonda	Phillips-Glover	Material Handler
12105	Tyrone	Dandridge	Material Handler
12115	Lasheka	Scooter	Distribution Associate II
12116	Tina	Phillips	Distribution Associate I
12118	Darion	Marble	Material Handler
12119	Monique	Allen	Distribution Associate I
12129	Brian	Turnbow	Material Handler
12141	Paul	Hibler Jr	Material Handler

Person Id	First Name	Last Name	Position Title
12152	Chauntay	Williams	Senior Team Lead
12159	Sharon	Jones	Distribution Associate II
12160	Tyler	Wilkins	Distribution Associate I
12170	Chelsey	Rutherford	Material Handler
12189	Renee	Parrett	Wave Planner
12190	David	Hull	Material Handler
12247	Michael	Wiggison	Material Handler
12251	Marvin	Farmer	Material Handler
12252	LiQuita	Phillips	Material Handler
12254	Debra	Dunbar	Material Handler
12261	Sherry	Hughes	Material Handler
12262	James	Pike	Team Lead
12267	Antoine	Mosley	Material Handler
12268	Marcus	Reed	Material Handler
12282	Robert	Scott Jr.	Distribution Associate I
12365	Larrisha	Bell	Team Lead
12373	Sulara	Carter	Senior Team Lead
12375	Cecil	Boyland	Distribution Associate I
12378	Roderick	Ware Jr.	Material Handler
12380	James	Brown	Material Handler
12383	Angela	Cook	Transportation Coordinator
12784	Daniel	Willman	Distribution Associate II
12799	Latonya	Dishmon	Team Lead
12800	Rauricas	Tate	Material Handler
12803	Janice	Eldridge	Distribution Associate I
12804	Coshia	Smith	Material Handler
12806	Michael	Greene	Material Handler
12821	Issouf	Toure	Material Handler
12841	Kevin	Malone	Material Handler
12902	Alvin	Cross	Material Handler
12977	Miquanius	Williams	Material Handler
12980	Essic	White	Material Handler
12990	Marian	Smith	Distribution Associate I
13004	Robert	Pearson	Distribution Associate II
13027	Heriberto	Trinidad Cruz	Material Handler
13316	Necole	Levy	Material Handler
13456	Stephanie	May	Material Handler
13507	Darrian	Malone	Material Handler
13512	Felicia	Odom	Distribution Associate I
13548	Noah	Waalk	Maintenance Technician
13718	Katina	Armstrong	Material Handler
13719	Ricardo	Gant	Senior Team Lead
13720	Antonio	Gaston	Material Handler
13752	Robert	Bell	Material Handler
13753	Daryl	Ayers	Material Handler
13754	Chelsea	Jones	Material Handler

Person Id	First Name	Last Name	Position Title
13755	Dwight	Haley	Ship Hold Coordinator I
13775	Danny	Harris	Material Handler
13795	Joselin	Letet	Distribution Associate II
13819	Terry	Boyle	Material Handler
13836	Roosevelt	Walker	Material Handler
13877	Isaac	Westbrook	Distribution Associate II
13895	Diamone	Hill	Distribution Associate I
13904	Antwone	Stewart	Material Handler
13963	Jerome	Weeks	Material Handler
13975	Veronica	James	Distribution Associate I
13987	Willie	Mack	Material Handler
14018	Nicholas	Smith	Material Handler
14035	Quinton	Jackson	Material Handler
14036	Jessica	Fisher	Distribution Associate I
14037	LaToya	Cole	Distribution Associate I
14038	Leticia	Perez Bernardino	Distribution Associate I
14053	Evelyn	Amro	Distribution Associate I
14110	Deneisha	Haggard	Distribution Associate I
14111	Delferd	Harris	Material Handler
14129	Mark	Eaton	Material Handler
14137	Tavares	Smith	Distribution Associate I
14163	Deangelo	Payne	Distribution Associate I
14184	Qiana	Stoxstell	Distribution Associate I
15655	Beverly	Barber	Distribution Associate I
15656	Kaleb	Medina	Material Handler
15674	Luisa	Sotomayor	Material Handler
15691	Harry	Clemmons	Material Handler
15692	Iris	Martin	Distribution Associate I
15710	Carlos	Simmons	Material Handler
15726	Kim	Wright	Distribution Associate I
15727	ZayDeisha	Phillips	Distribution Associate II
15735	Raymond	West	Material Handler
15761	Jessica	Sellers	Material Handler
15762	Deadrick	Boyd	Distribution Associate I
15813	Tiara	Hodges	Distribution Associate I
15840	Kevin	Cochran	Material Handler
15854	Tamenshia	Ford	Distribution Associate I
15864	Shenekia	Cooper	Distribution Associate I
15866	Michael	Woods	Distribution Associate I
15899	Marian	Thompson	Distribution Associate I
15921	Kendall	Thomas	Material Handler
15923	Sandra	Miller	Distribution Associate I
15977	Crystal	Morrow	Distribution Associate I
16097	Travis	Henson	Material Handler
16100	Gerard	Hall	Material Handler
16181	George	Miller	Material Handler

Person Id	First Name	Last Name	Position Title
16183	Gevita	Fondren	Distribution Associate I
16186	Shawn	Williams	Material Handler
16189	Antjuan	Burnett	Distribution Yard Hostler
16191	Alisha	Hurst	Distribution Associate II
16193	James	Ward	Material Handler
16197	Tyra	McCray	Material Handler
16198	Erwin	Hurt	Material Handler
16200	Jason	Andrews	Material Handler
16205	Martavis	Reaves	Material Handler
16206	Cameron	Burton	Material Handler
16208	Candace	Love	Distribution Associate I
16214	Ardy	Phillips	Material Handler
16226	Jeffrey	Walton	Material Handler
16227	Christopher	Woods	Distribution Associate I
16230	Jamonica	Street	Material Handler
16231	Tarrika	Cleaves	Distribution Associate I
16233	Dana	Hayzlett	Distribution Associate I
16242	Kevin	Cockrell	Material Handler
16248	Krystal	Felston	Material Handler
16250	Jarvis	Malone	Material Handler
16259	Tito	Lazo	Material Handler
16270	Tametrious	Rodgers	Distribution Associate I
16279	Garry	Gamble	Material Handler
16281	Terry	Turner	Material Handler
16284	Lester	Benton	Quality Assurance Technician I
16286	Cedrick	Sherrod	Material Handler
16287	Jasma	Franklin	Distribution Associate I
16288	Elliott	Barnes	Material Handler
16290	Salvador	Campos Reyes	Material Handler
16291	Enrique	Faz	Material Handler
16301	Cleveland	Phillips	Material Handler
16312	Mariah	Brunson	Material Handler
16313	Teresa	Totton	Distribution Associate I
16319	Derrick	LaBarre	Material Handler
16334	Rodderick	Jones	Material Handler
16372	Virginia	Campos	Material Handler
16373	John	Milam	Material Handler
16375	Deangelo	Frederick	Material Handler
16414	LaCher	Carruth	Material Handler
16417	Zavien	Thomas	Material Handler
16446	Aisha	Barnes	Distribution Associate I
16464	Netopeu	Ngbe	Distribution Associate I
16572	Arizvett	Regalado	Distribution Associate I
16625	Demeshia	Miller	Distribution Associate I
16642	Shon	Williams	Material Handler
16644	Terrance	Jackson	Material Handler

Person Id	First Name	Last Name	Position Title
16656	Whitney	Young	Distribution Associate I
16658	Lance	Brown	Material Handler
16678	Lakiesha	Covington	Distribution Associate I
16679	Mamadou	Sow	Distribution Associate I
16682	Daphinique	Sample	Distribution Associate I
16691	Kendrick	Hymon	Material Handler
16703	Ladarius	Black	Material Handler
16706	Tyrod	Williams	Material Handler
16711	Demarius	Todd	Material Handler
16713	Eddie	Patterson	Material Handler
16728	Marketta	Johnson	Distribution Associate I
16729	Timothy	Walker	Material Handler
16730	Cedrick	Hudson	Team Lead
16751	Darryl	Stringfellow	Material Handler
16764	DeRhondlyn	Gulledge	Material Handler
16769	Gavin	Clark	Material Handler
16785	Joshua	Bray	Distribution Associate I
16787	Shaveda	Holt	Distribution Associate I
16795	Sabrena	Reed	Distribution Associate I
16823	Ashley	Willis	Material Handler
16869	Leticia	Esteva	Distribution Associate I
16870	Sandra	Dowdy	Team Lead
16871	Robert	Childress	Material Handler
16874	Edward	Robinson	Material Handler
16875	Desmond	Goodwin	Material Handler
16907	Randy	Bailey	Material Handler
16913	Dezmond	Harris	Material Handler
16953	shuronda	henderson	Distribution Associate I
16986	LaTasha	Nash	Distribution Associate I
17009	Maleslie	Sanders	Distribution Associate I
17042	Evette	Williams	Distribution Associate I
17044	Kiron	Covington	Material Handler
17078	Ternell	Keys	Material Handler
17092	Derian	Ferrell	Material Handler
17099	jason	hernandez	Material Handler
17119	Tjsa	Davis	Material Handler

MISSISSIPPI *Board of Pharmacy*



Arrow International, Inc

Permit No.:
15197/16.5

Permit Holder:
Nester, Michael A

11245 North Distribution Cove
Olive Branch, MS 38654

Wholesale Drug Distributor

This permit is not transferable or assignable.

Issued: 3/2/2017
Renewed: 11/7/2018
Expires: 12/31/2019

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MISSISSIPPI

Board of Pharmacy



Teleflex Medical Incorporated

11245 North Distribution Cove
Olive Branch, MS 38654

Wholesale Drug Distributor

Permit No.:
15198/16.5

Permit Holder:
Jimmy D. Breedlove

This permit is not transferable or assignable.

Issued: 3/2/2017

Renewed: 11/7/2018

Expires: 12/31/2019

Cory Phillips
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



DELBERT HOSEMANN

Secretary of State

Office of the Secretary of State

Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TELEFLEX LLC

Registered the 21st day of August, 2018

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

CORPORATION SERVICE COMPANY

7716 Old Canton Road, Suite C

Madison, MS 39110

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of January, 2020

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN20075329

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

EXHIBIT F
SECRETARY OF STATE



**CERTIFICATE OF REGISTRATION
 OF
 FOREIGN LIMITED LIABILITY COMPANY**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am the legal custodian of the records pertaining to Limited Liability Companies, and that I am the proper officer to execute this certificate.

I further certify upon said records that **TELEFLEX LLC**, a Limited Liability Company organized under the laws of the State of Delaware did, on February 5, 2019 qualify pursuant to the provisions of the Nevada Revised Statutes and is currently registered to transact business in this State as a Limited Liability Company.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
 Secretary of State

Certified By: Amy Brewer
 Certificate Number: C20190205-1319

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

TELEFLEX LLC

Entity Number:

E0054952019-2

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

02/05/2019

NV Business ID:

NV20191101240

Termination Date:

Perpetual

Annual Report Due Date:

2/29/2020

Series LLC:☐**Domicile Name:****Jurisdiction:**

Delaware

REGISTERED AGENT INFORMATION**Name of Individual or Legal Entity:**

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:**Individual with Authority to Act:**

GEORGE MASSIH

Contact Phone Number:**Fictitious Website or Domain Name:****PRINCIPAL OFFICE ADDRESS**

Address:**Mailing Address:****OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Manager	JOHN R DEREN	550 EAST SWEDESFORD ROAD, SUITE 400, WAYNE, PA, 19087, USA	02/06/2019	Active
Manager	JACOB ELGUICZE	550 EAST SWEDESFORD ROAD, SUITE 400, WAYNE, PA, 19087, USA	02/06/2019	Active
Manager	JAY WHITE	3015 CARRINGTON MILL BOULEVARD, MORRISVILLE, NC, 27560, USA	02/06/2019	Active

Page 1 of 1, records 1 to 3 of 3[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800052326

Application/License No. _____

Teleflex LLC _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
 11245 North Distribution Cove, Olive Branch, MS 38654 _____, as
Address of Applicant/Principal
 PRINCIPAL, and Atlantic Specialty Insurance Company _____, a
Surety Company
 corporation organized under the laws of the state of New York
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
 605 Highway 169 North, Suite 800, Plymouth, MN 55441 _____ as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 19, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
19th day of September, 2019.

APPLICANT/PRINCIPAL

Teleflex LLC


Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company


Surety Company's Representative

Adanna Brathwaite, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


~~Nevada Resident Agent~~

Adanna Brathwaite, Nevada Non-Resident Agent



Power of Attorney

Surety Bond No: 800052326

Principal: Teleflex LLC

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Adanna Brathwaite, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

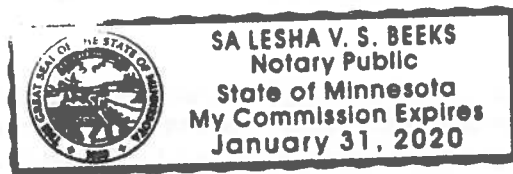
STATE OF MINNESOTA
HENNIPEN COUNTY

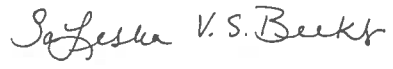


By


Paul J. Brehm, Senior Vice President

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

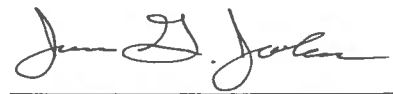



Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of September, 2019.




James G. Jordan, Assistant Secretary

**Teleflex**

3015 Carrington Mill Blvd
Morrisville, NC 27560
USA

Phone: 919-361-4150

Fax: 919-361-3905

teleflex.com

June 20, 2019

SENT VIA UPS

Nevada Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

Subject: **11245 North Distribution Cove Olive Branch, MS38654**
Wholesaler – Teleflex LLC

Dear Sir/Madam,

The above-listed facility (the "Facility") currently operates under the following Out-of-State Drug Distributor Permit:

Teleflex Medical Incorporated
Arrow International, Inc.
Arrow International, Inc.

WH01856
WH01936
MP01280

Teleflex Medical Incorporated ("TMI") and Arrow International, Inc. ("Arrow") are each wholly-owned subsidiaries of Teleflex Incorporated ("Teleflex"), and are both operating out of the Facility, with Arrow distributing medical devices, including convenience kits containing lidocaine, and TMI distributing medical devices.

To reduce complexity for our customers and improve operational efficiencies, Teleflex is reorganizing certain of its commercial operations, including the sales, logistics and distribution functions for its subsidiaries TMI and Arrow. The reorganization involves the establishment of a new wholly-owned subsidiary named Teleflex LLC, to which TMI and Arrow will transfer all of their respective operations taking place at the Facility. Following this transfer Teleflex LLC will hold, offer for sale, sell and distribute the products in inventory at the Facility, while Arrow and TMI will remain the manufacturers of their respective products, selling such products to Teleflex LLC for distribution.

The transfer will become effective on or around August 5, 2019. Until that time, TMI and Arrow will continue to hold, offer for sale, sell and distribute products in inventory at the Facility under their existing respective permits.

Please note the following with respect to the enclosed application:

- 1) The officers and ownership of Teleflex LLC are the same as those of Arrow and TMI.



- 2) Teleflex LLC has filed an application for a Drug Wholesaler Distributor Permit in Mississippi. Documentation of the home state license and license verification will be provided when they become available. Copies of the current Arrow and TMI permits are attached.
- 3) Arrow and TMI are currently VAWD certified. Copies of the certificates are enclosed. Teleflex LLC is applying for a Change of Ownership for the Arrow VAWD certification. Upon issuance of the VAWD certification to Teleflex LLC, the Arrow and TMI certifications will be surrendered.
- 4) Once the transaction is completed, documentation of the Change of Ownership will be submitted and Arrow and TMI will surrender their Drug Distributor Permits.
- 5) Adam Nester, the current Arrow facility manager for the Facility will remain facility manager under Teleflex LLC.
- 6) Once the transaction is completed, documentation of the Change of Ownership will be submitted and Arrow and TMI will surrender their Drug Distributor Permits.

The operations at the Facility are not expected to change as a result of the transfer to Teleflex LLC. In this regard, products, personnel and policies and procedures are expected to remain the same. The only change is to the Teleflex legal entity that will be responsible for the operations at the Facility.

In order to effectuate a smooth transition, we are submitting the enclosed application 30 business days prior to the effective date of the transfer to Teleflex LLC. Should you have any questions regarding the foregoing or the enclosed application, please let me know. I can be reached by telephone at 919-361-3905 or by email at Bettina.knight@teleflex.com.

Kind regards,

A handwritten signature in blue ink, reading "Bettina Knight", is positioned above the typed name and title.

Bettina Knight
State Licensing Specialist
Teleflex
3015 Carrington Mill Boulevard
Morrisville, NC 27560
Direct: 919-361-3905
Bettina.knight@teleflex.com

9E

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Teleflex LLC

Physical Address: 14005 13th Avenue

City: Plymouth State: MN Zip Code: 55441 Telephone: _____

Number: 763-656-4300 Fax Number: 763-656-4253

Toll Free Number: _____

E-mail: statelicensing@teleflex.com Website: http://www.teleflex.com

Facility Manager: Christopher Chapman

Professional qualifications and experience of facility manager: see exhibit A

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Teleflex LLC only receives products from Vascular Solutions LLC. Teleflex LLC has not distributed any product to date.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20191101240

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☒ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☒ No ☐

exhibit B

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Jake Elguicze

Print Name of Authorized Person

Date

4/10/19

Board Use Only

Date Processed: _____

Amount:

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Teleflex Incorporated

Mailing Address: 550 E Swedesford Road

City: Wayne State: PA Zip: 19087

Telephone: 610-225-68000 Fax: _____

Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Teleflex Incorporated

Name
Business Address
 - b) _____

Name
Business Address
 - c) _____

Name
Business Address
 - d) _____

Name
Business Address
- 2) Provide the number of shares issued by the corporation. 100% membership interest in the limited liability company
- 3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non publicly traded corporation

List of officers and directors

see exhibit C

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. exhibit D

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Page 9 for Fingerprint Submission Instructions.

Submit a list containing each employee(s) who handle the drugs on a daily basis.
n/a the drug is packaged in a medical convenience kit

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

EXHIBIT A

CHRISTOPHER CHAPMAN

Forestview Ln N,
Maple Grove, MN 55369, USA

WORK EXPERIENCE
Teleflex, Plymouth, MN*Materials Group Lead, Apr 2019 – Present*

- Provide direction and training for Material Coordinators
- Oversee day to day warehouse activities
- Pick, pack and ship customer orders
- Assist other departments with materials related issues

Inventory/Shipping Coordinator, Feb 2015 – Apr 2019

- Pick, pack and ship customer orders
- Assist production with inventory issues
- Maintain and perform Cycle Count activities
- Replenish inventory to stocking locations.
- Investigate/reconcile inventory discrepancies at the Distribution Center and Raw Materials Warehouse.

Tolomatic, Hamel, MN*Inventory Control Coordinator, Dec 2012 – Jan 2015*

- Pick orders for production
- Investigate and reconcile inventory discrepancies
- Maintain and perform Cycle Count activities
- Assist Production Planning and Purchasing with inventory issues

Vascular Solutions, Maple Grove, MN*Assembler, Dec 2008 – Jun 2012*

- Medical device assembly

EDUCATION

West Lutheran
Plymouth, MN
High School Diploma (May 2002)

EXHIBIT B

As a newly formed entity, Teleflex LLC has not received any disciplines to this date. The following information relates to disciplines received by Teleflex LLC's affiliates, Arrow International, Inc. and Teleflex Medical Incorporated.

Arrow International, Inc. 312 Commerce Place, Asheboro, NC

This facility ceased distribution operations in 2014. All distribution activities were moved to the facility located in Olive Branch, MS. The Olive Branch facility has not been subject to any disciplinary actions.

- 1) Arrow received a Citation dated December 17, 2014 from the California State Board of Pharmacy. The Citation alleged a *per se* violation of Section 4301(n) of the California Business and Professional Code due to payment of a fine under a Settlement Agreement entered into by Arrow with the State of Florida on July 17, 2012. The Settlement is further described below.
- 2) Arrow received a Notice of Violation and Notice of Intent to Deny from the Florida Department of Business and Professional Regulation dated April 12, 2012 for alleged violations of sections 499.005(15) and 499.012. Arrow entered into a Settlement Agreement dated July 17, 2012 to resolve the matter. As part of the settlement, Arrow paid a \$25,000 fine. Per section 17(e) of the Settlement Agreement, nothing referenced in the Settlement Agreement constituted a disciplinary action against the facility's Florida permit.
- 3) In 2009, Arrow was cited by the Florida Department of Health for alleged violations of Sections 499.005(2) F. S. and 499.0105(1) F. S. The Florida Department of Health performed an investigation and no violation was found.
- 4) In 2008, Arrow was cited by the Florida Department of Health for a violation of Sections 499.005(18) and 499.012(6) of the Florida statutes concerning required recordkeeping and a violation of Section 499.005(19) concerning reporting of correct lot numbers for drugs contained in Arrow kits distributed in Florida. Arrow agreed to correct its practices and paid a minimal fine.

Teleflex Medical Incorporated 970 Westport Parkway, Fort Worth, TX

This facility is now closed. In 2008, Teleflex Medical Incorporated was issued a probationary Out-of-State Wholesale Drug Distributor License by the State of Missouri for failure to apply for its Missouri Wholesale Drug Distributor License in a timely fashion. As a result of the Missouri disciplinary action, in 2010 the State of Colorado issued Teleflex Medical Incorporated a probationary Out-of-State wholesaler registration under the same terms and for the same period of time as that provided in the order by the State of Missouri. Because of the probationary status of the Teleflex Medical licenses in Missouri and Colorado, South Carolina issued a probationary license to Teleflex Medical, conditioned on Teleflex Medical being VAWD certified by June 1, 2012. Teleflex Medical complied fully with the requirements.

Teleflex Medical Incorporated 11245 North Distribution Cove, Olive Branch, MS

Teleflex Medical Incorporated received a Michigan Administrative Complaint in December 2013. The Complaint alleged a *per se* violation of the Michigan Public Health Code due to the disciplines involving the Texas facility noted above. The Complaint did not allege any current violations. The parties entered into a Consent Order dated December 10, 2014 to resolve the matter by payment of a fine with no reprimand or conditions on Teleflex's Michigan license.

Teleflex Medical Incorporated 2917 Weck Drive, Durham, NC

Teleflex Medical Incorporated received a Notice of Intent to Deny from the Florida Department of Business and Professional Regulations on January 10, 2014 for its administrative facility. The parties entered into a Settlement Agreement on November 25, 2014 to resolve the matter by payment of a fine. Per Section 9 of the Settlement Agreement, the settlement does not constitute a discipline under Florida's statutes or regulations.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Teleflex LLC
Date Filed:	08/21/2018
File Number:	1028960900041
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Delaware

This certificate has been issued on: 01/02/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

EXHIBIT C

SECRETARY OF STATE



**CERTIFICATE OF REGISTRATION
OF
FOREIGN LIMITED LIABILITY COMPANY**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am the legal custodian of the records pertaining to Limited Liability Companies, and that I am the proper officer to execute this certificate.

I further certify upon said records that **TELEFLEX LLC**, a Limited Liability Company organized under the laws of the State of Delaware did, on February 5, 2019 qualify pursuant to the provisions of the Nevada Revised Statutes and is currently registered to transact business in this State as a Limited Liability Company.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Amy Brewer
Certificate Number: C20190205-1319

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

TELEFLEX MEDICAL INCORPORATED

Entity Number:

E0391522017-7

Entity Type:

Foreign Corporation (80)

Entity Status:

Active

Formation Date:

08/16/2017

NV Business ID:

NV20171520304

Termination Date:

Perpetual

Annual Report Due Date:

8/31/2020

Domicile Name:**Jurisdiction:**

California

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:**Individual with Authority to Act:**

GEORGE MASSIH

Contact Phone Number:**Fictitious Website or Domain Name:****PRINCIPAL OFFICE ADDRESS****Address:**

Mailing Address:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Jay White	3015 Carrington Mill Boulevard, Morrisville, NC, 27560, USA	08/28/2019	Active
Secretary	James J. Leyden	3015 Carrington Mill Boulevard , Morrisville, NC, 27560, USA	08/28/2019	Active
Treasurer	Jacob Elguicze	3015 Carrington Mill Boulevard, Morrisville, NC, 27560, USA	08/28/2019	Active

Page 1 of 1, records 1 to 3 of 3

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	6,000	0.010000000000

Page 1 of 1, records 1 to 1 of 1

☐ Unlimited Foreign Entities Only☐ No Stock Foreign Entities Only

Number of No Par Value Shares:

0

Total Authorized Capital:

60

[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

EXHIBIT D

OFFICERS OF TELEFLEX LLC

OFFICERS	TITLE
Jay White jay.white@teleflex.com **Director	President
John Robert Deren john.deren@teleflex.com **Director	Vice President
Gregg Wayne Winter gregg.winter@teleflex.com	Vice President
Jake Elguicze jake.elguicze@teleflex.com **Director	Vice President & Treasurer
James Joseph Leyden james.leyden@teleflex.com	Secretary

Mr. White is located at
Teleflex LLC
3015 Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
550 E Swedesford Rd #400
Wayne, PA 19087

List of employees that handle the products at the Teleflex LLC Plymouth, MN warehouse:

Jon Rasmussen

Tony Rodine

Chris Chapman

Juan Burgos

Michael Larson

Timothy Firle

Kimberly Hupila

Timothy Weseloh

Debra Walton

Travis Woodruff

Ryan Wraa

Application for Licensure – Teleflex LLC 14005 13th Avenue, Plymouth MN 55441

EXHIBIT E

See the attached license for current facility operations under Vascular Solutions LC. Teleflex has submitted a Minnesota application for the change in ownership. A copy of the license will be provided when available.

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE NUMBER: 363343
(ACTIVE)

To:

VASCULAR SOLUTIONS, LLC
14005 13TH AVE
PLYMOUTH MN 55441

EFFECTIVE DATE

04/04/2019

EXPIRATION DATE

05/31/2020

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE
NUMBER: 363343 (ACTIVE)

To:

VASCULAR SOLUTIONS, LLC

EFFECTIVE DATE

04/04/2019

EXPIRATION DATE

05/31/2020

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800005663

Application/License No. _____

Teleflex LLC, doing or intending to do business
Applicant/Principal
 as a pharmaceutical wholesaler, whose address for purposes of service is
14000 13th Avenue Plymouth MN 55441, as
Address of Applicant/Principal
 PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of NY
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800 Plymouth MN 55441 as
Address of Surety
 SURETY, are held and firmly bound unto the State of Nevada and to the Nevada
 State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND
 DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors,
 administrators, successors and assigns jointly and severally, by these presents. This
 bond term shall become effective on June 7, 2019
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that
 the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy
 (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of
 Pharmacy and this bond is executed and tendered in accordance therewith. This
 bond secures payment of any administrative fines imposed by the Board pursuant to
 NRS 639.255 and any costs incurred by the Board regarding the license of
 Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the
 Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
7th _____ day of _____ June _____, 2019 _____.

APPLICANT/PRINCIPAL
Teleflex LLC

By: _____

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

By: _____

Surety Company's Representative

Joseph R. Williams _____, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sarah Hancock

Witness

Countersigned by:

Nevada Resident Agent Annette Wisong

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Tina H. Kennedy, Annette Wisong, Joseph R. Williams, Sarah Hancock, Steven L. Swords, Kathryn Wieland Allen, Desiree Payne**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-sixth day of October, 2017.

STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

On this twenty-sixth day of October, 2017, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 7th day of June, 2019



This Power of Attorney expires
October 1, 2019

Christopher V. Jerry, Secretary

10

10A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ **Ownership Change** (Provide current license number if making changes: WH 01775)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Broughton Pharmaceuticals, LLC

Physical Address: 413 West Montgomery Cross Rd. Suite 204

City: Savannah State: GA Zip Code: 31406

Telephone Number: 866-341-0315 Fax Number: 912-201-3775

Toll Free Number: 866-341-0315

E-mail: service@broughtonpharma.com Website: www.broughtonpharm.com

Facility Manager: John Dutch

Professional qualifications and experience of facility manager: BA in Finance & Management, MBA in Strategic Planning, 10+ years in pharmaceuticals managing position

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: VA's, Active Duty Military, infusion clinics, surgical facilities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: McKesson Corporation

Address: 1005 Satellite Blvd. Suwanee, GA 30024

Name: Harvard Drug Group

Address: 17127 N. Laurel Park Ste. 233 Livonia, MI 48152

Name: HD Smith Wholesale Drug Co.

Address: 4656 Industrial Dr. Springfield, IL 62703

Name: Priority Healthcare

Address: 1231 East Beltline Ave. NE Grand Rapids, MI 49525

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

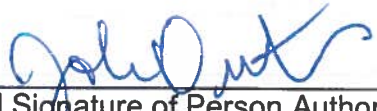
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

John Dutch
Print Name of Authorized Person

9/16/19
Date

Board Use Only

Date Processed: _____

Amount: _____

State of Incorporation: Georgia

Parent Company if any: SL Group, LLC

Mailing Address: 413 West Montgomery Cross Rd Suite 204

City: Savannah State: GA Zip: 31406

Telephone: 866-341-0315 Fax: 912-201-3775

Contact Person: John Dutch

Page 5

Broughton Pharmaceuticals:

Name: Broughton Pharmaceuticals, LLC

Name and Title of Each Member:

John Dutch – CEO

Bradley Allen – COO

Kenward Stone – Co-President

Nicholas Leibold – Co-President

Parent: SL Group, LLC

State of Inc.: Georgia



LIST OF EMPLOYEE'S WHO HANDLE DRUGS ON A DAILY BASIS

CAILTYN JOHNSON

LAUREN DEBOCKLER

MOLLY CURRY

Control Number : 0215055

STATE OF GEORGIA**Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFICATE OF EXISTENCE**

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BROUGHTON PHARMACEUTICALS, LLC**a Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16278907
Date Inc/Auth/Filed: 03/21/2002
Jurisdiction : Georgia
Print Date : 11/07/2018
Form Number : 211



A handwritten signature in black ink, appearing to read 'B: P. Kemp'.

Brian P. Kemp
Secretary of State



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE

BRAD
RAFFENSPERGER

[HOME \(/\)](#)**BUSINESS SEARCH****BUSINESS INFORMATION**

BROUGHTON
Business Name: **PHARMACEUTICALS, LLC** Control Number: **0215055**
Business Type: **Domestic Limited Liability Company** Business Status: **Active/Compliance**
Business Purpose: **NONE**
Principal Office Address: **413 West Montgomery Crossroad, ste 204, Savannah, GA, 31406, USA** Date of Formation / Registration Date: **3/21/2002**
State of Formation: **Georgia** Last Annual Registration Year: **2019**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Dutch Jr., John Franklin**
Physical Address: **4 Captain Jim Lane, Savannah, GA, 31411, USA**
County: **Chatham**

[Back](#)[Filing History](#)[Name History](#)[Return to Business Search](#)



GEORGIA BOARD OF PHARMACY

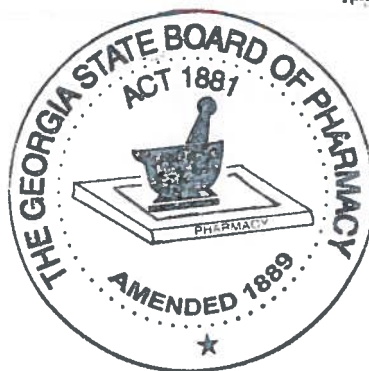
Date Mailed: September 27, 2019

Nevada State Board of Pharmacy
985 Demonte Ranch Pkwy #206
Reno NV 89521

Full Name: Broughton Pharmaceuticals LLC	Date Issued: 04/30/2002
Type of License: Wholesaler Pharmacy	License #: PHWH001676
Obtained By: Transfer	Expiration Date: 06/30/2021
License Status: Active	Highest Degree:
Public Board Orders: none	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <https://gadch.mylicense.com/verification/Search.aspx?facility=N> to obtain a copy of the board order.



Tanja D. Battle

Tanja D. Battle
Executive Director
Georgia Board of Pharmacy

SURETEC INSURANCE COMPANY3033 5th Avenue, Suite 300, San Diego, CA 92103**CONTINUATION CERTIFICATE**

Bond No. 5120440
Principal: Broughton Pharmaceuticals, LLC
Bond Amount: \$100,000
Bond Description: Wholesale Pharmaceutical Distributor Bond

Obligee: Nevada State Board of Pharmacy

Gentlemen:

You are hereby notified that the above Bond shall be continued in force for a period effective from

08/01/2019 until 08/01/2020

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the surety shall not exceed the amount of this Continuation Certificate. The liability of the surety shall not cumulate by reason of this certificate, any continuation certificate, change rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 23rd day of July, 2019.

SureTec Insurance Company, Surety

By: 
Michelle M. Herman, Attorney in Fact

10B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler	☐ Ownership Change
(Please provide current license number if making changes: WH _____)	

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: MEDICAL PURCHASING SOLUTIONS, LLC

Physical Address: 3660 PARKWAY LN, STE J HILLIARD, OH 43026

Mailing Address: 15021 N. 74th ST #300

City: SCOTTSDALE State: AZ Zip Code: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Toll Free Number: 888-894-248

E-mail: denise@medicalpurchasingsolutions.com Website: www.medicalpurchasingsolutions.com

Facility Manager: DENIS McNicholl

Professional qualifications and experience of facility manager: see attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) AmeriSource Bergen 6375 La Salle DR. Lockbourne, OH 43137
Name Address

Business
2) INSOURCE (Henry Schein) 6185 Huntley Rd STE J Columbus, OH 43229
Name Address

Business
3) PFIZER, INC. 235 EAST 42nd St. NY, NY 10017
Name Address

Business
4) MCKESSON Medical-Surgical 7343 S. Hardy Dr. #101 Tempe, AZ 85283
Name Address
Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

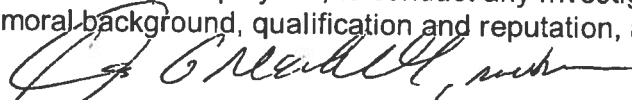
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Denis McNicholl

Print Name of Authorized Person

10/27/17

Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: ARIZONA

Parent Company if any: N/A

Corporation Name: Medical Purchasing Solutions, LLC

Mailing Address: 15021 N. 74th St #300

City: Scottsdale State: AZ Zip: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Contact Person: Denis McNicholl

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
 - a) N/A

Name
Address
 - b) _____

Name
Address
 - c) _____

Name
Address
 - d) _____

Name
Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information

List of officers and directors:

John Discerni – Member 50%

Denis McNicholl – Member 50%



Name and Address		[back]
Name	MEDICAL PURCHASING SOLUTIONS, LLC	
Public Address	3660 PARKWAY LANE, SUITE J HILLIARD, OH 43026	
Business Phone	(602) 476-1595	
County	Franklin	

License and Registration Information				
License	First Issue Date	Current Issue Date	Expiration Date	Status
WHS.012488300-03	03/11/2015	07/01/2017	06/30/2018	ACTIVE
License Type: Wholesaler - Category Three				
Responsible Party: DENIS G. MCNICHOLL OFFICER				

Formal Action Information
No formal action exists.

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 11/2/2017.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

Platte River Insurance Company

SURETY BOND RIDER

To be attached to and form part of **Pharmaceutical Wholesaler Surety Bond, BOND NO. 41233908** issued by **Platte River Insurance Company** as Surety on behalf of **Medical Purchasing Solutions, LLC**, as Principal, in favor of **State of Nevada and Nevada State Board of Pharmacy**, as Oblige.

It is hereby understood and agreed that the above captioned bond is amended as follows:

From - One location at 15021 N 74th St Ste 300, Scottsdale AZ 85260

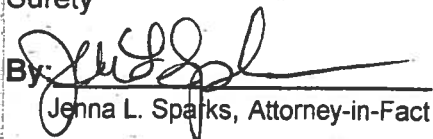
To - Two locations at 15021 N 74th Street, Ste. 300, Scottsdale AZ 85260 and 3660 Parkway Lane, Ste. J, Hilliard, OH 43026

This Rider is executed upon the express conditions that the Company's liability under said bond, together with this and all previous Riders shall not be cumulative and shall in no event exceed the amount specifically set forth in said bond or any existing certificate changing the amount of said bond.

SIGNED, SEALED AND DATED: November 2, 2017.

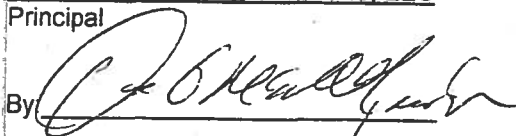
Platte River Insurance Company

Surety

By: 
Jenna L. Sparks, Attorney-in-Fact

Medical Purchasing Solutions, LLC

Principal

By: 

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41378561

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

DAVID SPARKS, NICOLE M CLOVIS, JENNA L SPARKS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

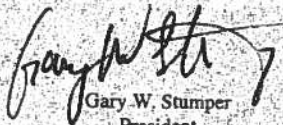
"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the company; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest:


Gary W. Stumper
President
Surety & Fidelity Operations



PLATTE RIVER INSURANCE COMPANY


Stephen J. Sills
CEO & President

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

On the 27th day of July, 2015 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

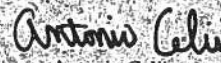

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 2nd day of November, 2017




Antonio Celii
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 12-2016)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEDICAL PURCHASING SOLUTIONS, LLC, an Arizona For Profit Limited Liability Company, Registration Number 2372838, filed on March 3, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of November, A.D. 2017.

Jon Husted

Ohio Secretary of State

Validation Number: 201731401902

Employees that handle pharmaceuticals:

Denis McNicholl

John Discerni

Jeff Hall

Terry Lannan

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0481628	01-31-2018	\$1523
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4 5	DISTRIBUTOR	12-07-2016
MEDICAL PURCHASING SOLUTIONS 3660 PARKWAY LANE SUITE J HILLIARD, OH 43026		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0481628	01-31-2018	\$1523
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4 5	DISTRIBUTOR	12-07-2016
MEDICAL PURCHASING SOLUTIONS 3660 PARKWAY LANE SUITE J HILLIARD, OH 43026		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Denis G. McNicholl
 1 S. Spinnaker Road
 Tempe, AZ 85283

Home and Cellular:

mail: g

com

Educational Overview

Marist College, Poughkeepsie, NY
 Graduated August 1993, Bachelors of Science
 G.P.A. 3.0 Concentration: Finance, Minor: Marketing

Professional Overview

January 1993 – August 1995
 Prudential Securities, Broker's Assistant
 Smith Barney, Stock Broker

November 95- November 98

Physicians Formulary International: Account Manager

- Accelerated 3.5 million in annual sales from an under performing, newly created sales territory.
- Exceeded sales and profit goals 22 of 24 months
- Opened over 500 Accounts, consistently raising profit from single digit to more than 16% annually and securing double-digit revenue growth.
- Initiated warehouse training for all sales which included actual warehouse operations, further knowledge testing and management experiences.
- Developed controlled substance training program educating sales reps as to the completing of 222 forms, record keeping and warehouse management of C2-C5.
- Initiated and positioned myself as the resident expert in drug distribution within the surgery center market to well respected, aggressive sales professionals from leading drug manufactures to Group Purchasing Organizations.
- Developed Target Marketing Program (TMP) that has accounted for 90% of my organic sales and profitability growth over the past 3 years.
- Assisted in the creation, development and implementation of our internal, discounted purchasing program. Moreover, I established the base-pricing model for all non-acute care members (P.E.P.P. Program).

November 98- November 99

Physicians Formulary International: National Sales Manager

- Managed 8 sales representatives, while actively managing my top 100 accounts (2 million in annual sales).
- Worked extensively on creation, marketing, pricing and managing of a visionary new program that enabled smaller dollar volume accounts to access to previously unavailable GPO prices.
- Conceptualized and implemented computer based sales tools that resulted in internal account manager efficiencies of more than 50%.
- Hired, trained and mentored several employees including the two leading ambulatory reps both at PFI and PHC.
- Analyzed monthly, quarterly and yearly reports to identify trends, determine appropriate actions and work in conjunction with sales reps and other managers to exceed both short and long-term goals.

- Wrote e-mails, monthly newsletters and was quoted by Outpatient Surgery Magazine when drug prices were needed for articles.
- Rallied a team of “energized reps” to drive company sales from 18-24 million dollars in annual revenue, while maintaining an 18% profit margin.

November 99- April 01

Physicians Formulary International: VP, Operations & Emerging Markets, 4/1/01 purchased by PHC

- Oversee all operations for \$49 million drug distributor
- Analyzed cost/benefits and profit/loss of sub-categorical markets under the alternate site umbrella; thus forecasting future expansions in other markets.
- Worked exclusively with GPO sales reps, manufacture reps, med-surg reps, as well as competing reps to ensure accurate reporting and to simplify the working relationship among different market players.
- Signed and serviced several corporate accounts, referred to as ‘chains,’ that generated millions to our top-line, as well as starting and directing smaller markets such as O.A.C. markets which provided us with 28% profit.
- Managed the P.M.I. Affiliate GPO program that included working with clients, evaluating base sale prices in the face of competitive threats and selling and signing new facilities to our program.
- Strengthened and leveraged my relationships with current GPOs and manufacture reps to create new opportunities for pharmaceutical distribution and contract administration with other GPOs and manufactures.

April 1 01 – May 03

Priority Healthcare Corporation: Regional Account Manager – West

- National Account Manager – MedAssets/HSCA.
- Managed 15 corporate accounts including Amburg, Ortholink & ASC Group.
- Developed ambulatory portfolio for Pharmaceutical Buyers Inc.
- Vigorously worked to re-created PHC’s ambulatory division to mirror PFI’s.
- Assisted sales representatives with complex questions and situations regarding various GPO contracts, as well as trained and motivated them.
- Coordinated with corporate vice-presidents of sales distribution, contract negotiations, business development, purchasing, contracts, accounting, information systems and marketing to further cohesively integrate PFI with Priority Healthcare.

May 03 – May 04

John L. Scott Real Estate: Realtor

- Educated buyers as to purchasing homes within their “financial comfort zone”

May 04 – May 2006

Drug Valet, Inc: VP, National Sales, Partner

- Established direct accounts with several manufactures including Baxter, Abbott, Hospira, American Regent, Bedford and numerous smaller players.
- Worked with IT to establish EDI/Chargebacks and Reporting

- Secured and manage our distribution agreement for alternate site with MedAssets Supply Chain Systems GPO (MASCS).
- Developed relationships with MASCS' affiliate companies including, Medigroup, Prime Inc., Shared Services and Medical Concepts.
- Hired and trained our current sales force, with expansion of several more representatives that began in January '05.
- Developed new marketing material including catalog, client and prospect letters, tri-folds, brochures and business cards to name a few examples.
- Created our successful, new *Code Red* marketing campaign for crash cart drug expiration dating, maintenance and automatic replenishment.
- Cultivated over 100 accounts with an aggregate profit of 20% and annualized sales of \$300,000.

May 2006 – Current

Medical Purchasing Solutions: Partner / Member

- Created, with my partner, a sales, consulting and distribution company that specializes in prescription drugs and medical/dental supplies for the general and cosmetic dentists, as well as cosmetic, plastic and oral surgeons.
- Crafted policy and procedures manual for proper handling, storing, shipping and reporting of all Non-Controlled and Controlled prescription drugs.
- Developed an internal data system that is used in all facets of business integration including, but not limited to purchasing, sales, tracking, inventorying, logging, shipping and reporting, while maintaining regular counts for inventory accuracy and temperature requirements
- Responsible for record keeping, reporting, documenting, reviewing and ordering controlled substances C2-C5 (reported monthly, quarterly, yearly).
- Daily managing all areas of warehouse operations including purchasing, receiving, inventorying, picking, packing, shipping and all other responsibilities or a warehouse manager.
- Sales operations include marketing, Inside/Outside sales, traveling to conferences and training new employees in both sales and warehouse operations
- Continuing to expand our contracted offerings to include additional vendors products, gpo source pricing with an added focus on supplies.

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov
 Be it known that the **DISTRIBUTOR OF DANGEROUS DRUGS** named below is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of June 30, 2018.

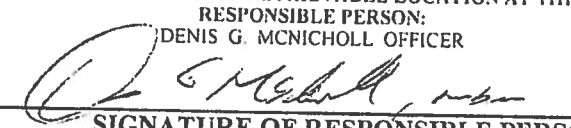
Identification Number: **WHS.012488300-03**

MEDICAL PURCHASING SOLUTIONS, LLC
 3660 PARKWAY LANE, SUITE J
 HILLIARD, OH 43026

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

RESPONSIBLE PERSON:

DENIS G. MCNICHOLL OFFICER


SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 10 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy. (see below)

CLASS: Wholesaler - Category Three
 BUSINESS TYPE: FS - Full Service

 (KEEP THIS SECTION FOR FUTURE REFERENCE)

General Information

A CHANGE in business name, address, ownership (not officers-see next paragraph for officer changes), or category requires RE-APPLICATION & FEE. The new application and required fee shall be submitted within thirty (30) days of the change. In the event of an address change, notify the Board of Pharmacy BEFORE moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]. For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>, and choose the appropriate application.

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated, a criminal records check is required every time there is a change in officers. Contact the board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI)

New Officers: When adding new officers, submit a written notice to the Board including full name, title, date of birth and last four of social security number for each new officer.

Any change of responsible person must be reported within 10 days, on a "Notification of Change of Responsible Person" form. For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice [Discontinuing Business form is available at the link below] and state license must be mailed (return receipt requested) or hand delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

All communications will be done through EMAIL- NOT MAILINGS. Please go to the following webpage to provide the email address that you wish to receive these communications: <https://pharmacy.ohio.gov/UpdateEmailAddress.aspx>

In order to enter your email address in the webpage mentioned above, you will need your login information, which is below.

User ID: **4394301**Password: **780595**Current Email on File: **denis@medicalpurchasingsolutions.com**

If you have problems or concerns, please feel free to contact the Board office utilizing the "CONTACT THE BOARD" selection along the left side of the website. Be sure to select "General Licensing Information" as your subject line.

10C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

WH01874

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Medical Purchasing Solutions, LLC

Physical Address: 15021 N. 74th Street, #300 Scottsdale, AZ 85260

Mailing Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Toll Free Number: 888-894-2487

E-mail: service@medicalpurchasingsolutions.com

Website: www.medicalpurchasingsolutions.com

Facility Manager: John Discerni

Professional qualifications and experience of facility manager: I am a pharmacist, with over 20 years of experience in owning, running and managing wholesale drug distribution businesses.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	Hospira Pharmaceuticals	75 Remittance Drive, #6136 Chicago, IL 60675
	Name	Address
	Business	
2)	JHP Pharmaceuticals	1 Upper Pond Road Bldg D Parsippany, NY 07054
	Name	Address
	Business	
3)	Akorn Pharmaceuticals	150 S. Wycles Road, Decatur, IL 62522
	Name	Address
	Business	
4)	AmerisourceBergen	1825 S. 43rd Ave, Suite B Phoenix, AZ 85009
	Name	Address
	Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

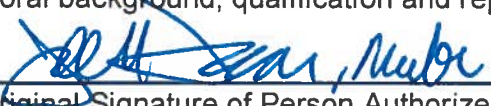
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

John Discerni, Member

10 / 3 / 2012

Print Name of Authorized Person

Date

Board Use Only

Received:

OCT 17 2012

Amount:

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: ArizonaParent Company if any: N/ACorporation Name: Medical Purchasing Solutions, LLCMailing Address: 15021 N. 74th StreetCity: Scottsdale State: AZ Zip: 85260Telephone: 602-476-1595 Fax: 888-894-2487Contact Person: John Discerni, Member

** Ownership Split 50% Each for John Discerni and Denis McNicholl

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information N/A

Additional Information for Application for Out of State Wholesaler: Medical Purchasing Solutions, LLC

- 1) List of Officers and Directors
 - a. Denis McNicholl, Member
 - b. John Discerni, Member
- 2) Certificate of Good Standing – See included document
- 3) Fingerprints for John Discerni and Denis McNicholl – See Attached Finger Print Cards
 - a. I, Denis McNicholl, Member, am providing written permission authorizing the NV BOP to forward the fingerprint cards to the Central Repository of Nevada Records of Criminal History for submission to the FBI for its report.

Denis McNicholl, member

- 4) List of Employees who actively handle drugs at Medical Purchasing Solutions
 - a. John Discerni
 - b. Denis McNicholl
 - c. Brooke Hedlund
- 5) Copy of Bond for \$100,000 is included

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: MEDICAL PURCHASING SOLUTIONS LLC
 Address: 15621 N. 74TH ST. SUITE 300
 City: SCOTTSDALE State: AZ Zip: 85260
 I hereby authorize the ARIZONA ST. BOARD OF PHARM. to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant Dennis B. McNeill, MBA

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>W001685</u>	<u>OPEN</u>	<u>11-28-2008</u>	<u>10-31-2013</u>

Has this license been
encumbered in any way?
☐ Yes ☒ No

Type of Encumbrance: (if any)
☐ Revoked ☐ Surrendered ☐ Limited
☐ Suspended ☐ Restricted ☐ Probation
 Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

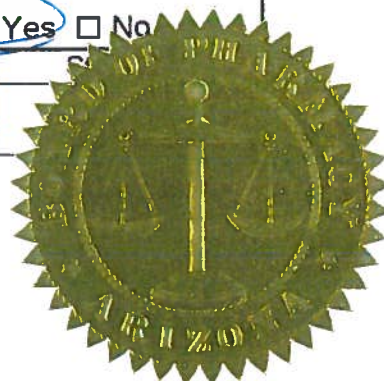
Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date
<u>Tiffany Forth</u>	<u>RECORDS SUPERVISOR</u>	<u>AZ</u>	<u>10-04-2012</u>



STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****MEDICAL PURCHASING SOLUTIONS, LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 25th day of October 2005.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 20th Day of September, 2012, A. D.



Executive Director

By:

Alison Everett

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41233908

Application/License No. _____

Medical Purchasing Solutions, LLC doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
15021 N 74th St Ste 300, Scottsdale, AZ 85260, as
Address of Applicant/Principal
 PRINCIPAL, and Platte River Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Nebraska
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4110 S. Maryland Pkwy Ste 17, Las Vegas, NV 89119 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 21, 2012.

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 20 12.

APPLICANT/PRINCIPAL

SURETY COMPANY

Authorized Representative

David Sparks
Surety Company's Representative

David Sparks, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

David Sparks
Witness

Witness

David Sparks
Witness

Countersigned by:

Colleen Watson
Nevada Resident Agent Colleen Watson

**PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY**

41233908

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

_____**KATHERINE E. STANTON; DAVID SPARKS**_____

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

_____**ALL WRITTEN INSTRUMENTS IN AN AMOUNT: \$5,000,000.00**_____

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2007.

Attest:

David F. Pauly

David F. Pauly
Chairman & CEO



PLATTE RIVER INSURANCE COMPANY

James J. McIntyre

James J. McIntyre
President

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 1st day of January, 2007 before me personally came James J. McIntyre, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



CERTIFICATE

Daniel W. Krueger

Daniel W. Krueger
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 21st day of September, 2012.



Alan S. Ogilvie

Alan S. Ogilvie
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/3/2012

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Out of State Pharmaceutical Wholesaler
Medical Purchasing Solutions, LLC 15021 N. 74th Street, #300 Scottsdale, AZ 85260
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	McNicholl	First Name	Denis	Middle Name	Guy
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD i. Spinnaker Rd. (2005 - Current)		City Tempe	State/Zip AZ 85283		
Present Business Address 15021 N. 74th Street, #300 (2006 - Current)		City Scottsdale	State/Zip AZ 85260		
Occupation Co-owner, Member Medical Purchasing Solutions, LLC 15021 N. 74th Street, #300 Scottsdale, AZ			Phone: Residence Business 602-476-1595		
Date of Birth		Place of Birth (City, County, State) Neurenberg, Germany US Military Base			
Age 41 Years	Social Security Number			Sex Male	
Color of Eyes Blue	Color of Hair Blonde	Complexion Fair/Pale	Weight 180 Lbs	Build Medium	Height 5' 10"

Scars, tattoos or distinguishing marks and/or characteristics Scars on head and knee

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DM Page 1

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Denis H. McNicholl		Cedar Lane Kenbridge, CA 23944	Retired (Owner Landscaping/Greenhouse)
Mother	Diane-Britt		1 Medowbrook Lane, Inman, SC 29349	Human Service
Father-in-Law	Ken Britt		1 Medowbrook Lane, Inman, SC 29349	Special Program Engineer
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Jason McNicholl		1 Yorkshire Drive, Mechanicsburg, PA 17055	Attorney
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Oneida Middle School	Schenectady, NY	1983 -1985	Yes ☒ No ☐
High School	Linton High School	Schenectady, NY	1985 - 1989	Yes ☒ No ☐
College University	Marist College	Poughkeepsie, NY	1989 - 1993	Yes ☒ No ☐
Other	Marist College, MBA	Poughkeepsie, NY	1993 - 1994	Yes ☐ No ☒

Type of degree obtained, if any..... BS Finance, Minor in Marketing

College or university where obtained..... Marist College, Poughkeepsie, NY

Applicant's initial.....

5 MILITARY INFORMATION:A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐County Schenectady State NY Date registered 18th Birthday**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
** 7/29/1995	24	DWAI	Dutchess County, Poughkeepsie, NY	8/21/1995	Town of Poughkeepsie Police

** See Attached Document

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1980 - 1985	1230 Glenwood Blvd	Schenectady	NY
1985 - 1989	18 Grosvenor Square	Schenectady	NY
1989 - 1993	Marist College Housing	Poughkeepsie	NY
1993 - 1995	20 Crestwood Blvd	Poughkeepsie	NY
1996 - 1997	Lake View at the Bay Apts, #1048	Tempe	AZ
1997 - 1998	Dobson Bay Apts	Mesa	AZ
1999 - 2003	5608 S. Spinnaker Rd	Tempe	AZ
2004	634 E. Gila Lane	Chandler	AZ
2005 - Current	. Spinnaker Rd	Tempe	AZ

Applicant's initial

One

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2006 - Current	Medical Purchasing Solutions, LLC	Current
Title	Description of Duties	Name of Supervisor
Member	Management/Sales	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2004 - May 2006	Drug Valet, Inc	Wanted to start my own company
Title	Description of Duties	Name of Supervisor
VP, National Sales	Established Direct Accounts, set-up EDI, Corporate Accts	Dominic Dovidio
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 03 - May 04	John L. Scott Real Estate	Disliked WA, moved back to AZ
Title	Description of Duties	Name of Supervisor
Realtor	Sales of Affordable homes	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2001 - May 2003	Priority Healthcare Corp	No future growth
Title	Description of Duties	Name of Supervisor
National Accounts Manager	Corporate Accounts, GPO relationships	John Rivers
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
November 1999 - April 2001	Physicians Formulary Intl	(Company sold to Priority)
Title	Description of Duties	Name of Supervisor
VP, Operations	Oversaw all operations for 50million \$ company	John Discerni
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
November 1998 - 99	Physicians Formulary Intl	Promoted
Title	Description of Duties	Name of Supervisor
National Sales Manager	Managed 8 reps while maintaining 2million \$ sales	John Discerni
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov 95 - Nov 98	Physicians Formulary Intl	Promoted
Title	Description of Duties	Name of Supervisor
Account Manager	Sales and management of 3.5 million \$ sales territory	Kevin Stevens
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994- 9/1995	Smith Barney 2678 S. Street South Road Poughkeepsie, NY 12601	Wanted to move to AZ
Title	Description of Duties	Name of Supervisor
Stockbroker	Teach financial planning and investments	Joe Divestea / Bob Harris

If additional space is needed, continue on page 10 or provide attachment.

***See Attached Resume

Applicant's initial



Page 6

9. CHARACTER REFERENCES

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
<u>Name</u> Mike Kaczynski	La Vieve Lane	Tempe	AZ	82584		19
<u>Employer</u> Intel	4500 S. Dobson Rd	Chandler	AZ	85248	480-715-5777	
<u>Name</u> Scot Opfer	Cholla Street	Scottsdale	AZ	85260		10
<u>Employer</u> DrFirst	916 E. Baseline Rd, #202	Mesa	AZ	85204	602-466-7537	
<u>Name</u> Elizebeth Eichelberger	E. Jenan Drive	Scottsdale	AZ	85260		10
<u>Employer</u> RealtyOne Group	6475 S. Rainbow Drive, Las Vegas, NV				877-717-2555	
<u>Name</u> Aaron Alexander	E. Main St. #T-129	Mesa	AZ	85205		14
<u>Employer</u> Paradigm Technology	8761 E. Bell Rd, #107	Scottsdale	AZ	85260	480-473-7026	
<u>Name</u> Zohar Avney	Home	E. Beautiful Lane, Phoenix, AZ	85042			7
<u>Employer</u> Unemployed	Business	Unemployed				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Stock Broker (NY) 1 year Poughkeepsie, NY

Real Estate License (WA) 1 Year Vancouver, WA

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Medical Purchasing Solutions, LLC has applied and received Out of State Wholesale licenses - Approved by various

Boards of Pharmacy: AZ, CA, CO, IL, MD, MO, OH, OR TX

Applicant's initial

OH

Page 7

13. Have you ever appeared before any licensing agency or similar authority or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

9/25/12

Applicant's initial

CH

STATE OF Arizona

SS.

COUNTY OF Maricopa

I, Dennis G. McMahon

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

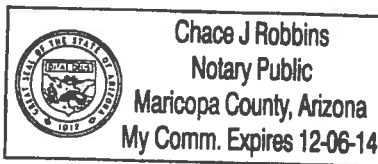
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 04 day of October

[Signature]
Notary Public

(seal)



Applicant's initial [Signature] Page 9

ADDITIONAL INFORMATION

Included with this portion of my information (Denis G. McNicholl) I have inserted two additional pieces of documentation.

1. The information pertaining to a charge of Driving while ability impaired on July 29, 1995 in Poughkeepsie, NY
2. A copy of my current resume outlining my work complete work experience

I beleive that this complete my Personal History, however, if you have any questions, I can be reached at

Applicant's initial



Page 10

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To whom it may concern,

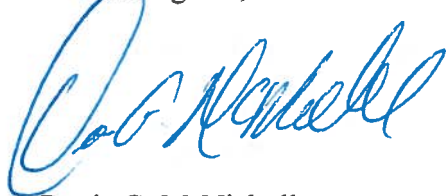
In regards to section 6 (Pg4): Personal History Record Request, I wanted to provide full-disclosure; therefore, I decided it was better to error on the side of over-disclosure and describe the following incident in 1995.

On July 29, 1995, I, Denis G. McNicholl, was arrested and charged with a DWAI (Driving While Ability Impaired) in Poughkeepsie, NY. To the best of my knowledge, the information was filed by the State of New York, Dutchess County and was in the Town of Poughkeepsie Court. The address of the Town Court is 17 Tucker Drive, Poughkeepsie, NY 12603. The phone number is 845-485-3690.

Moreover, I believe that the Adjudication and Disposition Dates were 8/21/1995 and the fine was for \$300.00. I wanted to error on the side of conservativeness and avoid any delays regarding this potential matter.

Please feel free to contact me with any questions or if you require any additional information.

Kindest regards,



Denis G. McNicholl
Member

Medical Purchasing Solutions, LLC
15021 N. 74th Street, #300
Scottsdale, AZ 85260
P 602-476-1595

Denis G. McNicholl
 3 S. Spinnaker Road
 Tempe, AZ 85283

Home and Cellular:

-mail: denis@denis.com

Educational Overview

Marist College, Poughkeepsie, NY
 Graduated August 1993, Bachelors of Science
 G.P.A. 3.0 Concentration: Finance, Minor: Marketing

Professional Overview

January 1993 – August 1995
 Prudential Securities, Broker's Assistant
 Smith Barney, Stock Broker

November 95- November 98

Physicians Formulary International: Account Manager

- Accelerated 3.5 million in annual sales from an under performing, newly created sales territory.
- Exceeded sales and profit goals 22 of 24 months
- Opened over 500 Accounts, consistently raising profit from single digit to more than 16% annually and securing double-digit revenue growth.
- Initiated warehouse training for all sales which included actual warehouse operations, further knowledge testing and management experiences.
- Developed controlled substance training program educating sales reps as to the completing of 222 forms, record keeping and warehouse management of C2-C5.
- Initiated and positioned myself as the resident expert in drug distribution within the surgery center market to well respected, aggressive sales professionals from leading drug manufactures to Group Purchasing Organizations.
- Developed Target Marketing Program (TMP) that has accounted for 90% of my organic sales and profitability growth over the past 3 years.
- Assisted in the creation, development and implementation of our internal, discounted purchasing program. Moreover, I established the base-pricing model for all non-acute care members (P.E.P.P. Program).

November 98- November 99

Physicians Formulary International: National Sales Manager

- Managed 8 sales representatives, while actively managing my top 100 accounts (2 million in annual sales).
- Worked extensively on creation, marketing, pricing and managing of a visionary new program that enabled smaller dollar volume accounts to access to previously unavailable GPO prices.
- Conceptualized and implemented computer based sales tools that resulted in internal account manager efficiencies of more than 50%.
- Hired, trained and mentored several employees including the two leading ambulatory reps both at PFI and PHC.
- Analyzed monthly, quarterly and yearly reports to identify trends, determine appropriate actions and work in conjunction with sales reps and other managers to exceed both short and long-term goals.

- Secured and manage our distribution agreement for alternate site with MedAssets Supply Chain Systems GPO (MASCS).
- Developed relationships with MASCS' affiliate companies including, Medigroup, Prime Inc., Shared Services and Medical Concepts.
- Hired and trained our current sales force, with expansion of several more representatives that began in January '05.
- Developed new marketing material including catalog, client and prospect letters, tri-folds, brochures and business cards to name a few examples.
- Created our successful, new Code Red marketing campaign for crash cart drug expiration dating, maintenance and automatic replenishment.
- Cultivated over 100 accounts with an aggregate profit of 20% and annualized sales of \$300,000.

May 2006 – Current

Medical Purchasing Solutions: Partner / Member

- Created, with my partner, a sales, consulting and distribution company that specializes in prescription drugs and medical/dental supplies for the general and cosmetic dentists, as well as cosmetic, plastic and oral surgeons.
- Crafted policy and procedures manual for proper handling, storing, shipping and reporting of all Non-Controlled and Controlled prescription drugs.
- Developed an internal data system that is used in all facets of business integration including, but not limited to purchasing, sales, tracking, inventorying, logging, shipping and reporting, while maintaining regular counts for inventory accuracy and temperature requirements
- Responsible for record keeping, reporting, documenting, reviewing and ordering controlled substances C2-C5 (reported monthly, quarterly, yearly).
- Daily managing all areas of warehouse operations including purchasing, receiving, inventorying, picking, packing, shipping and all other responsibilities or a warehouse manager.
- Sales operations include marketing, Inside/Outside sales, traveling to conferences and training new employees in both sales and warehouse operations
- Continuing to expand our contracted offerings to include additional vendors products, gpo source pricing with an added focus on supplies.

- Wrote e-mails, monthly newsletters and was quoted by Outpatient Surgery Magazine when drug prices were needed for articles.
- Rallied a team of “energized reps” to drive company sales from 18-24 million dollars in annual revenue, while maintaining an 18% profit margin.

November 99- April 01

Physicians Formulary International: VP, Operations & Emerging Markets, 4/1/01 purchased by PHC

- Oversee all operations for \$49 million drug distributor
- Analyzed cost/benefits and profit/loss of sub-categorical markets under the alternate site umbrella; thus forecasting future expansions in other markets.
- Worked exclusively with GPO sales reps, manufacture reps, med-surg reps, as well as competing reps to ensure accurate reporting and to simplify the working relationship among different market players.
- Signed and serviced several corporate accounts, referred to as ‘chains,’ that generated millions to our top-line, as well as starting and directing smaller markets such as O.A.C. markets which provided us with 28% profit.
- Managed the P.M.I. Affiliate GPO program that included working with clients, evaluating base sale prices in the face of competitive threats and selling and signing new facilities to our program.
- Strengthened and leveraged my relationships with current GPOs and manufacture reps to create new opportunities for pharmaceutical distribution and contract administration with other GPOs and manufactures.

April 1 01 – May 03

Priority Healthcare Corporation: Regional Account Manager – West

- National Account Manager – MedAssets/HSCA.
- Managed 15 corporate accounts including Amburg, Ortholink & ASC Group.
- Developed ambulatory portfolio for Pharmaceutical Buyers Inc.
- Vigorously worked to re-created PHC’s ambulatory division to mirror PFI’s.
- Assisted sales representatives with complex questions and situations regarding various GPO contracts, as well as trained and motivated them.
- Coordinated with corporate vice-presidents of sales distribution, contract negotiations, business development, purchasing, contracts, accounting, information systems and marketing to further cohesively integrate PFI with Priority Healthcare.

May 03 – May 04

John L. Scott Real Estate: Realtor

- Educated buyers as to purchasing homes within their “financial comfort zone”

May 04 – May 2006

Drug Valet, Inc: VP, National Sales, Partner

- Established direct accounts with several manufactures including Baxter, Abbott, Hospira, American Regent, Bedford and numerous smaller players.
- Worked with IT to establish EDI/Chargebacks and Reporting

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10 / 03 / 2012

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Out of State Pharmaceutical Wholesaler
 Medical Purchasing Solutions, LLC 15021 N. 74th Street, #300 Scottsdale, AZ 85260
 Name and Address of Establishment for Which License Is Requested
 N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	Discerni	First Name	John	Middle Name	Stephen
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
N/A					
Present Residence Address-Street or RFD		City	State/Zip		
Desert Vista Rd (2009 - Current)		Scottsdale	AZ 85255		
Present Business Address		City	State/Zip		
15021 N. 74th Street, #300 (2006 - Current)		Scottsdale	AZ 85260		
Occupation			Phone:		
Member			Residence		
Medical Purchasing Solutions, LLC			Business 602-476-1595		
15021 N. 74th Street, #300 Scottsdale, AZ					
Date of Birth		Place of Birth (City, County, State)			
		Warren, Trumbull, Ohio			
Age	Social Security Number		Sex		
51 Years			Male		
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Grey	Medium	180 Lbs	Medium	5' 9"

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 5-28-1988 Charleston, (Charleston County) SC

Spouse's full name (Maiden) Marie Stroble City, County and State
S.S. No.

Date of Birth Boardman, OH Place of Birth

Resident address Desert Vista Rd Scottsdale AZ 85255
Street City State Zip

Telephone: Residence N/A Business

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Emily Discerni	12-22-1995	Scottsdale, AZ	9366 E. Desert Vista Rd, Scottsdale, AZ 85260
Quinn Discerni	7-22-1999	Scottsdale, AZ	9366 E. Desert Vista Rd, Scottsdale, AZ 85260

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Orlando J. Discerni		: Belvedere NE Warren, OH 44483	Deceased/GM Harness Supervisor
Mother			
Ann Discerni		Belvedere NE Warren, OH 44483	Deceased/City of Warren Clerk of Courts
Father-in-Law			
Calvin Stroble		Boardman, OH	Retired/Artist Self-Employed
Mother-in-Law			
Mary Louie Stroble		Boardman, OH	Retired/School teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Annette Wilson		Gardenia Court	N/A
Spouse			
Terrrence Wilson		West Lafayette, IN 47906	Hosp. Administrator
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Blessed Sacrement Elementary	3020 Reeves Rd, Warren OH 44483	1966-1974	Yes ☒ No ☐
High School	John F. Kennedy	2550 Central Parkway SE Warren, OH 44484	1975-1979	Yes ☒ No ☐
College University	Ohio Northern University	525 S. Main Street, Ada OH 45810	1980-1984	Yes ☒ No ☐
Other	University of Phoenix (MBA)	4635 E. Elwood St, Phoenix, AZ 85040	1990-1992	Yes ☒ No ☐

Type of degree obtained, if any B.S. PharmacyCollege or university where obtained Ohio Northern University

Applicant's initial



5 MILITARY INFORMATION:

961

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Trumbull State OH Date registered 1977

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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--	--	--	--	--	--

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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--	--	--	--	--

--	--	--	--	--

Applicant's initial 

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

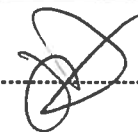
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2009 - Present	E. Desert Vista Rd	Scottsdale	AZ
1995 - 2009	9015 E. Via Montoya	Scottsdale	AZ
1988 - 1995	2515 N. Comanch Drive	Chandler	AZ
1987 - 1988	330 N. Main Street	Adkinville	NC

Applicant's initial



8. EMPLOYMENT:

963

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2007 - Current	Medical Purchasing Solutions, LLC	Current
Title	Description of Duties	Name of Supervisor
Member	Management/Operations	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2002 - May 2007	Retired	Sold Business
Title	Description of Duties	Name of Supervisor
Owner		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2001 - May 2002	Priority Healthcare Corp	Retire
Title	Description of Duties	Name of Supervisor
VP Outpatient Surgery	Ran the West Coast Regional Branch	Guy Bryant
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
November 1990 - April 2001	Physicians Formulary Int'l Inc.	(Company sold to Priority)
Title	Description of Duties	Name of Supervisor
Owner	Everything	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1988 - 1990	Mesa Lutheran Hospital	Start P.F.I.
Title	Description of Duties	Name of Supervisor
Pharmacist	Pharmacist duties	John Fierro
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1986 - 1988	Executive Drug Care	Moved to AZ
Title	Description of Duties	Name of Supervisor
Pharmacist	Pharmacist Duties	Tommy Miller
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1984 - 1986	Rite Aid	Different Jobs
Title	Description of Duties	Name of Supervisor
Pharmacist	Pharmacist Duties	Joy Miller
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1981 - 1984	St. Joseph's Hospital	School
Title	Description of Duties	Name of Supervisor
Pharmacy Intern	Pharmacist Duties	Jim Stevenson

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



Page 6

9. CHARACTER REFERENCES.

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Heidi Tomooka	Home	5 E. Clark Street	Phoenix, AZ	85050		8
Employer L-3 Communications	Business	2111 N. 19th Ave	Phoenix, AZ	85036		
Name Scott Tomooka	Home	E. Clark Street,	Phoenix, AZ	85050		8
Employer Honeywell	Business	111 S. 34th Street,	Phoenix, AZ	85034		
Name Steve Wendy	Home	S. Oak St.	Chandler, AZ	85284		22
Employer Banner Hospital	Business	6644 E. Baywood Mesa,	AZ	85206	480-321-2000	
Name John Fierro	Home	E. Huber St.,	Mesa AZ	85203		22
Employer Banner Hosp.	Business	6644 E. Baywood Mesa,	AZ	85206	480-321-2000	
Name Jane Gagliano	Home	W. Broad St.,	E. Stroudsburg, PA	18301		40
Employer Retired	Business	Retired				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacist - AZ (24 years), SC (26 years) and NC (28 years)

Pilot - AZ (9 years)

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Medical Purchasing Solutions, LLC has applied & received Out of State Wholesale licenses - Approved by Boards of Pharmacy

Physicians Formulary Int'l has applied and received Out of State Wholesale Licenses - Approved by Boards of Pharmacy

Applicant's initial



Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

965

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 9-25-2012

Applicant's initial

[Handwritten signature]

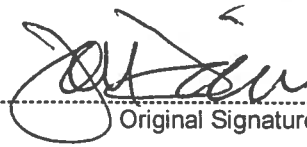
STATE OF AZ

SS.

COUNTY OF Maricopa

I, John Discerni, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

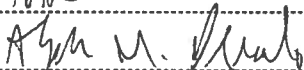
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

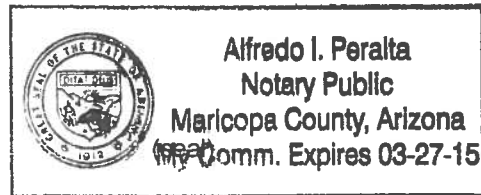


Original Signature of Applicant

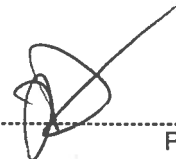
Subscribed and Sworn to before me this 11th day of

October


Notary Public



Applicant's initial



8 Employment Continued.....

1979 - 1981 OH Dept of Transportation Flagman - Various Responsibilities – Worked while attending school
Supervisor Phil Lettrich

Applicant's initial





ARIZONA STATE BOARD OF PHARMACY
 1700 W. Washington St. Suite 250
 Phoenix, AZ 85007
<http://www.azpharmacy.gov>

602-771-ASBP (2727)
 FAX: 602-771-2749

WHOLESALE FULL SERVICE

PERMIT NO.

W001685

EXPIRES

10/31/2013

Receipt Date 09/22/2011

Receipt No. 208343

Receipt Amount \$ 1,000.00

Issued to John Discerni, Rph and Denis G. McNicholl
 15021 N. 74th St., #300
 Scottsdale AZ 85260

Medical Purchasing Solutions, LLC
 15021 N. 74th St., #300
 Scottsdale AZ 85260

The holder of the license/permit number printed above is authorized to conduct business according to the classification specified, pursuant to A.R.S. 32-1908(A).

Hal Wance
Executive Director

ARIZONA STATE BOARD OF PHARMACY
 1700 W. Washington St. Suite 250
 Phoenix, AZ 85007
 602-771-ASBP (2727)
 FAX: 602-771-2749



WALLET CARD

NAME John Discerni, Rph and Denis G. McN
PERMIT NO. W001685
EXPIRES 10/31/2013

<http://www.azpharmacy.gov>

Arizona State Board of Pharmacy

602-771-ASBP (2727)

IMPORTANT INFORMATION

ATTN: PERMITTEE

1. OWNERSHIP CHANGE - MUST NOTIFY BOARD OFFICE OF CHANGE OF OWNERSHIP WITHIN 10 DAYS.
2. ADDRESS - CHANGE OF LOCATION ADDRESS OR IF YOU OPEN A NEW LOCATION - CONTACT BOARD FOR INSTRUCTIONS.

ATTN: LICENSEE

1. RECEIPT/LICENSE SHALL BE AVAILABLE FOR INSPECTION DURING BUSINESS HOURS.
2. EMPLOYMENT - MUST NOTIFY BOARD OFFICE OF CHANGE OF EMPLOYMENT WITHIN 10 DAYS.
3. HOME ADDRESS - MUST NOTIFY BOARD OFFICE OF CHANGE OF ADDRESS WITHIN 10 DAYS.
4. CERTIFICATE FOR RELIEF WORK AVAILABLE FOR \$10.00.

LOST RECEIPT/PERMIT/LICENSE

REPLACEMENT MUST BE OBTAINED FROM BOARD OFFICE FOR \$10.00

10D

970
WHO1660

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler ☒	Ownership Change ☐	Name Change ☐	Location Change ☐	
(Please provide current license number if making changes: WH _____)				

GENERAL INFORMATION

Facility Name: National Distribution & Contracting Inc.

Physical Address: 401 New Sanford Road

Mailing Address: Same

City: LAVERGNE State: TN Zip Code: 37086

Telephone Number: 615 366 3230 Fax Number: 615 793 0490

Toll Free Number: _____

E-mail: tmgar@ndc-inc.com Website: www.ndc-inc.com

Facility Manager: Alice Ann Nagel

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: _____	☒ Hypodermic Devices ☐ Veterinary Legend Drugs
---	--

Board Use Only

Received: JUL 20 2010 Check Number: 824 Amount: 500.00

FP's

54335
1053

OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware
 Parent Company if any: NDC Holdco LLC
 Corporation Name: National Distribution + Contracting Inc
 Mailing Address: 402 BNA Dr Ste 500
 City: Nashville State: TN Zip: 37207
 Telephone: 615 366 3230 Fax: 615 793 0490
 License Contact Person: Tammy McGarr
 Professional Compliance Contact Person: Tammy McGarr

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
 (Name and percentage of ownership)

1.	<u>NDC Holdco</u>	%: <u>100</u>
2.	_____	%: _____
3.	_____	%: _____
4.	_____	%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 5/19/53
 Registration number issued: not publicly traded
 Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Delaware
officers see attached

- ☒ 4

b) _____
 Name Address

 Business

d) _____
 Name Address

 Business

- ✕

b) _____
 Name Address

 Business

d) _____
 Name Address

 Business

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☒ No ☒ *5/b NO per T Macan*
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒ *2010*
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mark T. Seitz President & CEO
Signature of owner or executive officer

Date

MARK T. SEITZ President & CEO
Print or Type name and title

Alice Ann Nagel
Redbud Drive
Hendersonville, TN 37075

Employment Experience

National Distribution & Contracting, Inc.
407 New Sanford Road
LaVergne, TN 37086
Phone 615-324-6381

December 1998-Present

Positions held:

Inventory Manager

Responsibilities included replenishment and all aspects associated with wholesale distribution.

Operations Manager

Responsibilities include supervision of customer service and purchasing/inventory teams to include ensuring proper protocol is followed regarding storage and distribution of medical and pharma items.

Bergen Brunswig Drug Co.
12980 Old Hickory Blvd
Antioch, TN 37013

March 1994-December 1998

Position held:

Inventory Coordinator

Main liaison between distribution center and state/federal licensing agencies. Duties included maintaining accurate inventories of pharma items including controls; working closely with logistics department regarding incoming and outgoing shipments of all products; ordering all narcotics.

Tennessee Wholesale Drug Co.
200 Cumberland Bend
Nashville, TN 37228

October 1985-March 1994

Position held:

Buyer-Inventory Manager

Responsible for purchasing numerous pharmaceutical vendors to include narcotics. Worked closely with state and federal licensing agencies to ensure compliance in all areas.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509

WHOLESALE LICENSE VERIFICATION

Name: National Distribution and Contracting
 Address: 407 Sanford Road
 City: LA Vergne State: TN Zip: 37086

I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION
DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>2183</u>	<u>Active</u>	<u>9/29/2004</u>	<u>9/30/2010</u>

Has this license been
encumbered in any way?
☐ Yes ☒ No

Type of Encumbrance: (if any)
☐ Revoked ☐ Surrendered ☐ Limited
☐ Suspended ☐ Restricted ☐ Probation
 Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes

Signature of State Official	Title	State	Date	State
<u>Shella W. Bism</u>	<u>Adm. mgr</u>	<u>TN</u>	<u>6/2/2010</u>	



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL DISTRIBUTION & CONTRACTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

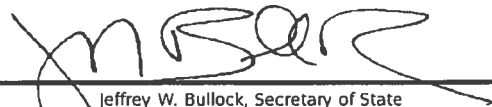
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

0466424 8300

100437674

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7960844

DATE: 04-28-10

State	License number	Issue date	expiration date
Kentucky	W02539	2/5/2010	9/30/2010
Oregon	W1-0003409	6/22/2010	9/30/2010
Rhode Island	DIS02077	4/15/2010	9/30/2010
Tennessee	2183 n/a		home state
Washington	PHWH FX 60110566	8/31/2009	9/30/2010
Arizona	W001843	2/16/2010	10/31/2010
Colorado	7674	10/28/2009	10/31/2010
Alabama	193855 n/a		12/31/2010
Arkansas	WD03732	2/17/2010	12/31/2010
Canada	2311		12/31/2010
Canada	2341		12/31/2010
Illinois	004.003057 n/a		12/31/2010
Iowa	6883	11/30/2009	12/31/2010
Louisiana	6545	4/28/2010	12/31/2010
North Carolina	909	5/25/2010	12/31/2010
South Carolina	600-1709	3/30/2010	12/31/2010
South Dakota	88-W-2444	3/30/2010	3/31/2011
Oklahoma	23 2336	4/8/2010	4/30/2011
Florida	4855	5/10/2007	5/1/2011
California	362368	2/19/2010	5/31/2011
Minnesota	CSW.0002367	1/14/2010	6/30/2011
Connecticut	PHWH002830 n/a		6/30/2011
Georgia	W3402	5/11/2010	6/30/2011
Idaho	5-02718	2/17/2010	6/30/2011
Kansas	L1770096	4/8/2010	6/30/2011
Michigan	5109	3/1/2010	6/30/2011
New Hampshire	5003898	5/25/2010	6/30/2011
New Jersey	WBG.012065900 01334	6/30/2010	6/30/2011
Ohio	7200000667	5/24/2010	6/30/2011
Pennsylvania	WD0558787	5/19/2010	6/30/2011
West Virginia	39.0066797	6/5/2010	7/31/2011
Vermont	2009034749	11/1/2009	10/31/2011
Missouri	08386/06 2	1/25/2010	12/31/2011
Mississippi	WD00011141	3/15/2010	12/31/2011
New Mexico	1000363	5/1/2010	2/21/2012
Texas	2301-045	4/21/2010	5/31/2012
Wisconsin	A4-0001706	6/14/2010	9/30/2012
Delaware	28125	11/8/2006	9/30/2012
New York			
Alaska			
Alaska			
Guam			
Guam			
Hawaii			
Hawaii			
Massachusetts			
Massachusetts			
Puerto Rico			
Puerto Rico			
Utah			
Utah			

all are pharmacy license

all are issued to

National Distribution & Contracting Inc.

407 New Sanford Road

LaVergne TN 37013

Corporate address

402 BNA Drive Suite 500

Officers

Mark Seitz, President & CEO
Clearwater Drive
Brentwood, TN 37027

Scott Craighead, CFO and COO
Rosewood Trail
Mt Juliet, TN 37122

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 105440336

Application/License No. _____

**National Distribution &
Contracting, Inc.**

Applicant/Principal

, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is

402 BNA Drive, Suite 500, Nashville, TN 37217, as

Address of Applicant/Principal

PRINCIPAL, and Travelers Casualty and Surety Company of America

Surety Company

corporation organized under the laws of the state of CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

6640 Carothers Pkwy., Suite 300, Franklin, TN 37067 as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/8/2010.

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of July, 2010.

APPLICANT/PRINCIPAL
National Distribution &
Contracting, Inc.

By: *[Signature]*

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety
Company of America

By: *[Signature]*

Surety Company's Representative

Pam Pratt

print name

, Attorney-in-fact

SIGNED and SEALED in the presence of:

[Signature], notary
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness Bettye J. Brown

Witness

[Signature]
Witness Shannon Boshers

Countersigned by:

[Signature]

Nevada Resident Agent Irma Estes #207379
Nonresident Agent



My Commission
Expires
March 7, 2011



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 220016

Certificate No. 003495797

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Richard M. Miller, Jr., Bettye J. Brown, Irma Estes, Pam Pratt, and Paul Sims

of the City of Nashville, State of Tennessee, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 21st day of May, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By:

George W. Thompson
George W. Thompson, Senior Vice President

On this the 21st day of May, 2008, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2011.



Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 8th day of July, 2010.


Kori M. Johanson, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

Tammy McGarr

From: Alice Ann Nagel
Sent: Tuesday, July 13, 2010 12:10 PM
To: Tammy McGarr
Subject: RE: Rx items

Sure, I apologize, I thought I sent it last week.

On the receiving part,

Antonio Fitts

James Smith

On the inventory side,

Jerry Osteen

On the shipping side,

Dan Vest

Vingh Mega

John Greer

Cindy Stafford

Crystal Hatfield

There would be other people, especially pickers, but these probably handle the product on a daily basis.

Is this enough info, do you need their positions or anything??

Alice Ann Nagel
 Operations Manager

NDC, Inc.
 407 New Sanford Road
 LaVergne, TN 37086

ph.615.324.6381
 fax.615.793.0485

From: Tammy McGarr
Sent: Tuesday, July 13, 2010 8:34 AM
To: Alice Ann Nagel
Subject: RE: Rx items

Hey can I get this today? It is all I need for Nevada

thanks

Tammy McGarr
 Corporate Compliance Manager
 National Distribution & Contracting, Inc
 407 New Sanford Road
 Lavergne, TN 37086
 Phone 615.366.3225
 Fax 615.793.0490
tmcgarr@ndc-inc.com

From: Tammy McGarr
Sent: Thursday, July 08, 2010 3:14 PM
To: Alice Ann Nagel
Subject: Rx items

Hey Alice Ann

Can you give me a list of employees that handle the RX items on a daily basis for the Nevada application?

thanks

Tammy McGarr
Corporate Compliance Manager
National Distribution & Contracting, Inc
407 New Sanford Road
Laverne, TN 37086
Phone 615.366.3225
Fax 615.793.0490
tmcgarr@ndc-inc.com

10E

WH02499

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- ☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: NDC Homecare LLC dba Wolf Medical SupplyPhysical Address: 13951 Northwest 9th StCity: Sunrise State: FL Zip Code: 33325Telephone Number: 415 366 3330 Fax Number: noneToll Free Number: noneE-mail: compliance@ndc-inc.com Website: www.ndchomecare.comFacility Manager: Jason SolomonProfessional qualifications and experience of facility manager: See Attached**Types of licensed outlets or authorized persons firm will serve:**

- ☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: NDC Intermediate Holdings LLC
Mailing Address: 401 New Sanford Rd
City: LAVRONE State: TN Zip: 37086
Telephone: 615 346 3230 Fax: none
Contact Person: Tammy Beasley

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) Intermediate NDC Holdings LLC 402 BNA Drive, Ste 500 100%
Name Business Address
Nashville TN 37217
- b) _____
Name Business Address
- c) _____
Name Business Address
- d) _____
Name Business Address
- 2) Provide the number of shares issued by the corporation. 0
- 3) What was the price paid per share? 1

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporation

- ✓ List of officers and directors
- ✓ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

✓ Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is enclosed. Each officer and director of the corporation must submit fingerprints. Please contact the board if fingerprint cards are needed.

✓ Submit a list containing each employee(s) who handle the drugs on a daily basis.

✓ Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

We only have 2 suppliers that we will associate with regards to pharmaceutical products that will be sold, dispensed or distributed from this facility.

Baxter Healthcare
21179 Network Place
Chicago, IL 60673

Hospira Worldwide, Inc.
75 Remittance Drive
Suite 6136
Chicago, IL 60675

Employee(s) who handle the drugs on a daily basis:

Jason Solomon

David Romero

Robert Rujol

NDC Homecare, LLC

Shareholders

NDC Intermediate Holdings, LLC 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers

Mark Seitz, CEO
1 Whistler Cove
Franklin, TN 37067

Scott Craighead, Treasurer & COO
1 Kenny's Bend Lane
Cathage, TN 37030

Tammy Beasley, Compliance Manager
Rosecran Circle
LaVergne, TN 37086

Randy Marshall Asst Secretary
Broadwell Cir
Franklin, TN 37067

NDC Homecare, LLC including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

994

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

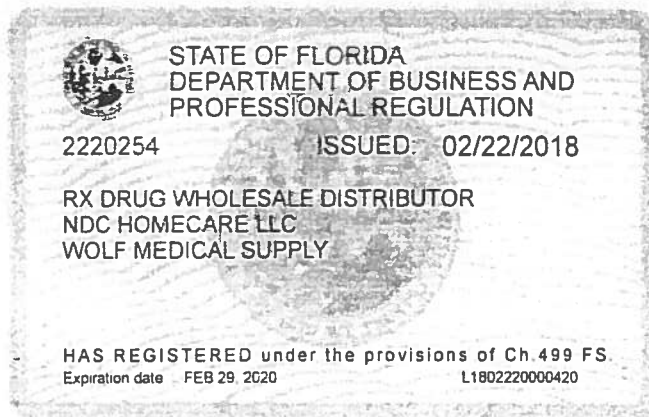
(850) 487-1395

**NDC HOMECARE LLC
WOLF MEDICAL SUPPLY
407 SANFORD ROAD
LA VERGNE TN 37086**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER	
2220254	

**The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: FEB 29, 2020**

**NDC HOMECARE LLC
WOLF MEDICAL SUPPLY
13951 NORTHWEST 8TH STREET
SUNRISE FL 33325**



ISSUED: 02/22/2018

DISPLAY AS REQUIRED BY LAW

SEQ # L1802220000420

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6333287 8300

SR# 20186078291

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203213383

Date: 08-08-18

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 106862655

Application/License No. _____

NDC Homecare, LLC dba Dedicated
Distribution, Preferred Medical and Wolf Medical Supply, doing or intending to do business
Applicant/Principal

as a pharmaceutical wholesaler, whose address for purposes of service is
407 Sanford Road, Laverne, TN 37086, as

Address of Applicant/Principal

PRINCIPAL, and Travelers Casualty and Surety Company of America, a

Surety Company

corporation organized under the laws of the state of CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

6640 Carothers Parkway, Suite 300, Franklin, TN 37067 as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 24, 2018.

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
 24th day of May, 2018.

APPLICANT/PRINCIPAL

NDC Homecare, LLC dba Dedicated
 Distribution, Preferred Medical and Wolf Medical Supply

By: 

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

By: 

Surety Company's Representative

Pam Pratt, Attorney-in-fact
 print name



SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness Chris McEvoy


 Witness Crissy Hicks

Countersigned by:

N/A
 Nevada Resident Agent



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 106862655

Principal: NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply

OR

Project Description: NV Pharmaceutical Wholesaler bond for NDC Homecare LLC dba
Dedicated Distribution, Preferred Medical and Wolf Medical Supply

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Pam Pratt** of the City of **Nashville**, State of **TN**, their true and lawful Attorney-in-Fact, to sign, execute, seal and acknowledge the surety bond(s) referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **24th** day of **June, 2016**.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

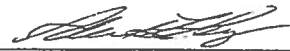
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut

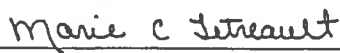
City of Hartford ss.

By:


Robert L. Raney, Senior Vice President

On this the **24th** day of **June, 2016**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**.

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24th day of May, 2018.



Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

<u>State</u>	<u>Facility</u>	<u>License number</u>	<u>Issue date</u>	<u>expiration date</u>
Arkansas	Home Wolf FL	WD05043	4/23/2018	12/31/2018
Idaho	Home Wolf FL	W48580	6/26/2018	12/31/2018
Louisiana	Home Wolf FL	9282	4/18/2018	12/31/2018
Mississippi	Home Wolf FL	17176/16.5a	7/20/2018	12/31/2018
South Dakota	Home Wolf FL	600-2929	7/24/2018	12/31/2018
Minnesota	Home Wolf FL	364024	7/23/2018	5/31/2019
Connecticut (DME Included)	Home Wolf FL	CSW.0004313	8/9/2018	6/30/2019
Department of Transportation	Home Wolf FL	062018 550 1118A	6/20/2018	6/30/2019
Georgia	Home Wolf FL	PHWH004424	7/25/2018	6/30/2019
New Hampshire	Home Wolf FL	06483		6/30/2019
West Virginia	Home Wolf FL	WD0559968	5/31/2018	6/30/2019
Kentucky	Home Wolf FL	W04126	7/19/2018	9/30/2019
Utah	Home Wolf FL	10859187-1710	8/16/2018	9/30/2019
Washington	Home Wolf FL	PHWH.FX.60860147	5/16/2018	9/30/2019
Arizona	Home Wolf FL	W003132		10/31/2019
New Mexico	Home Wolf FL	WD00012414	6/25/2018	12/31/2019
Florida	Home Wolf FL	2220254	2/22/2018	2/29/2020
Texas	Home Wolf FL	1002448		3/14/2020
Texas	Home Wolf FL	1002156		4/9/2020
Delaware	Home Wolf FL	A40002522	6/19/2018	9/30/2020
Colorado	Home Wolf FL	WHO.0008364	7/26/2018	10/31/2020
New York	Home Wolf FL	036730	6/12/2018	5/31/2021

JASON G. SOLOMON
0 Lisbon Street
Cooper City, Florida 33026

**CAREER
SUMMARY:**

Over 15 years of combined experience, demonstrated leadership and success as a Logistics Manager, Procurement Manager, Customer Service Manager, delivering key projects, profitability, supply chain and process improvement solutions.

STRENGTHS:

- * Excel at motivating, mentoring and inspiring large teams to high performance as well as ensuring all positions are staffed with exceptional leaders & associates.
- * Resourceful Procurement Manager, skilled in developing alternative sources of supply without compromising on quality and maintain excellent vendor relations to ensure the uninterrupted and continuous flow of materials.
- * Utilize industry knowledge to anticipate future market conditions and consumer preferences operational excellence as well as return on investment.
- * Effective Account Management Executive with a long track record of continuous performance and significant achievement gained with industry leaders in the Pharmaceutical, Transportation, and Consumer business segments

EXPERIENCE:

WAREHOUSE MANAGER

WOLF MEDICAL SUPPLY, Sunrise, Florida (2017 – Present)

- Maintains the warehouse operations in compliance with current policies and guidelines.
- Ensures completion of cycle counts to ensure accurate inventory count.
- Enforces current Good Manufacturing Practices and standard operating procedures throughout all warehouse operations.
- Directs the workflow, motivates, trains and monitors the performance of warehouse associates involved in either the receiving, order filing, replenishment, shipping, or returns.
- Witness destruction of medical supply items.

REVERSE LOGISTICS MANAGER

WOODFIELD DISTRIBUTION, Boca Raton, Florida (2015 – 2017)

- Witness destruction of pharmaceutical items including DEA controlled substances, hazardous items, and manage the WDSrx recycling program.
- Process return authorizations, certificates of destruction, debit memos, DEA Form 222, DEA Form 41, ARCOS, schedule all shipping, and invoices.
- Responsible for the security and accountability of the returns warehouse.
- Oversee all picking, packing, and shipping of the returns department, provide effective leadership and training to all reverse logistics team members.
- Manages inventory of materials, packaging components and finished goods.
- Develop SOPs, company guidelines, and safety training manuals.

Major Achievements

- * Assisted in acquiring an \$8.9 billion annual distributor as a return customer.
- * Increased net profit margin by 4.5% by streamlining shipping, improved inventory control, reduced overtime, & implemented employee-training programs.
- * Implemented new policies and procedures to bring Woodfield Distribution compliant with the FDA, DEA, DOT and EPA.
- * Reduced destruction related costs by \$18,000 annually by negotiating contracts, adjusting transportation carriers, and sourcing new vendors

PROCUREMENT MANAGER**DOUBLETREE BY HILTON**, Boca Raton, Florida (2014-2015)

- Assisted in control of all financial aspects of the food and beverage business, including sales, costs, ordering, merchandising, stock control, and scheduling.
 - Ensured compliance through policies and procedures to all food, health, and safety regulations regulated by the state and FDA.
 - Collaborated with an advertising agency to develop promotional activities to boost revenue across all outlets.
 - Designed kitchens, menus, order guides, purchasing operating procedures and initiated valuable relationships with distributors and vendors.
- contracts with current and new vendors.

PHARMACEUTICAL SALES REPRESENTATIVE**ANDA PHARMACEUTICALS**, Weston, Florida (2009 – 2012)

- Forged and maintained highly effective and profitable relationships with key individuals of national accounts, both chain & wholesale.
- Responsible for development, management and fiscal success of one Anda's most challenging and diverse markets, kept clients abreast of industry trends
- Participated in trade shows, conducted sales force training, maintained a high level of service and strengthened the image & reputation of Anda.

Major Achievements:

- * Generated sales of over \$3M within 18 months (opened 175 new accounts).
- * Recipient of 2010 "Presidential Award of Excellence".

Prior to joining Anda Pharmaceuticals was employed as a Recruiter by Ajilon Office located in Ft. Lauderdale, FL.

PURCHASING, MARKETING, & RESTAURANT MANAGER**LTP MANAGEMENT**, Fort Lauderdale, Florida (2001 – 2006)

- As Purchasing Manager, directed purchasing and logistics activities as well as maintained the smooth operation of LTP's supply chain, including purchasing private label goods and developing new sources of supply for 6 DMTT locations.
- As Restaurant Manager, was responsible for the overall operation, management and fiscal success of Ft. Lauderdale location (included all staffing, training and development of restaurant personnel, setting up distributors and promotions).
- As Marketing Manager, responsible for the marketing/promotion of all Dan Marino's Tavern brand merchandise at all DMTT locations.

Major Achievements:

- * As Restaurant & Marketing Manager, generated sales of over \$5M annually.
- * As Purchasing Manager, streamlined logistics/purchasing operations and developed processes which raised profitability and productivity.

**EDUCATION
AND
TRAINING:**

B.S, Supply Chain Management, Broward College, Fort Lauderdale, FL
 OSHA Forklift Certification, Forklift Academy, Agoura Hills, CA

**SKILLS &
REFERENCES:**

Proficiency with Word, Excel, PowerPoint, Outlook, Datex, FootPrint, Micros, and various industry software.
 Excellent personal and professional references available upon request.

Jonathan Zachem, Secretary

Rick Scott, Governor

June 28, 2018

NAME: NDC HOMECARE LLC
ADDRESS: 13951 NORTHWEST 8TH STREET SUNRISE, FLORIDA
PROFESSION: PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
LICENSE NUMBER: 22:20254
STATUS: CURRENT
ISSUE DATE: FEBRUARY 22, 2018
EXPIRATION DATE: FEBRUARY 29, 2020

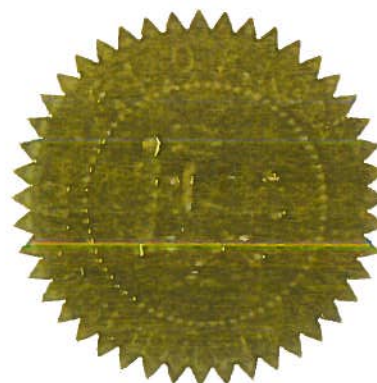
To Whom It May Concern:

The license is in a CURRENT status, and expires on 2/29/2020.

Verification by:



Ashley Sparks
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at
<https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>

10F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 01618**)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: X-GEN Pharmaceuticals, Inc.

Physical Address: 300 Daniel Zenker Drive

City: Horseheads State: NY Zip Code: 14845

Telephone Number: 607-562-2700 Fax Number: 607-562-2760

Toll Free Number: N/A

E-mail: XGP@slny.com Website: www.x-gen.us

Facility Manager: James Baileys

Professional qualifications and experience of facility manager: _____
Director of Operations at X-GEN Pharmaceuticals. Please see attached Resume for experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturers and Distributors.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

FDA Establishment Number: 3005548067

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Health (NLC)

Address: 5595 Commerce Center Dr., Groveport, OH 43125

Name: AmerisourceBergen

Address: 227 Washington St, Conshohocken, PA 19428

Name: McKesson

Address: 10 Hudson Crossing, Montgomery, NY 12549

Name: Morris & Dickson Co., LLC

Address: 1776 Woodstead Ct. #125, The Woodlands, TX 77380

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Christine Cannon

Print Name of Authorized Person

3/6/18

Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

N/A

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: N/A

Mailing Address: X-GEN Pharmaceuticals, Inc., C/O State License Servicing

City: Florida State: NY Zip: 10921

Telephone: 845-544-2482 Fax: 845-544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Susan Badia</u>	<u>300 Daniel Zenker Drive, Horseheads, NY 14845</u>
	Name	Business Address
b)	<u>Jay Robin Liles</u>	<u>300 Daniel Zenker Drive, Horseheads, NY 14845</u>
	Name	Business Address
c)	<u>Catherine A. Liles</u>	<u>300 Daniel Zenker Drive, Horseheads, NY 14845</u>
	Name	Business Address
d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is enclosed. Each officer and director of the corporation must submit fingerprints. Please contact the board if fingerprint cards are needed.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

03/05/2018

Type : MANUFACTURER**Legal Name :** X-GEN PHARMACEUTICALS INC.**Trade Name :****Street Address :**300 DANIEL ZENKER DR
HORSEHEADS, NY 14845-0000**Registration No :** 027525**Date First Registered :** 01/23/06**Registration Begins :** 01/01/18**Registered through :** 12/31/20**Supervisor :** PARK RICHARD C**Establishment Status :** ACTIVE**Successor :** NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



From: **Christine Cannon** christinec@slsny.com
 Subject: **X-GEN Pharmaceuticals, Inc. - Notice of Change of Designated Representative and Share Distribution**
 Date: **January 26, 2018 at 3:58 PM**
 To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921
 (845) 544-2482 Office, (845) 544-2481 Fax

Date: January 26, 2018
 To: Nevada State Board of Pharmacy
 Re: X-GEN Pharmaceuticals, Inc., 300 Daniel Zenker Drive, Horseheads, NY 14845, Permit #: WH01618

Dear Licensing Authority:

State License Servicing, Inc. represents X-GEN Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective immediately, R.C. Park will be removed as the Designated Representative at the Horseheads, NY facility located at 300 Daniel Zenker Drive, Horseheads, NY 14845 and replaced by James Baileys. Please see James Bailey's contact information is as follows:

Phone: (607) 562-2700
 E-mail: jbaileys@x-gen.us

As well, please let your files reflect that there will be a shift of share ownership between the licensee owners on or about January 15, 2108. **There has been no change in control or tax identification numbers with this recent change.** Since the control has not changed and you should already have each owner's individual information on file, please advise if the board considers this a change of ownership and will require any filings or additional documentation with the change of shares between the existing owners.

The revised Ownership listing for X-GEN Pharmaceuticals, Inc. is as follows:

Susan Badia – President and CEO: Old % - 33.3%, New % - 60%
 J. Robin Liles – Chief Operating Officer: Old % - 33.3%, New % - 25%
 Catherine Liles – Chief Administrative Officer and Treasurer: Old % - 33.3%, New % - 15%

If you need any additional information, please feel free to call or e-mail me at the address below.

Kind Regards,

Jennifer Schneider
 V.P. Client Services
 (845) 544-2482 ext 207
jennifers@slsny.com

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Nevada State Board of Pharmacy

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License Details

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: WH01618**Current Date: 10/27/2016 10:18 AM**

Name: **X-GEN PHARMACEUTICALS, INC.**
License Type: **WH**
License Status: **Active**
Expiry Date: **10/31/2018**
1st License Date: **03/08/2010**
Disciplinary Status: **None**

Addresses

Main Address	Address	300 DANIEL ZENKER DR HORSEHEADS , NY CHEMUNG 14845
	Phone Number:	607-562-2700

If the information indicates that the person or business has 'Yes' and you would like additional information regarding the disciplinary action, please contact Shirley at shunting@pharmacy.nv.gov or at (800) 364-2081.

[Search Results](#)[New Search Criteria](#)[New Search](#)[View PDF License Details](#)



X-GEN Pharmaceuticals, Inc.



Corporate Address: 300 Daniel Zenker Drive, Horseheads, NY 14845 USA
 Description: Own Label Manufacturer and Distributor of Legend and OTC Drugs
 FEIN: 81-0602472
www.x-gen.us

Drug Labeler Code: 39822
 Incorporation State: NY
 Incorporation Date: 3/12/2003

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
HHN	300 Daniel Zenker Drive Horseheads, NY 14845 County: Chemung	3005548067	N/A	790169631	No	(607) 562-2700	(607) 562-2760

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
James Baileys	Jewett Hill Road Apalachin, NY 13732	Director of Operations	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Susan E. Badia	York Court Northport, NY 11768	President and CEO	60	
J. Robin Liles	Woodland Way Painted Post, NY 14870	Vice President	25	
Catherine A. Liles	Woodland Way Painted Post, NY 14870	Corporate Treasurer	15	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Susan E. Badia	York Court Northport, NY 11768	President and CEO	
J. Robin Liles	Woodland Way Painted Post, NY 14870	Vice President	
Catherine A. Liles	Woodland Way Painted Post, NY 14870	Corporate Treasurer	

REGISTERED AGENT IN ALL APPLICABLE STATES

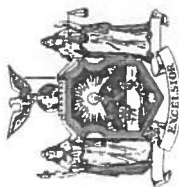
Incorp Services, Inc.

Disciplinary History: AL 2013, CO 2009, AL 2015, MD 2013, ME 2011, MI 2014, MT 2012, IL 2011, OH 2017

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
RICHARD C. PARK



2018-20

THIS IS TO CERTIFY

X-GEN PHARMACEUTICALS INC.
300 DANIEL ZENKER DR
HORSEHEADS, NY 14845

is duly recorded as a

REGISTERED MANUFACTURER
OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JANUARY, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2020.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

027525



STATE BOARD OF
PHARMACY

Drug Establishments Current Registration Site

 [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=Drug%20Establishments%20Current%20Registration%20Site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA\)](https://www.linkedin.com/sharearticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&title=Drug%20Establishments%20Current%20Registration%20Site&source=fda)

 [PIN IT \(HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&description=Drug%20Establishments%20Current%20Registration%20Site)



 [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=Drug%20Establishments%20Current%20Registration%20Site&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [PRINT](#)

[New Search \(default.cfm\)](#)

Search Results for **x-gen**

[CSV](#)[Excel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
X-GEN Pharmaceuticals, Inc.	3005548067	790169531	ANALYSIS,	300 Daniel Zenker Drive, Horseheads, New York (NY) 14845, United States (USA)	12/31/2018

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Monday, Apr 23, 2018

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

(Good Standing)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of X-GEN PHARMACEUTICALS, INC. was filed on 03/12/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of March two
thousand and eighteen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*

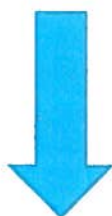


ORGANIZATIONAL CHART

Catherine A. Liles
15% Owner



Jay Robin Liles
25% Owner



Susan Badia
60% Owner



X-GEN PHARMACEUTICALS, INC.

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

PROFESSIONAL SUMMARY

Highly motivated success driven professional

- Diverse experience in business administration, budget management, operations and personnel development.
- Finance Management and Program Performance Management expertise on high profile, dynamic programs.
- A proven record of driving increased efficiency, productivity and quality, while simultaneously managing diverse teams to business rhythm success.
- Outstanding organizational, interpersonal, motivational, training, and presentation skills.
- Analytical, Versatile, Articulate and Diligent.

CORE COMPETENCIES

- Financial Analysis and Earned Value Management
- Contract Management
- Risk and Customer Management
- Personnel training and development
- Program Manager Certification

PROFESSIONAL EXPERIENCE**X-GEN PHARMACEUTICALS - BIG FLATS, NEW YORK****Director of Operations****January 2010 –**

Responsible for strategic planning and oversight of all activities related to the production, distribution and marketing of X-GEN's products in compliance with quality and; ensuring operational efficiency, work quality, effective service and cost-effective management of resources.

- Responsible for development, implementation, management and evaluation of marketing strategies to achieve the business goals and objectives.
- Responsible for development, evaluation, approval and directing implementation of manufacturing strategies to balance critical manufacturing resources with customer demand, to maintain optimal inventory levels to meet the business goals and objectives of the company.
- Responsible for negotiating and managing pricing and supply terms with contract manufacturing partners and raw material suppliers.
- Responsible for development, implementation, management and evaluation of distribution strategies to optimize supply chain inventories of wholesale trading partners.
- Responsible for the functional performance and develops, recommends and implements adjustments to ensure strong operational efficiencies and achievement of performance related goals for the following operational functions: Contracts, Medicaid and State Licensing, Facilities Management, Information Technology -Network Administration, Logistics Management, Customer Service, and Reception.

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

LOCKHEED MARTIN SYSTEMS INTEGRATION - OWEGO, NEW YORK
AUGUST 1999 - AUGUST 2009**Program Performance Management Manager****October 2008 – August 2009**

Responsible for the management of the business office performance personnel across all Development and Production Programs within the Naval Helicopters Organization, including the \$1.1 billion MH-60R Multiyear Program. Established and implemented a standardized business rhythm across all programs, eliminating the need for specialized training. Implemented core earned value management, financial analysis and budget oversight allowing for cross program comparisons and metrics. A member of the Site Steering Committee for Financial tools reform.

- Responsible for financial analysis, program schedule analysis, Program budget oversight and audit.
- Earned Value implementation and oversight across the organization
- Responsible for training, mentoring and career development planning of personnel.
- MH-60R helicopter Platform Electronic Support Measures subsystem Program Manager.

Program Manager-Electronic Support Measures**May 2005 – October 2008**

Integrated Product Team Lead for the integration Electronic Support Measures (ESM) subsystem onto the MH-60R helicopter.

- Primary customer interface for subsystem issue resolution and new business opportunities.
- Responsible as the financial analyst for overall cost and schedule accountability of the ESM subsystem.
- Program Manager for the integration of the Development improvements of the ESM into a Production ready solution for 254 MH-60R helicopters.
- Honors Night Award recipient in 2007, Building Customer Relationships.

Multi Functional Financial Analyst**August 1999 – May 2005**

Program Financial analyst and Cost Proposal Manager on various Naval and Postal programs and proposals, including contract negotiations and settlement. Developed a tool for comparison of budget versus resource expenditure, now utilized site wide for resource planning and forecasting.

- Lead financial analyst and Cost Manager on the MH-60R Replan Program and proposal throughout negotiations and contract award, valued at \$153 million.
- Deputy Program Manager in charge of performance management, budget and schedule analysis and cost containment.
- Direct customer interface for cost and resource issue resolution.
- Recipient of the Company Achievement Award for cost proposal management on the Integrated Data Systems proposal and \$15 million contract award.

JAMES D. BAILEYS

Jewett Hill Rd
Apalachin, NY 13732

ADDITIONAL EMPLOYMENT HISTORY**Avco Financial Services - ITHACA, NEW YORK****Senior Manager****October 1981 – August 1999**

Responsible for the management of a consumer loan office with a staff of four, servicing home loans, personal loans and retail financing, including collections, foreclosures and repossessions.

- Developed and managed a network of eleven retail business partners
- Increased receivable base twofold
- Reduced loan losses to .56% versus company standard of 2.0%
- Three-time Circle of Excellence Award Recipient

EDUCATION

Elmira College, Bachelor of Science, Business Administration

SECURITY CLEARANCE

US Department of Defense – Secret (expired)

REFERENCES

Available upon request

J. Robin Liles- Discipline 2011

IOWA BOARD OF PHARMACY

J. Robin Liles was convicted of DWI on November 10, 2011 in violation of New York State law section 1192.2. This is a misdemeanor violation under this section of law in the State of New York.

I have provided the Court Order of Suspension or Revocation and my Abstract of Driving Record from the NYS Department of Motor Vehicles as further information.

I completed all required conditions by the court.

J. Robin Liles

J. Robin Liles

PART 2

ORDER OF SUSPENSION OR REVOCATION

MOTORIST Name (Last, First, MI): LILES, JRB		☒ Male ☐ Female	
RESIDENT Street Address: WOODLAND WAY		TICKET NUMBER (If unavailable, enter ticket number): CL420728P	
CITY: PAINTED POST	State: NY	Zip Code: 14870	Driver License #: 38874516

COURT VIOLATION (Certificate of Conviction must be attached)

Judge Name: HONORABLE JUDGE J. J. J.	Violation Date: 08-23-2011	Conviction Date: 11-10-2011	☐ Check if Youthful Offender
Court Code: 3501	Article Name (Definitions are listed on the back of this form): DUI/DWI		

SUSPENSION/REVOCATION
According to Section 1192.2 of the Vehicle and Traffic Law, your driver license/privilege is:
☐ Suspended for 30 days (conviction of 1192.1 first offense only if not operating a CMV or Special Vehicle).
☐ Revoked for at least six months.
Suspension (Enter ONLY one of the options listed on the back of this form)
Sentence Date November 10, 2011. This order will be effective on November 10, 2011, because of your conviction of a violation of subdivision 2 of section 1192 of the Vehicle and Traffic Law.

PROBATION/CONDITIONAL DISCHARGE
A person convicted of a violation of VTL 1192.2 a)(1) or (b) committed on or after 11/18/99 must be sentenced to a conditional discharge or probation and the installation and use of the Interlock Device.
A person convicted of a violation VTL 1192(2) or (3) committed on or after 11/18/99 and who is sentenced on or after 8/15/10 must be sentenced to a conditional discharge or probation and the installation and use of the Interlock Device.
Is motorist sentenced to:
☐ Probation - If sentenced to probation, how long is the sentence? ☐ 1 year ☐ 2 years ☐ 3 years
☐ Conditional discharge - If sentenced to conditional discharge, how long is the sentence? ☒ 1 year ☐ 2 years ☐ 3 years
Must the motorist obtain permission before applying for a license (only applies if sentenced to probation)? ☐ Yes ☒ No
If yes, do they need permission from ☐ Court ☐ Probation Department ☐ Both
Must the motorist install an Ignition Interlock Device? ☒ Yes ☐ No

LICENSE SURRENDER - Has the motorist surrendered his/her license?
☒ Yes ☐ No -- If you have not turned in your driver license to the court, you must turn it in to the Dept of Motor Vehicles. If you turn in a temporary license, you must also turn in your photo license when you receive it.
Motorist Signature: *J. Robin Liles* Signature of Judge or Clerk of Court: *[Signature]*
Copy 1: Motorist Copy 2: DMV Copy 3: Defense Attorney Copy 4: Court File
M-1152 1/11

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza Albany, New York 12226
ABSTRACT OF DRIVING RECORD

Document # LMSB0754
PRINT DATE: 10/16/2017 TIME: 12:35:49 OPERATOR: WEB OFFICE: DAN

LILES, J.ROBIN PCB: 989740619
WOODLAND WAY C SEX: M
PAINTED POST NY 14870 EYE COLOR: BLUE
COUNTY: STEUBEN MI #: L2943 12483 513597-60

NAME ON LICENSE/ID: LILES
J.ROBIN

LICENSE CLASS: *D* STATUS: VALID EXPIRATION: 05/22/2024
RENEWAL START: 02/17/2012 END: 08/17/2012

CLASS CHANGE: 05/23/1991 NEW: *D* OLD: *B*
CLASS CHANGE: 01/17/2012 NEW: *D* OLD: *D*

CONVICTIONS: DRUG WITH SEX ALCOHOL CONVICTIONS: BAIL FORFEITURES
VIOLATION: 09/23/2011 CONVICTED ON: 11/10/2011
LOCATION: STEUBEN COUNTY, CITY OF CORNING
PENALTY: FINE- \$750 DISCHARGE: CDD BY IL
COMM VEN: NO BACKLOG: NO

*** END OF RECORD ***



To Whom It May Concern:

X-GEN Pharmaceuticals inadvertently overlooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 other out-of-state wholesalers. When advised of its error, X-GEN promptly registered and paid the assessed fine. As of February 26, 2009, X-GEN Pharmaceuticals has been registered in Colorado, wholesale license W110-7499.
On February 26, 2009, discipline was both imposed and completed. As of February 26, 2009, X-GEN holds an "Active" license registration without limitations in Colorado. See attached webpage, "Company Information All Licensing Types", X-GEN Pharmaceuticals, Inc., Colorado Board of Pharmacy.

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. This record was made in regular course of New York State Department of Motor Vehicles only business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

10/16/2017

[Signature]
EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

P.O. Box 445 • Big Flats, NY 14814 • Phone: 607-562-2700 • Fax: 607-562-2760 • www.x-gen.us

 [Search for Individuals - All Licensing Types](#)

 [View Registrations Online Documents](#)

Download: [06.12.03 11:43 a.m.](#)

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Contact the [Division of Registrations](#)

1560 Broadway, Suite 1350
Denver, CO 80202
(303) 744-1800 Phone
(303) 804-7573 Fax
[Email Us](#)

(TTP (English & Spanish), Voice, V.O., ASCII, STS Accessibility Number)

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Illinois-2011

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
v.) 201107604
X-GEN PHARMACEUTICALS, INC. Respondent)

NOTICE

TO: X-GEN PHARMACEUTICALS, INC.
300 DANIEL ZENKER DRIVE
HORSEHEADS, NY 14845

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: Mari S. Sney
Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
COUNTY OF SANGAMON) 391

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 29th day of November, 2011 to all parties at the addresses listed on the attached documents.

Mari S. Sney
AFFIANT

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL AND FINANCIAL)
REGULATION, DIVISION OF PROFESSIONAL REGULATION)
of the State of Illinois, Complainant)
v.) No. 2011-07604
X-Gen Pharmaceuticals, Inc.)
License No. 004-002948, Respondent)

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter "the Department") by Mary H. Skoglund, its attorney, and X-Gen Pharmaceuticals, Inc., Respondent, agree to the following:

STIPULATIONS

X-Gen Pharmaceuticals, Inc. is licensed as a Drug Distributor in the State of Illinois, holding license No. 004-002948. At all times material to the matter set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation or its predecessor, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

The Respondent self-reported that it was Reprimanded the State of Maine for operating a wholesale drug distribution business without an active license.

It is stipulated that the Department of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and of the parties in this case.

CONDITIONS

WHEREFORE, the Department, through Mary H. Skoglund, its attorney, and X-Gen Pharmaceuticals, Inc., Respondent, agree:

A. The Department, through Mary H. Skoglund, its attorney, and the Pharmacy Board of the Department of Professional Regulation of the State of Illinois, recommends to the Director of

the Department of Professional Regulation, that the Certificate of Registration, License No. 004-002948 of X-Gen Pharmaceuticals, Inc. be Reprimanded.

B. This Consent Order shall become effective immediately upon signing and approval

by the Director of the Division of Professional Regulation of the Illinois

Department of Financial and Professional Regulation.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

11-5-11
DATE

Mary H. Skoglund
Mary H. Skoglund
Attorney for the Department

10-31-11
DATE

[Signature]
X-Gen Pharmaceuticals, Inc.
Respondent's Representative

11-4-11
DATE

[Signature]
Member
Illinois Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL

DATED THIS 29th DAY OF November, 20 11

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS, BRUNF. ADAMS,
SECRETARY

DIVISION OF PROFESSIONAL REGULATION
[Signature]
DIRECTOR

Case No. 2011-07604

License No. 004-002948



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0015

Maine-2011

Anna L. Heald, Esq.
Commissioner
Gerald L. Betts
Deputy Commissioner

STATE OF MAINE
BOARD OF PHARMACY

In re:)
X-Gen Pharmaceuticals Inc.) CONSENT
Complaint No. 2011-PHA-7245) AGREEMENT

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are: X-Gen, the Maine Board of Pharmacy ("the Board"), and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8001(5-A)(C).

STATEMENT OF FACTS

1. On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.
2. On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.
2. X-Gen was not previously licensed by the Board in the State of Maine.
3. On April 12, 2010, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.
4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.
5. In lieu of the license denial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by July 27, 2011, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmacy will become final.

July 15, 2011

X-Gen Pharmaceuticals, Inc.
Attn: Jay Liles
300 Daniel Zenker Drive
Horseheads NY 14845

RE: 2011-PHA-7245 Pending License # W170001817

Dear Mr. Liles:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly McLaughlin
Kelly L. McLaughlin, Esq., Consumer Assistant Specialist
(email kelly.l.mclaughlin@maine.gov)

Enclosure

cc: Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)634-6215
Via e-mail or by mail to 35 State House Station
Augusta, Maine 04333-0015

PRINTED ON RECYCLED PAPER
RECYCLED PAPER 100% POST CONSUMER WASTE
OFFICE LOCATION: 35 STATE HOUSE STATION
15 NORTHERN AVENUE, AUGUSTA, MAINE

Originals to: State of Maine
Docket # 2011-PHA-7245
Fax: (207)634-6215

COVENANTS

6. X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 12 M.R.S. § 1371(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure pursuant to 10 M.R.S. § 8001(5-A)(A)(4).
7. As a condition of licensure and for conduct admitted in paragraph 6 above and as a sanction for the violation, X-Gen agrees to do the following:
 - A. Accept a REPRIMAND from the Board.
 - B. Upon execution of this Consent Agreement, pay a CIVIL PENALTY in the amount of one thousand five hundred eighty dollars (\$1,580.00) calculated at \$1,500.00 for the first violation and \$100.00 for each additional violation; and
 - C. CEASE performing services for which licensure as a Wholesale Pharmacy is required until the Board has approved the X-Gen's application for licensure as a Wholesale Pharmacy and the above CIVIL PENALTY is paid in full.
8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's application on the basis of the conduct admitted in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.
9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Gen does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.
10. The Consent Agreement is not subject to appeal.
11. The Consent Agreement is not subject to amendment except by written agreement of all parties.
12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.
14. X-Gen acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X-Gen Pharmaceuticals Inc.:

Dated: 7-15-2011

Dated: 7/13/11

Dated: 7-13-11

Susan E. Boudreau
Signature of Authorized Representative
SUSAN E. BODREAU, REPRESENTATIVE
Print Name and Title
Dana J. Hunter Jr.
DANA J. HUNTER JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Carrie L. Carney
CARRIE L. CARNEY
Assistant Attorney General

Montana-2012

Anjelita J. Lindo
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Business Standards Division
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 841-2318

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF
X-Gen Pharmaceuticals, Inc.,
Wholesale Drug Distributor,
License No. 2732

) Case No. 2012-PHA-LIC-4
)
) NOTICE OF PROPOSED
) BOARD ACTION AND
) OPPORTUNITY FOR HEARING

TO J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

PLEASE TAKE NOTICE

1. The State of Montana Board of Pharmacy (Board) has considered the complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under §§37-1-131 and 37-1-136, Mont. Code Ann.
2. During a Screening Panel meeting on January 20, 2012, the Screening Panel of the Board reviewed all documentation regarding the above action and determined that

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 1

ORIGINAL

increasing state licensing regulations. She states that X-Gen received disciplinary action from Colorado and at that time they were unaware that certain states into which they were shipping required licensing. They performed a gap analysis and immediately applied to all applicable states.

3. The actions referred to above directly relate to the propriety of the practice or fitness to practice as a Wholesale Drug Distributor in the state of Montana.

CONCLUSIONS OF LAW

1. The information contained in the fact assertions herein indicates that X-Gen Pharmaceuticals, Inc. has committed unprofessional conduct.
2. The violations of law committed by Licensee are as follows:
 - A. **Violation of Mont. Code Ann. §37-1-316 (18):**
It is unprofessional conduct for a licensee or license applicant governed by this chapter to engage in conduct that does not meet the generally accepted standards of practice.
 - B. **Violation of Mont. Code Ann. §37-7-604(1):**
A person or distribution outlet may not act as a wholesale drug distributor without first obtaining a license from the board and paying the license fee.
 - C. **Violation of Mont. Code Ann. §37-7-605(1):**
An out-of-state wholesale drug distributor may not conduct business in this state without first obtaining a license from the board and paying the license fee established by the board.
 - D. **Violation of ARM 24.174.2301 (1)(a):**

The board defines "unprofessional conduct" as including engaging in any

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

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there is reasonable cause to believe that Licensee violated one or more of the statutes or rules relevant to wholesale drug distributors in Montana.

3. Accordingly, the Screening Panel directed that this Notice be served upon Licensee pursuant to Mont. Code Ann. §37-1-309.

FACT ASSERTIONS

1. At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010.

2. On July 27, 2011, a board-generated complaint was filed against the Licensee because their license had been disciplined by another state board for operating a wholesale drug distribution business without an active license.

3. On October 28, 2011, a letter was sent to the Licensee at the Screening Panel's request asking whether or not shipments have been made into the state of Montana.

4. On November 15, 2011, the Licensee responded that the following were shipped into Montana:

2007	2 Units	\$34.50	Nystat-Rx 50mu/bottle
2008	3 units	\$372.00	Streptomycin for Injection USP 1gm/vial x 10
2009	1 unit	\$17.25	Nystat-Rx 50mu/bottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/vial
	4 units	\$104.00	Progesterone Wettable 25gmbottle
	50 units	\$562.50	Polymyxin B for Injection USP

5. The Board received a response to the complaint from Jennifer Schneider, VP Client Services explaining that in 2009 the company was overwhelmed with the

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

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activity which violates state and federal statutes and rules governing the practice of pharmacy.

3. As a result of the above information, the Board's Screening Panel heard the above matter, determined that there is reasonable cause to believe that X-Gen Pharmaceuticals, Inc. has violated a statute or rule justifying disciplinary sanctions to be imposed against their Montana license and so moved to serve them with this formal Notice of Proposed Board Action and Opportunity for Hearing.

UNIFORM PROFESSIONAL LICENSING AND REGULATION PROCEDURE

You are advised that the law provides:

37-1-309. **Notice - request for hearing.** (1) If a reasonable cause determination is made pursuant to 37-1-307 that a violation of this part has occurred, a notice must be prepared by department legal staff and served on the alleged violator. The notice may be served by certified mail to the current address on file with the board or by other means authorized by the Montana Rules of Civil Procedure. The notice may not allege a violation of a particular statute, rule, or standard unless the board or the board's screening panel, if one has been established, has made a written determination that there are reasonable grounds to believe that the particular statute, rule, or standard has been violated.

- (2) A licensee or license applicant shall give the board the licensee's or applicant's current address and any change of address within 30 days of the change.
- (3) The notice must state that the licensee or license applicant may request a hearing to contest the charge or charges. **A request for a hearing must be in writing and**

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 1

received in the offices of the department within 20 days after the licensee's receipt of the notice. Failure to request a hearing constitutes a default on the charge or charges and the board may enter a decision on the basis of the facts available to it 37-1-312. Sanctions – stay – costs – stipulations. (1) Upon a decision that a licensee or license applicant has violated this part or is unable to practice with reasonable skill and safety due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3), the board may issue an order providing for one or any combination of the following sanctions:

- (a) revocation of the license;
 - (b) suspension of the license for a fixed or indefinite term;
 - (c) restriction or limitation of the practice;
 - (d) satisfactory completion of a specific program of remedial education or treatment;
 - (e) monitoring of the practice by a supervisor approved by the disciplining authority;
 - (f) censure or reprimand, either public or private;
 - (g) compliance with conditions of probation for a designated period of time;
 - (h) payment of a fine not to exceed \$1 000 for each violation. Fines must be deposited in the state general fund;
 - (i) denial of a license application;
 - (j) refund of costs and fees billed to and collected from a consumer;
- (2) A sanction may be totally or partly stayed by the board. To determine which sanctions are appropriate, the board shall first consider the sanctions that are necessary to protect or compensate the public. Only after the determination has been made may

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

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If X-Gen Pharmaceuticals, Inc. wants to have a hearing and the opportunity to contest the proposed action, a written request for hearing must be sent to Becky Carter, Compliance Supervisor, Business Standards Division, Department of Labor and Industry, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513. This request must be received in the offices of the Department within twenty (20) days after receipt of this notice.

DATED this 7th day of February, 2012

Anjeanette C. Lindie
Anjeanette C. Lindie
Department Counsel
Montana Board of Pharmacy

the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant.

- (3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603.
- (4) A licensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board.

2-4-631(3). Licenses. Whenever notice is required, no revocation, suspension, annulment, withdrawal, or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

STATEMENT OF RIGHTS

X-Gen Pharmaceuticals, Inc. is entitled to a hearing on the proposed discipline against the license of X-Gen Pharmaceuticals, Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act, Mont. Code Ann. §2-4-601 et seq. and §37-1-121. X-Gen Pharmaceuticals, Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

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CERTIFICATE OF SERVICE

I hereby certify that on the 5th day of February, 2012, I served a true and accurate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING by certified United States mail, certified number 963 100 000 7034 116, postage prepaid, upon the licensee addressed as follows:

Robb Lies
Person-in-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

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Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 8

Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.

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2. Attach this card to the back of the envelope, or on the front if space permits.

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4. Restricted Delivery? (Extra Fee)

5. Service Type

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8. Restricted Delivery? (Extra Fee)

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Anjanette C. Lindie
Special Assistant Attorney General
DEPARTMENT OF LABOR & INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena MT 59620-0513
Telephone (406) 841-2318
Fax (406) 841-2313

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary
Treatment of the License of Case No. 2012-PHA-LIC-4

X-GEN PHARMACEUTICALS, INC.

Wholesale Drug Distributor License No. 2732

REQUEST FOR ENTRY OF DEFAULT

TO THE BOARD OF PHARMACY

Pursuant to Mont. Code Ann. § 37-1-309(3), please enter the default of Respondent/Licensee, X-Gen Pharmaceuticals, Inc. with respect to the Notice of Proposed Board Action and Opportunity for Hearing filed and served in the above entitled matter for failure to request a hearing within twenty days of service to request a hearing, as appears from the record and accompanying documentation.

DATED this 19th day of March, 2012

Anjanette C. Lindie
Legal Counsel
Department of Labor and Industry

Request For Entry Of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary
Treatment of the License of Case No. 2012-PHA-LIC-4

X-GEN PHARMACEUTICALS, INC.

Wholesale Drug Distributor License No. 2732

AFFIDAVIT OF SUSAN C. PETERS

State of Montana
Lewis & Clark County

I, Susan C. Peters, being first duly sworn, depose and say as follows:

1. I am a citizen of the United States, over the age of eighteen years, a resident of Lewis and Clark County, Montana, by profession an employee of the Montana Department of Labor and Industry, Department and Legal Secretary for the Office of Legal Services.

2. I am familiar with the procedural history of this case and have personal knowledge of the same.

3. On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals, Inc. by Certified Mail receipt # 7003 1010 0000 9239 1116 with a Notice of Proposed Board Action and Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received.

4. Upon information and belief, I state that X-Gen Pharmaceuticals, Inc. is not now an incompetent person or minor and was not such when the instant action was commenced.

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

further that X-Gen Pharmaceuticals, Inc. is not now a member of the military or naval services of the United States, nor has it been a member thereof within six months preceding commencement of this action.

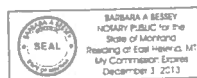
DATED this 19th day of March, 2012

Susan C. Peters

State of Montana
Lewis & Clark County

This Affidavit was signed and sworn to before me, a Notary Public for the state of Montana, on this 19th day of March, 2012, by Susan C. Peters, known to me to be the person whose name is subscribed to within this instrument, and executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first written above.



Barbara A. Bessey
Notary Public for the
State of Montana
Lewis and Clark County

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc. Case No. 2012-PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing **REQUEST FOR ENTRY OF DEFAULT and AFFIDAVIT OF SUSAN C. PETERS** by U.S. mail postage prepaid upon the following parties addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

Board of Pharmacy
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 19th day of March 2012

Susan C. Peters
Department of Labor and Industry

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA-LIC-4

**BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA**

In the Matter of the Proposed Disciplinary
Treatment of the License of

Case No. 2012-PHA-LIC-4

X-GEN PHARMACEUTICALS, INC.

ENTRY OF DEFAULT

Wholesale Drug Distributor License No. 2732

On February 13, 2012, X-Gen Pharmaceuticals, Inc. Respondent/Licensee in the above-entitled action, was duly served with the *Notice of Proposed Board Action and Opportunity for Hearing*, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received. The Department requested entry of default on March 19, 2012.

IT IS THEREFORE ORDERED that the default of the Respondent/Licensee is entered for failure to request a hearing. For purposes of this order, the fact assertions contained in the Notice issued in the above-entitled matter are hereby adopted as the findings of fact and the conclusions of said Notice are adopted as the conclusions of law.

A final order providing for disposition of this matter will be subsequently entered.

DATED this 20th day of March 2012

Becky Carter
Becky Carter
Compliance Unit Supervisor
Department of Labor and Industry

Entry of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing **ENTRY OF DEFAULT** by U.S. mail postage prepaid upon the Licensee at the following address:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Amyanette C. Lindie
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 20th day of March 2012

Becky Carter
Department of Labor and Industry

**BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA**

In the Matter of the Proposed Disciplinary
Treatment of the License of

Case No. 2012 PHA-LIC-4

X-GEN PHARMACEUTICALS, INC.

FINAL ORDER OF DEFAULT

Wholesale Drug Distributor License No. 2732

On February 13, 2012, a *Notice of Proposed Board Action and Opportunity for Hearing* was served on X-Gen Pharmaceuticals, Inc. Respondent/Licensee in the above-entitled action by Certified Mail, receipt # 7003 1010 0000 9239 1116. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy.

More than twenty days have passed since service of the Notice and no request for hearing has been received. Accordingly, and upon the request of Department Counsel on March 19, 2012, a default was entered.

For purposes of this order, the fact assertions and conclusions contained in the *Notice of Proposed Board Action and Opportunity for Hearing* issued in the above-entitled matter are hereby adopted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law.

Based upon X-Gen Pharmaceuticals, Inc.'s default for failing to request a hearing and the information presently before the Board, including the aforementioned findings of fact and conclusions of law, the Board enters the following:

Final Order of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA-LIC-4

Entry of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA-LIC-4

sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public and the rehabilitation of the licensee.

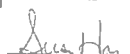
THE BOARD ENTERS THE FOLLOWING ORDER

A Licensee shall pay an administrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513, Helena, Montana 59620-0513, within 30 days of the date of the Final Order and not before to be deposited in the state special revenue fund pursuant to 37-7-324, MCA.

B Licensee shall ensure that in the future it will not operate as a wholesale drug distributor unless it has an active license.

C Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors.

DATED this 13 day of April 2012


Presiding Officer
Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing FINAL ORDER OF DEFAULT by U.S. mail, postage prepaid, upon the Licensee addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Anjeanette C. Lindie
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 17 day of April 2012


Department of Labor and Industry

Final Order of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA LIC-4

Final Order of Default
In re X-Gen Pharmaceuticals, Inc. Case No. 2012 PHA LIC-4



April 17, 2012

J. ROBIN LILES
PERSON IN CHARGE
X-GEN PHARMACEUTICALS, INC.
300 DANIEL ZENKER DRIVE
HORSEHEADS, NY 14845

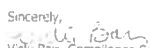
RE Complaint #PHA-2012-LIC-4

Dear Mr. Liles:

The above-referenced complaint was recently reviewed by the Adjudication Panel of the Board of Pharmacy. The panel entered a Final Order, a copy of which is enclosed. This disciplinary action is a permanent matter of public record.

Be advised that you are responsible for understanding and complying with this order. As per MCA 37-1-316 (8), failure to comply with a term, condition, or limitation of a license by final order of a board is a violation of statute which may result in further disciplinary action.

If you have any questions, please contact me directly.

Sincerely,

Vicki Bair, Compliance Specialist
(406) 641-2357 phone
(406) 641-2363 fax
vbair@mt.gov

Enc: Final Order

301 SOUTH PARK • P.O. BOX 200513 • HELENA, MT 59620-0513
FAX (406) 641-2363
TDD (406) 444-6557
AN EQUAL OPPORTUNITY EMPLOYER

Alabama 2013

IN THE MATTER OF:)
X-GEN PHARMACEUTICALS, INC.) BEFORE THE ALABAMA STATE
Manufacturer/Wholesaler/) BOARD OF PHARMACY
Distributor)
Permit No. 193818)

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against X-Gen Pharmaceuticals, Inc. (hereinafter referred to as "X-Gen") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as Exhibit "A."

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows.

1 The Board finds that X-Gen violated the provisions of law based on the conduct set forth in all Counts of the Statement.

2 X-Gen shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars (\$2,500.00) within thirty (30) days of the effective date of this Order, which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and X-Gen shall not attempt to discharge the same in any bankruptcy proceeding.

3 X-Gen expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled

Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. X-Gen further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, X-Gen hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. X-Gen agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. X-Gen acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. X-Gen acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 27th day of November, 2013.

X-Gen Pharmaceuticals, Inc.

By: Sean E. Bedwin
its President

David Jamieson
David Jamieson, Attorney for X-Gen Pharmaceuticals, Inc.

DONE this the 3rd day of December, 2013.

ALABAMA STATE BOARD OF PHARMACY

By: Kenny Sanders
Kenny Sanders, R.Ph., President

By: James S. Ward
its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

Page 2 of 3

Page 3 of 3

Maryland-2013

IN THE MATTER OF * BEFORE THE
X-GEN PHARMACEUTICALS * MARYLAND STATE
Respondent/Distributor * BOARD OF PHARMACY
Permit Number: D02937 * Case Number: PI-13-059/13-459

CONSENT ORDER

On August 21, 2013, the Maryland State Board of Pharmacy (the "Board") charged X-GEN PHARMACEUTICALS (the "Respondent/Distributor") Permit Number D02937, under the Maryland Pharmacy Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 12-101 *et seq.* (2009 Repl. Vol. & 2012 Supp.)

The pertinent provisions of the Act are as follow:

H.O. § 12-6C-03. Permit required.

(a) *Wholesale Distributor* - A wholesale distributor shall hold a permit issued by the Board before the wholesale distributor engages in wholesale distribution in the State.

H.O. § 12-6C-11. Violations; penalties.

(a) *Fine* - (1) If a person knowingly violates any provision of this subtitle or any regulation adopted under this subtitle, the Board may impose a fine not to exceed \$500,000.

The Board further charges the Respondent/Distributor with violating the following provision of the Board's regulations - Code Md. Regs. § 10, tit. 34.22.00 *et seq.* - Licensing of Wholesale Prescription Drug or Device Distributors.

10.34.22.05 - Violations and Penalties.

A. After a hearing held under Health Occupations Article, § 12-601, Annotated Code of Maryland, the Board may deny, suspend, revoke, or place on probation a permit holder, reprimand a permit holder, or impose a fine if the permit holder

(4) is disciplined by a licensing or disciplinary authority of any state or country or disciplined by a court of any state or country for an act that would constitute a ground for Board action against a wholesale distributor permit holder under § A or B of this regulation.¹

FINDINGS OF FACT

1. The Respondent/Distributor is located in Horseheads, New York.
2. The Respondent/Distributor was initially licensed as a wholesale distributor in the State of Maryland on December 8, 2009. The Respondent/Distributor's permit is currently active and is scheduled to expire on May 31, 2015. The Board received information that prior to the issuance of the Respondent/Distributor's permit, the Respondent/Distributor operated as a wholesale distributor in Maryland.
3. The Board subsequently initiated an investigation.
4. The Board's investigation revealed that from January through December 2008, the Respondent/Distributor shipped drugs without a Maryland permit primarily to a wholesale distributor, but also to several hospitals and pharmacies located in Maryland. The drugs included, but were not limited to, antibiotics, anti-bacterials, antifungals and steroids.
5. In 2008, the value of the drugs the Respondent/Distributor sold to these entities is approximately \$1,674,816.
6. From January through November 2009, the Respondent/Distributor shipped drugs without a Maryland permit to a wholesale distributor, several hospitals and pharmacies located in Maryland. The drugs included but were not limited to antibiotics, anti-bacterials, antifungals and

¹ Section A of the regulation lists prohibited activities. Section B excepts one activity as prohibited.

steroids

7 In 2009, the value of the drugs the Respondent-Distributor sold to these entities is approximately \$1,466,312.

8 The Respondent-Distributor has been disciplined by pharmacy boards in several other states for distributing prescription drugs in those states when not registered to do so:

a Colorado – effective February 5, 2009, the Respondent-Distributor was issued a Cease and Desist Order for distributing prescription drugs in Colorado in December 2008 in the absence of registration. Effective February 24, 2009, the Respondent-Distributor entered into a Final Agency Order under the terms of which it agreed to pay a fine of \$5,750.

b Maine – Effective July 13, 2011, the Respondent-Distributor entered into a Consent Order in which it admitted that it had practiced as a wholesale pharmacy in Maine without being licensed by the Maine Board of Pharmacy. Specifically, from 2006 through 2009 the Respondent-Distributor had shipped 81 prescriptions into Maine without being licensed to do so. The Respondent-Distributor agreed to pay a civil penalty of \$1,500.

c Illinois – effective November 29, 2011, the Illinois Board reprimanded the Respondent-Distributor based on

Maine's discipline for unlicensed wholesale drug distribution;

d Montana – on February 7, 2012, the Montana Board filed a "Notice of Board Action and Opportunity for Hearing" against the Respondent-Distributor, alleging that in 2007, 2008 and 2009, the Respondent-Distributor had shipped several units of drugs to Montana prior to being licensed in that state. Effective April 17, 2012, the Montana Board issued a Final Order of Default in which it noted that the Respondent-Distributor had not requested a hearing in the matter and ordered the Respondent-Distributor to pay an administrative fine of \$3,000.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that the Respondent-Distributor violated H.O. § 12-6C-03(a).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is by a majority of the quorum of the Board considering this case:

ORDERED that the Respondent-Distributor is reprimanded, and it is further

ORDERED that within 90 days of the effective date of the Consent Order, the Respondent-Distributor shall pay a monetary fine of \$30,000, to be paid in full to the Board by certified or bank guaranteed check made payable to the Maryland State Board of Pharmacy, and it is further

ORDERED that the Respondent-Distributor shall comply with the Maryland Pharmacy Act and all laws, statutes and regulations pertaining to the practice of pharmacy, and it is further

ORDERED that the Respondent-Distributor's failure to comply with any of the conditions of this Consent Order shall be considered a violation of this Consent Order, and it is further

ORDERED that if the Respondent-Distributor violates any of the conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board, may impose any other disciplinary sanction for which the Board may have imposed, including an additional monetary fine, and it is further

ORDERED that the effective date of this Consent Order is that date that it is signed by the Board, and it is further

ORDERED that this document constitutes a formal disciplinary action of the Maryland Board of Pharmacy and is therefore a public document for purposes of public disclosure, pursuant to Md. State Govt Code Ann. §§ 10-611 et seq. (Repl Vol. 2009 & Supp. 2012).

Date

Lenna Israbian-Jamgochian, Pharm.D.
President
Maryland Board of Pharmacy

CONSENT OF SUSAN BADIA, PRESIDENT OF X-GEN PHARMACEUTICALS

I, Susan Badia, President of X-Gen Pharmaceuticals, acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent Order for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

6/11/12
Date

Susan Badia
Susan Badia, President
X-Gen Pharmaceuticals
Respondent-Distributor

Reviewed by:

[Signature]
Attorney for Respondent-Distributor

Ohio-2014



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126

State Operations, Employer and Services Provider

TEL: 614/466-4143 FAX: 614/752-4836
 TTY: 1-800-Use the Relay Service: 1-800-735-0750 URL: <http://www.pharmacy.ohio.gov>

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014



STATE OF Ohio

CITY/COUNTY OF Columbus

I HEREBY CERTIFY that on this 16 day of June, 2013, before me, a Notary Public of the foregoing State and City/County personally appeared Susan Badia, President, X-Gen Pharmaceuticals and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal

Notary Public

My Commission expires 6/15/15

X-Gen Pharmaceuticals, Inc.
 c/o Richard C. Park
 300 Daniel Zenker Drive
 Horseheads, NY 14845

Re. Ohio Wholesale Distributor of Dangerous
 Drugs License No.
 Wholesaler of Controlled Substance
 License No. 01-2037200

Dear Mr. Park:

YOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 119. and 4729 of the Ohio Revised Code, the Ohio State Board of Pharmacy will determine whether or not to take action against X-Gen Pharmaceuticals, Inc.'s license. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- (1) Records of the Board of Pharmacy indicate that you are the president and responsible person at X-Gen Pharmaceuticals, Inc., Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729. of the Ohio Revised Code within the meaning of Section 4729.56 of the Ohio Revised Code.
- (2) On or about May 11, 2012, X-Gen Pharmaceuticals, Inc. ("X-Gen"), knowingly made a false statement with purpose to secure the issuance of a license or registration, to wit: On its 2012 renewal application filed with the Ohio State Board of Pharmacy for licensure as a Wholesale Distributor of Dangerous Drugs (WDDDD), X-Gen answered "yes" to the legal question: "Within the last 18 months, has the responsible person or owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?" X-Gen disclosed that the Montana Board of Pharmacy took disciplinary action against it on or about April 17, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 18 months by the Maine Board of Pharmacy and the Illinois Board of Pharmacy. An investigation by Ohio State Board of Pharmacy Specialist revealed that the Montana Board of Pharmacy took disciplinary action against X-Gen based on the disciplinary action it received from the Colorado Board of Pharmacy in 2009. In the Matter of the Proposed Disciplinary Treatment of the License of X-Gen Pharmaceuticals, Inc., Montana Board of Pharmacy, Case No. 2012-PHA-LIC-4, Final Order of Default, April 13, 2012. See also In the Matter of the Unauthorized and Unlawful Distribution of Prescription Drugs in Colorado by X-Gen Specialty Division, Colorado Board of Pharmacy, Case No. 2009-2759, Stipulation and Final Agency Order, February 26, 2009. The Montana Board of Pharmacy fined X-

X-Gen Pharmaceuticals, Inc.
 c/o Richard C. Park
 Page 2
 Notice of Opportunity

X-Gen Pharmaceuticals, Inc.
 c/o Richard C. Park
 Page 3
 Notice of Opportunity

Gen \$3,000 for shipping drugs into Montana from 2007-2009 prior to becoming a licensed wholesaler in Montana in 2010. The Maine Board of Pharmacy took disciplinary action against X-Gen in July 2011 based on information X-Gen provided to the Maine Board of Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distribution business and shipped prescriptions into Maine without being licensed to do so. In re X-Gen Pharmaceuticals, Inc., Maine Board of Pharmacy, Complaint No. 2011-PHA-7245, Consent Agreement, July 13, 2011. X-Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay \$1,530. X-Gen self-reported its discipline in Maine to the Illinois Board of Pharmacy, which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy. Department of Financial and Professional Regulation, Division of Professional Regulation v. X-Gen Pharmaceuticals, Inc., Department of Professional Regulation of the State of Illinois, Case No. 2011-07604, Consent Order, November 29, 2011. Such conduct, if proven, constitutes having been disciplined by a professional licensing board, and not being of good moral character and habits within the meaning of Rule 4729.9-19 of the Ohio Administrative Code, and further, if proven, constitutes making a false material statement in an application for registration as a Wholesale Distributor of Dangerous Drugs within the meaning of Section 4729.56 of the Ohio Revised Code.

- (3) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2007. Such conduct, if proven, constitutes violating any federal, state, or local drug law; any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
- (4) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug law; any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
- (5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009. Such conduct, if proven, constitutes

violating any federal, state, or local drug law; any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729.56 of the Ohio Revised Code.

YOU ARE HEREBY ADVISED that Section 4729.56 of the Ohio Revised Code provides in pertinent part:

(A) In accordance with Chapter 119. of the Ohio Revised Code, the board of pharmacy may suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or one thousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes:

- (1) Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs;
- (2) Violating any federal, state, or local drug law; any provision of this chapter or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board;
- (3) A conviction of a felony;
- (4) Ceasing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board.

YOU ARE FURTHER NOTIFIED that "Revoke", as used in Chapters 3719. and 4729. of the Revised Code, means to take action against a license rendering such license void and such license may not be reissued. "Revoke" is an action that is permanent against the licensee. Ohio Administrative Code, 4729.9-01(E).

YOU ARE FURTHER NOTIFIED in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request such a hearing within thirty (30) days of the time of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126. YOUR REQUEST MUST BE IN WRITING, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OR PRIOR TO THE THIRTIETH (30th) DAY FOLLOWING THE MAILING DATE OF THIS NOTICE. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing, and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you.

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 4
Notice of Opportunity

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirtieth (30th) day following the mailing of this notice, the Ohio State Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

BY ORDER OF THE STATE BOARD OF PHARMACY

Kyle W. Parker
Kyle W. Parker, M.B.A., R.Ph.
Executive Director

KWP/ljp (Case No. 2013-1974)

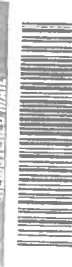
Registered Mail / Return Receipt
RL 946 607 750 US

c. Charissa D. Payer, Assistant Attorney General



RETURN RECEIPT
REQUESTED

REGISTERED MAIL™



RE 946 607 750 US

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
300 Daniel Zenker Drive
Horseheads NY 14845-1014

OHIO STATE BOARD OF PHARMACY
77 SOUTH HIGH STREET ROOM 1702
COLUMBUS OHIO 43215-6126
PHA 0060 (REV 10/02)

06/27
JUN 27 2015
RECEIVED

SUSAN ALVERSON, D.P.A.
R.Ph.
Executive Secretary
111 Village Street
Birmingham, AL 35242
(205) 981-2380
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY



May 27, 2015

MEMBERS 2015

DAN MCCONAGHY, R.Ph.
President
TIM MARTIN, Pharm.D.
Vice President
BUDDY BUNCH, R.Ph.
Treasurer
DAVID DARBY, R.Ph.
DONNA C. YEATMAN, R.Ph.

AL - 2015

IN THE MATTER OF)
X-GEN PHARMACEUTICALS, INC.)
Manufacturer/Wholesaler/)
Distributor Permit Number 193818)

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

FINAL ORDER

On May 12, 2015, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor and was issued permit number 193818 by the Board.
2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Esq. and Mr. Alex R. Hirschfeld, Esq. at the hearing. (Board's Exhibit One)
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059 13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000.00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)
5. On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

Page 1 of 3

X-GEN PHARMACEUTICALS, INC.
300 Daniel Zenker Drive
Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY
May 27, 2015

To Whom It May Concern:

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a STATEMENT OF CHARGES and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Susan P. Alverson
Susan P. Alverson
Secretary
Cc: Jim Ward, Attorney-at-Law

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-14, § 34-23-92 (12) and § 41-22-12.
2. The Respondent was properly notified of the charges, the Respondent was represented by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.
6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

Page 2 of 3

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars, said fine shall be paid within sixty (60) days of the date of this ORDER, and
2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 28th day of May 2015.

Dan C. McConaghy
Mr. Dan C. McConaghy, R. Ph., President
Alabama State Board of Pharmacy

Copies to:
Mr. David C. Jamieson, Esq.
Mr. Alex R. Hirschfield, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

Page 3 of 3

VT - 2016

MI - 2017

State of Vermont
Office of the Secretary of State
[phone] 802.828.3555
[fax] 802.828.2169
www.sec.state.vt.us
James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
Culin R. Benjamin, Director

Office of Professional Regulation
Investigative Division
89 Main Street, 3rd Floor
Montpelier, VT 05602-3472
March 11, 2016

X-Gen Pharmaceuticals, Inc.
ATTENTION: R.C. Park
300 Daniel Zanker Drive
Hempstead, NY 11845-1014

Docket No. 2016-148
Credentialed No. 039 0058649
Non Resident Pharmacy

Dear Mr. Park:

The Board of Pharmacy has opened an investigation into your professional conduct based on the disciplinary actions reported on your renewal application. Please contact the state in which the discipline occurred and request a certified copy of the Board Order and have it sent to my attention within forty-five (45) days of the date of this letter.

The following investigative process will now take place:

- An Investigative Team will be assigned.
- You may be contacted by an investigator if additional information is deemed necessary.

The Investigative Team will meet to review the data and make one of the following recommendations:

- To close the case without disciplinary action; or
- To pursue disciplinary action.

This process typically takes a few months to complete. Once complete, the Board of Pharmacy will act on the Investigative Team's recommendation.

Complaint investigations focus on the issues described in the complaint, the laws governing the practice of the profession, and the fitness of the licensee to practice. Disciplinary actions, when warranted, range from warnings to revocation of licenses.

Formal charges, hearings and disciplinary actions are public. However, the investigative process is entirely confidential by law. All future reference to this matter will be by the docket number noted above. If this case is closed without charges, neither the complaint nor the investigation will be made public. If charges are filed, you must file an answer within 23 days. If you hire an attorney, the attorney must file a Notice of Appearance.

If you have any questions, please feel free to contact me at (802) 828-2875 or via email at carla.preston@state.vt.us.

Sincerely,
Carla Preston
Case Manager

cc: Investigative Team

VERMONT



RICK SWYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERSON
DIRECTOR

November 9, 2017

X-Gen Pharmaceuticals Inc.
300 Daniel Zanker Drive
Hempstead, NY 11845

Re: File No. 53-16-144053

Dear Licensee:

Enclosed is an Administrative Complaint (Complaint) charging you with violation(s) of the Public Health Code. You must respond to this Complaint IN WRITING WITHIN 30 DAYS from the date you received it. If you fail to do so, the Complaint will be sent to your Board's Disciplinary Subcommittee (DSC) to impose a sanction.

In your written response, please provide information demonstrating your compliance with the Public Health Code or explaining your conduct. Also, please select ONE of the following three options:

- Request a settlement. Your written response and a copy of the Complaint will be sent to a Board member who will recommend a proposed settlement.
- Request a compliance conference. This is an optional, informal opportunity to meet with me to present evidence or information not contained in your written response for purposes of settlement. Use the enclosed form to request a compliance conference.
- Request a formal administrative hearing. At a formal administrative hearing an administrative law judge will receive evidence, take testimony, and issue a Proposal for Decision as to whether a violation of the Public Health Code has occurred. The hearing record will then be sent to the DSC for consideration in making the final decision.

To exercise any of these options, you must respond IN WRITING WITHIN 30 DAYS.

You may obtain legal representation at your expense. If you have any questions, please contact the Department during normal business hours at the direct line listed below.

Sincerely,

Shannon Wambaugh, Analyst
Regulation Section
Bureau of Professional Licensing
Phone: (517) 335-1755 / Fax: (517) 241-9280
wambaugh1@michigan.gov

Enclosures

BUREAU OF PROFESSIONAL LICENSING
811 W. OGDON AVENUE • P.O. BOX 36673 • LANSING, MICHIGAN 48206
www.michigan.gov/bpl

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

X-GEN PHARMACEUTICALS INC
License No. 53 05 002964,
Respondent.

File No. 53-16-144053

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows:

1 The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.7311, MCL 333.15226 and MCL 333.17768 the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2 Respondent is currently licensed as a manufacturer/wholesaler pharmacy in the state of Michigan. Respondent's address of record with the Department is Horseheads, New York.

3 On June 25, 2014, the State of Ohio Board of Pharmacy (Ohio Board) issued a Notice of Opportunity for Hearing (Complaint) against Respondent. The Complaint alleged, in part, that on or between 2007 and 2009, Respondent sold

Administrative Complaint
File No. 53-16-144053

Page 1 of 4

COUNT I

The actions, as set forth above, evidence a pharmacy, manufacturer or wholesale distributor that has had its license or federal registration limited, suspended, or revoked or been subject to any other criminal, civil, or administrative penalty in violation of MCL 333.1776(1)(d).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of a complaint filed by another state in which the pharmacy is licensed for violations of that state's pharmacy laws, within 30 days of knowledge of the complaint, contrary to MCL 333.1774(3)(5) in violation of MCL 333.1776(1)(i).

This Complaint is based upon files and records maintained by the Department and the attached Affidavit of Terry Schrauben.

RESPONDENT IS NOTIFIED that pursuant to MCL 333.16231(8) Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Administrative Complaint
File No. 53-16-144053

Page 2 of 4

wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs. A copy of the Complaint, marked Exhibit A, is attached and incorporated.

4 On September 23, 2014, under file number 53-13-131300, a First Superseding Administrative Complaint was executed against Respondent based on Respondent having its license or federal registration limited, suspended, or revoked, or subjected to any other criminal, civil, or administrative penalty in the states of Colorado, Maine, Illinois, Montana, Maryland, and Alabama. In resolution on December 10, 2014, the Board's Disciplinary Subcommittee executed a Consent Order and Stipulation, which fined Respondent \$5,000.00. On February 8, 2015, Respondent paid the \$5,000.00 fine.

5 On January 9, 2017, in resolution of the June 25, 2014 Complaint, the Ohio Board executed a Settlement Agreement with the State of Ohio Board of Pharmacy (Settlement Agreement), which ordered Respondent to pay a \$4,000.00 monetary penalty. A copy of the Settlement Agreement, marked Exhibit B, is attached and incorporated.

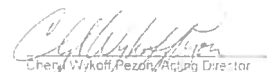
6 Respondent failed to notify the Department of the June 25, 2014 Complaint in the state of Ohio alleging violations of Ohio's pharmacy laws within 30 days of knowledge of the Complaint.

Administrative Complaint
File No. 53-16-144053

Page 3 of 4

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated 11/8/17, 2017


Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

Attachments:

cc:

Administrative Complaint
File No. 53-16-144053

Page 4 of 4



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702, Columbus, OH 43215-6126

Official Copy: Pharmacy Board of Ohio

TEL 614/464-4143 FAX 614/752-4836
E-MAIL: esb@ohio.state.gov URL: http://www.pharmacy.ohio.gov

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
300 Daniel Zanker Drive
Horseheads, NY 14845

Re: Ohio Wholesale Distributor of Dangerous
Drugs License No.
Wholesaler of Controlled Substance
License No. 01-2037200

Dear Mr. Park:

YOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 119 and 4729 of the Ohio Revised Code, the Ohio State Board of Pharmacy will determine whether or not to take action against X-Gen Pharmaceuticals, Inc.'s license. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- (1) Records of the Board of Pharmacy indicate that you are the president and responsible person at X-Gen Pharmaceuticals, Inc. Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729 of the Ohio Revised Code with the meaning of Section 4729.55 of the Ohio Revised Code.
- (2) On or about May 11, 2012, X-Gen Pharmaceuticals, Inc. ("X-Gen"), knowingly made a false statement with purpose to secure the issuance of a license or registration, to wit: On its 2012 renewal application filed with the Ohio State Board of Pharmacy for licensure as a Wholesale Distributor of Dangerous Drugs ("WDDO"), X-Gen answered "yes" to the legal question: "Within the last 18 months, has the responsible person or owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?" X-Gen disclosed that the Montana Board of Pharmacy took disciplinary action against it on or about April 17, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 18 months by the Maine Board of Pharmacy and the Illinois Board of Pharmacy. An investigation by Ohio State Board of Pharmacy Specialist revealed that the Montana Board of Pharmacy took disciplinary action against X-Gen based on the disciplinary action it received from the Colorado Board of Pharmacy in 2009. *In the Matter of the Proposed Discipline, Treatment of the License of X-Gen Pharmaceuticals, Inc.*, Montana Board of Pharmacy, Case No. 2012-PHA-LIC-4, Final Order of Default, April 13, 2012; See also *In the Matter of the Unauthorized and Unlawful Distribution of Prescription Drugs in Colorado by X-Gen Specialty Division*, Colorado Board of Pharmacy, Case No. 2009-2759, Stipulation and Final Agency Order, February 26, 2009. The Montana Board of Pharmacy fined X-

EXHIBIT A page 1 of 4

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 3
Notice of Opportunity

violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.55 of the Ohio Revised Code.

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729.55 of the Ohio Revised Code.

YOU ARE HEREBY ADVISED that Section 4729.55 of the Ohio Revised Code provides in pertinent part:

(A) In accordance with Chapter 119 of the Ohio Revised Code, the board of pharmacy may suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or one thousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes:

- (1) Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs;
- (2) Violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board;
- (3) A conviction of a felony;
- (4) Ceasing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board.

YOU ARE FURTHER NOTIFIED that "Revoke," as used in Chapters 3719 and 4729 of the Revised Code, means to take action against a license rendering such license void and such license may not be reissued. "Revoke" is an action that is permanent against the license and licensee. Ohio Administrative Code, 4729-9-01(E).

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119 and 4729 of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request: such a hearing within thirty (30) days of the time of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126. YOUR REQUEST MUST BE IN WRITING, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OR PRIOR TO THE THIRTIETH (30TH) DAY FOLLOWING THE MAILING DATE OF THIS NOTICE. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing, and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you.

EXHIBIT A page 3 of 4

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 2
Notice of Opportunity

Gen \$3,000 for shipping drugs into Montana from 2007-2009 prior to becoming a licensed wholesaler in Montana in 2010. The Maine Board of Pharmacy took disciplinary action against X-Gen in July 2011 based on information X-Gen provided to the Maine Board of Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distribution business and shipped prescriptions into Maine without being licensed to do so. *In re X-Gen Pharmaceuticals, Inc.*, Maine Board of Pharmacy, Complaint No. 2011-PHA-7245, Consent Agreement, July 13, 2011. X-Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay \$1,580. X-Gen self-reported its discipline in Maine to the Illinois Board of Pharmacy, which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy. *Department of Financial and Professional Regulation Division of Professional Regulation v. X-Gen Pharmaceuticals, Inc.*, Department of Professional Regulation of the State of Illinois, Case No. 2011-07604, Consent Order, November 29, 2011. Such conduct, if proven, constitutes having been disciplined by a professional licensing board, and not being of good moral character and habits, within the meaning of Rule 4729.9-19 of the Ohio Administrative Code, and further, if proven, constitutes making a false material statement in an application for registration as a Wholesale Distributor of Dangerous Drugs within the meaning of Section 4729.55 of the Ohio Revised Code.

- (3) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2007. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.55 of the Ohio Revised Code.
- (4) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.55 of the Ohio Revised Code.
- (5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009. Such conduct, if proven, constitutes

EXHIBIT A page 2 of 4

X-Gen Pharmaceuticals, Inc.
c/o Richard C. Park
Page 4
Notice of Opportunity

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirtieth (30th) day following the mailing of this notice, the Ohio State Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

BY ORDER OF THE STATE BOARD OF PHARMACY

Kyle W. Parker, M.B.A., R.Ph.
Executive Director

AMPTD Case No. 2013-0724

Registration Fee Return Receipt
RE-46-2077200 US

C. Michael D. Payer, Assistant Attorney General

EXHIBIT A page 4 of 4

CONCLUSIONS OF LAW

Such conduct as set forth in each paragraph (2), (3), and (4) of the Findings of Fact each constitutes a violation of Section 4729.56(A)(2) of the Ohio Revised Code, violating any federal, state, or local drug law, any provision of this chapter or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board.

DECISION OF THE BOARD

Pursuant to Section 4729.56 of the Ohio Revised Code, and after consideration of the record as a whole, the State Board of Pharmacy hereby imposes a monetary penalty of \$1,000 on X-Gen Pharmaceuticals, Inc. and payment in full is due no later than thirty days from the effective date of this Order. The remittance should be made payable to the "Treasurer, State of Ohio" and mailed with the enclosed form to the State Board of Pharmacy, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126.

X-Gen Pharmaceuticals, Inc. must report any new discipline or discipline obtained within the preceding 18 months on future license renewals or as otherwise provided in rule or law.

Mr. Wit moved for Conclusions of Law, Ms. Marchal seconded the motion. Motion passed (Aye 7/14/17-0).

Ms. Marchal moved for Action of the Board. Mr. Passalunghi seconded the motion. Motion passed (Aye 7/14/17-0).

SO ORDERED

It is hereby certified by this Board that the above language is a copy of the Order entered upon its public file in its case.

BY ORDER OF THE STATE BOARD OF PHARMACY

ORDER MAIL/D R EFFECTIVE: January 17, 2017

By Steven W. Schuermelt
Steven W. Schuermelt, Esq., Executive Director

SWS/HIC

CLERK RR 7045 0330 0001 2570 3133

EXHIBIT B - page 5 of 5

STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

X-GEN PHARMACEUTICALS INC
License Number 53-06-002964

File Number 53-16-144053

STATE OF MICHIGAN)
COUNTY OF INGHAM) ss

AFFIDAVIT OF TERRI SCHRAUBEN

Terr Schrauben (Affiant), who, after first being duly sworn and upon oath, states on information and belief as follows:

Affiant is a Department Analyst in the Investigations and Inspections Division, Bureau of Professional Licensing, Department of Licensing & Regulatory Affairs (Department) and in this capacity is responsible for obtaining certified copies of records of final adverse administrative actions taken by other states against health professionals licensed to practice a health profession in the state of Michigan.

On February 13, 2017, Affiant received certified records of administrative action indicating that X-Gen Pharmaceuticals Inc. (Respondent Pharmacy) was the recipient of a Notice of Opportunity for Hearing (Complaint) dated June 25, 2014.

Affiant
File Number 53-16-144053

Page 1 of 2

Upon checking the Department's records relative to Michigan licensure,

Affiant learned that Respondent Pharmacy currently holds an active license in the state of Michigan.

Affiant has not been notified by Respondent Pharmacy of the June 25, 2014, Complaint in the state of Ohio, within 30 days of the date of the Complaint.

Terr Schrauben
TERRI SCHRAUBEN

Subscribed and sworn to before me this 14th day of August, 2017.

Blanka A. Daly
Blanka A. Daly, Notary Public
County of Ingham
My commission expires July 8, 2020

BLANKA A. DALY
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF INGHAM
16, 2019

COMPLIANCE CONFERENCE REQUEST

Please note: If you do not desire a compliance conference in person or by telephone, completion of this form is NOT required.

Even if you complete and return this form, you still MUST submit a WRITTEN response to the Formal Complaint.

Name _____ File Number _____

Address _____

Preferred Contact Number(s) _____ Best time/day to call _____

These days are preferable for me (Please check all that apply)

☐ M ☐ T ☐ W ☐ Th ☐ F

I prefer

☐ AM

☐ PM

I will appear

☐ In person in Lansing

☐ Via Telephone

Additional comments regarding available dates

Return address Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Regulation Section
611 W. Ottawa Street
P.O. Box 30670
Lansing, MI 48909-8170

IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO

X-GEN PHARMACEUTICALS, INC., Appellant,	Case No 16-CV-5818
v.	Judge Holbrook
STATE OF OHIO BOARD OF PHARMACY, Appellee	Magistrate Watters

AGREED ENTRY OF DISMISSAL

By stipulation of the parties and pursuant to their settlement agreement, the Court hereby orders as follows:

1. X-Gen Pharmaceuticals, Inc. having deposited \$4,000 with the clerk of court as security, the clerk of court is hereby ordered to release said security in said amount to the Board of Pharmacy in the form of a check made payable to "Treasurer, State of Ohio." The check may be mailed addressed to "Steven R. Kochheiser, Assistant Attorney General, 30 East Broad Street, 26th Floor, Columbus, OH 43215."

2. This Agreed Entry of Dismissal shall serve for all purposes as proof of payment by X-Gen Pharmaceuticals, Inc. of the \$4,000 penalty imposed by the State of Ohio Board of Pharmacy in this matter.

3. This case is dismissed with prejudice.

IT IS SO ORDERED

So stipulated and agreed:

COUNSEL FOR APPELLANT
X-GEN PHARMACEUTICALS, INC.:

/s/ Alex R. Hirschfield (PHV-5941-2016)
The Hirschfield Law Group, LLC
205 20th Street North, Suite 200
Birmingham, Alabama 35203
Phone: 205-536-7828
E-mail: Alex@HirschfieldLawGroup.com
Fax: 205-536-7827

/s/ Paul Giorgianni (0064806)
Giorgianni Law LLC
1538 Arlington Avenue
Columbus, Ohio 43212-2710
Phone: 614-205-5550
E-mail: Paul@GiorgianniLaw.com
Fax: 614-481-8242

COUNSEL FOR APPELLEE
OHIO STATE BOARD OF PHARMACY

/s/ Steven R. Kochheiser (0088058)
Assistant Attorney General
Michael DeWine
Ohio Attorney General
30 East Broad Street, 26th Floor
Columbus, Ohio 43215
Phone: 614-466-8600
E-mail: Steven.Kochheiser@OhioAttorneyGeneral.gov
Fax: 866-441-4738

Franklin County Court of Common Pleas

Date: 01/23/2017
Case Title: X-GEN PHARMACEUTICALS INC VS OHIO STATE BOARD PHARMACY
Case Number: 16CV005818
Type: DISMISSAL - AGREED ORDER

It Is So Ordered.



s. Judge Michael J. Holbrook

Court Disposition

Case Number: 16CV005818

Case Style: X-GEN PHARMACEUTICALS INC -VS- OHIO STATE BOARD PHARMACY

Case Terminated: 07 - Settled/dissmised prior to Trial

Final Appealable Order: No

Rec'd CERT
MAR 11/6/17
IL 2017

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
of the State of Illinois, Complainant,
v.
X-GEN PHARMACEUTICALS INC.
License No. 004 002948 Respondent

No. 2017-02629

NOTICE OF PRELIMINARY HEARING

TO X-GEN PHARMACEUTICALS INC
RICHARD C PARK
300 Daniel Zenker Dr
Horseheads, NY 14845-1014

PLEASE TAKE NOTICE that on 12/11, 2017, at 1:00 p.m., you are directed to appear before the Administrative Law Judge of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, located at 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudicative Services Unit of the Department of Financial and Professional Regulation, Division of Professional Regulation, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601 at least three (3) business days in advance of the scheduled hearing.

Your appearance on the scheduled date and time is mandatory and your failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance. Your appearance may be made personally or through counsel.

It is required that you file a written ANSWER UNDER OATH AND UNDER PENALTY OF PERJURY to the attached Complaint under oath with the Department of Professional Regulation within (20) days of the date this Notice was mailed. The answer should address each numbered paragraph of the Complaint. The answer shall be signed under oath and your signature must be verified by a notary public who affixes the notary seal to the document. For each paragraph, the Answer should either:

- admit the allegation in the paragraph
- deny the allegation in the paragraph, or
- state under oath that you have insufficient information with which to admit or deny the allegation in the paragraph

PLEASE BE ADVISED that the failure to file a verified Answer may subject you to being held in default. If you are held in default, the Board will assume the allegation to be true and will issue a recommendation based upon those facts without a hearing being held. These

1

proceedings are held pursuant to the jurisdiction granted to the Department to investigate complaints and to bring this action pursuant to 20 Ill. Comp. Stat. 2105-15(a)(5) and 225 Ill. Comp. Stat. 60/36 (2006 as amended).

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT AS WELL AS PRACTICE ACTS AND RULES MAY BE FOUND AT <http://www.idfpr.com/dpr/default.asp>.

PLEASE BE ADVISED THAT YOU WILL HAVE TO SHOW A STATE ISSUED PHOTO IDENTIFICATION AND GO THROUGH A METAL DETECTOR IN ORDER TO GAIN ACCESS TO THE BUILDING.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
DIVISION OF PROFESSIONAL REGULATION

By: 
Frank Lamas
Chief of Health-Related Prosecutions

Brandon R. Thern
Department of Financial and Professional Regulation
Division of Professional Regulation
100 W. Randolph St., Suite 9-300
Chicago, IL 60601
312-314-1691
brandon.thern@idfpr.com
1st ID 2017-02629
Respondent: X-Gen Pharmaceuticals Inc. 004 002948

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STATE OF ILLINOIS

SS: 2017-02629

COUNTY OF COOK

UNDER PENALTY OF PERJURY, as provided by law, Section 3-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice Preliminary Hearing and Complaint to be deposited in the United States mailbox located at 100 West Randolph Street, Chicago, Illinois 60601, and by mailing same by certified mail at 100 West Randolph Street, Chicago, Illinois, 60601, with proper postage prepaid to the parties at the addresses listed above, prior to 5:00 p.m. on the 11 day of November, 2017.


AFFIANT

Cert. Mail No. 7011 3500 0003 4923 2604

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
of the State of Illinois, Complainant,
v.
X-GEN PHARMACEUTICALS INC.
License No. 004 002948 Respondent

No. 2017-02629

COMPLAINT

NOW COMES THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois ("Department"), by its Chief of Health-Related Prosecutions, Frank Lamas, and as its Complaint against X-GEN PHARMACEUTICALS INC., Respondent, complains as follows:

COUNT 1
SISTER STATE DISCIPLINE IN OHIO

1. X-Gen Pharmaceuticals Inc. (hereinafter "Respondent") is presently the holder of a wholesale drug distributor license in the State of Illinois, License Number 004 002948, issued by the Department. Respondent's license is currently ACTIVE.
2. At all times herein relevant to this Complaint, the Department of Financial and Professional Regulation had the legal authority and jurisdiction to investigate complaints and to bring this action pursuant to the Illinois Wholesale Drug Distribution Licensing Act, 225 ILCS 120/1 et seq. (hereinafter "Act") and the Rules adopted by the Department in furtherance thereof, 68 Ill. Admin. Code § 1510.10 et seq.
3. Respondent was previously disciplined in the State of Illinois in Illinois Department of Financial and Professional Regulation Consent Order 2011-07604. Respondent's Illinois Wholesale Drug Distribution License, license number 004 002948, was reinstated due to a sister state discipline.

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in the State of Maine Respondent's discipline in the State of Maine was a reprimand for operating a wholesale drug distribution business without an active license

- 4 Respondent is the holder of a Wholesale Distributor of Dangerous Drugs License in the State of Ohio, License Number 01-2037200
- 5 On or about January 17, 2017, Respondent was disciplined in the State of Ohio, Ohio Board of Pharmacy case number 2013-1974.
- 6 On or about January 17, 2017, Respondent's discipline in Ohio Board of Pharmacy case number 2013-1974 imposed a monetary penalty of four thousand dollars (\$4,000.00).
- 7 On or about January 17, 2017, Respondent's Whole Distributor of Dangerous Drugs License in the State of Ohio was disciplined for engaging in the following acts
 - a On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that, although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2007
 - b On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that, although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2008
 - c On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit

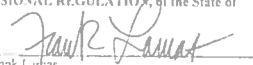
2

Respondent provided financial information to a specialist with the Ohio State Board of Pharmacy that revealed that, although Respondent's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,556 to \$2,331,565 in calendar year 2009.

- 8 Respondent has failed to comply with all applicable state and local regulations by failing to comply with all regulations in the State of Ohio
- 9 Respondent has engaged in the unlicensed practice of Wholesale Drug Distribution by distributing wholesale pharmaceuticals to customers in the State of Ohio without an Ohio Wholesale Distributor of Dangerous Drugs license
- 10 Respondent has received discipline by another U.S. Jurisdiction where at least one of the grounds for the discipline is the same to those set for in the Act by receiving a discipline in the State of Ohio for engaging in unlicensed practice in the State of Ohio and failing to comply with all applicable regulations in the State of Ohio
- 11 The foregoing acts or omissions are in violation of 68 Ill. Admin. Code 1510.50(i), 225 ILCS 120/26, and 225 ILCS 120.55(a)(1) and (5)
- 12 The foregoing acts or omissions are grounds for discipline pursuant to 225 ILCS 120.55(a)(1) and (5).

WHEREFORE, based on the foregoing allegations, the ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION, by Frank Lamas, Chief of Health-Related Prosecutions, prays that the Wholesale Drug Distributor license of Respondent X-Gen Pharmaceuticals Inc., No. 004 002948, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount of \$10,000 in accordance with the Wholesale Drug Distribution Act.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION, DIVISION OF
PROFESSIONAL REGULATION, of the State of
Illinois

By: 
Frank Lamas
Chief of Health-Related Prosecutions

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LIMITED POWER OF ATTORNEY

BE IT KNOWN, that J. Robin Liles of X-Gen Pharmaceuticals, Inc. with principal offices at 300 Daniel Zenker Drive, Horseheads, NY 14845, in the capacity of COO, has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for X-Gen Pharmaceuticals, Inc. to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against X-Gen Pharmaceuticals, Inc. by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☒ does ☐ does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of X-Gen Pharmaceuticals, Inc. to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 29th day of NOVEMBER, 2017.

J. Robin Liles

State of NY

County of CHEMUNG

The foregoing instrument subscribed and sworn to before me this 29th day of NOVEMBER, 2017, by J. Robin Liles who is personally known by me or who has produced _____ as identification.

J. Bailey

Notary Public J. BAILEY
State of NEW YORK
My Commission Expires 2-17-18
4852443

(SEAL)

Christine Cannon
Accepted: Christine Cannon, Attorney-in-Fact

Date: 12/1/17

Office Outlook Web Access Type here to search This Folder Address Book Options Log Off

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AB128 Board Meeting Misc LV Alerts Larry Paul Dave Las Vegas Office Medical Board State NV Stuff for Larry USN Versa Manage Folders...

Reply Reply to All Forward Move Delete Junk Close

Notice of Discipline for X-GEN Pharmaceuticals-State of Alabama

clopez@slsny.com [clopez@slsny.com]

Sent: Wednesday, July 08, 2015 9:59 AM
To: Pharmacy Board
Attachments:

IMPORTANT NOTICE



State License Servicing, Inc.
 321 Route 94 S
 Warwick, NY 10990
 Tel. (845) 544-2482
 Fax. (845) 544-2481

July 8, 2015

Re: Notice of Discipline between the Alabama Board of Pharmacy and X-Gen Pharmaceuticals, Inc.

X-Gen Pharmaceuticals, Inc.
 300 Daniel Zenker Drive
 Horseheads, NY 14845

License/Permit No.: WH01618, MW00709

Dear Board Members,

This letter shall serve as notice that the above referenced licensee has received discipline from the Alabama Board of Pharmacy.

Enclosed please find attached the fully executed Consent Order dated May 28, 2015. Please feel free to contact me if you have any questions.

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.
 If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender to notify us of the error and delete the original message.
 Thank You

[Click Here to Respond to this Email](#)

**ALABAMA
BOARD OF PHARMACY**

SUSAN ALVERSON D.P.A.,
R.Ph.
Executive Secretary

111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com



May 27, 2015

MEMBERS 2015

DAN McCONAGHY R.Ph.
President

TIM MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

X-GEN PHARMACEUTICALS, INC.
300 Daniel Zenker Drive
Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY
May 27, 2015

To Whom It May Concern:

Enclosed you will find a **FINAL ORDER** resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the **date** of the Final Order and not the **date** of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a **STATEMENT OF CHARGES** and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Susan P. Alverson

Susan P. Alverson
Secretary

Cc: Jim Ward, Attorney-at-Law

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
X-GEN PHARMACEUTICALS, INC.	)	BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/	)	
Distributor Permit Number 193818	)	

FINAL ORDER

On May 12, 2015, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor and was issued permit number 193818 by the Board.

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Esq. and Mr. Alex R. Hirschfield, Esq. at the hearing. (Board's Exhibit One)

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059/13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000.00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)

5. On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.
2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.
6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within sixty (60) days of the date of this ORDER; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 28th day of May 2015.



Mr. Dan C. McConaghy, R. Ph., President
Alabama State Board of Pharmacy

Copies to:
Mr. David C. Jamieson, Esq.
Mr. Alex R. Hirschfield, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.



STATE LICENSE SERVICING, LLC
321 Route 94 South
Warwick, NY 10990
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

April 30, 2012

To:

Nevada State BOP

Re: Licensee, X-Gen Pharmaceuticals, Inc.

License Number: WH01618

Dear Credentialing Board:

Further to our letter dated December 5, 2011, advising you that the licensee was reprimanded by Illinois as a result of a previous disciplinary actions in Maine and Colorado, please be advised that Montana has also imposed further discipline on X-Gen Pharmaceuticals.

Please find attached for your files a copy of the most recent action imposed by Montana. X-gen has agreed to pay a \$3000.00 administrative fine to close this matter. I am attaching a copy of the docket for your file.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider', is written over a horizontal line.

JENNIFER SCHNEIDER
VP, Client Services





STATE LICENSE SERVICING, LLC
321 Route 94 South
Warwick, NY 10990
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

December 5, 2011

To: _____

Re: X-Gen Pharmaceuticals, Inc.

License Number: _____

Dear Credentialing Board:

We had previously noticed you of a final disciplinary order from the state of Maine for X-Gen Pharmaceuticals, Inc. In response to this action, Illinois has reprimanded X-Gen Pharmaceuticals. Please refer to the attached. This letter shall serve as notice.

X-GEN inadvertently overlooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 other out of state wholesalers. When advised of its error, X-GEN promptly registered and paid the assessed fine. As of February 26, 2009, X-GEN Pharmaceuticals has been registered in Colorado, wholesaler license WHO-7499. On February 26, 2009, discipline was both imposed and completed. As of February 26, 2009, X-GEN holds an "Active" license/registration without limitations in Colorado.

After receiving the sanction from Colorado, X-GEN sought out State License Servicing to complete its licensing portfolio and to reach full compliance in all states. When applying to Maine, X-GEN shared with Maine that it had shipped into their state before applying for licensure, as it was unaware that it needed a license to distribute into this state before the Colorado action and consulting with SLS. This resulted in a fine paid the State of Maine of \$1,500.00 plus one dollar for each shipment, totaling \$1,580.00.

X-GEN has been a model client of State License Servicing and has from our first conversation been fully committed to state compliance.

Sincerely,

JENNIFER SCHNEIDER
VP, Client Services

Anneette C. Lurie
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Business Standards Division
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 841-2318

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF:
X-Gen Pharmaceuticals, Inc.,
Wholesale Drug Distributor,
License No. 2732.

) Case No. 2012-PHA-LIC-4
)
) NOTICE OF PROPOSED
) BOARD ACTION AND
) OPPORTUNITY FOR HEARING

TO: J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseneads, NY 14845

PLEASE TAKE NOTICE:

1. The State of Montana Board of Pharmacy (Board), has considered the complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under §§37-1-131 and 37-1-136, Mont. Code Ann.
2. During a Screening Panel meeting on January 20, 2012, the Screening Panel of the Board reviewed all documentation regarding the above action and determined that

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 1

ORIGINAL

there is reasonable cause to believe that Licensee violated one or more of the statutes or rules relevant to wholesale drug distributors in Montana.

3. Accordingly, the Screening Panel directed that this Notice be served upon Licensee pursuant to Mont. Code Ann. §37-1-309

FACT ASSERTIONS

1. At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor, holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010.

2. On July 27, 2011 a board-generated complaint was filed against the Licensee because their license had been disciplined by another state board for operating a wholesale drug distribution business without an active license.

3. On October 28, 2011 a letter was sent to the Licensee at the Screening Panel's request asking whether or not shipments have been made into the state of Montana.

4. On November 15, 2011 the Licensee responded that the following were shipped into Montana:

2007	2 Units	\$34.50	Nystat-Rx 50mubottle
2008	3 units	\$372.00	Streptomycin for Injection USP 1gm/vial x 10
2009	1 unit	\$17.25	Nystat-Rx 50mubottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/vial
	4 units	\$104.00	Progesterone Wettable 25gm/bottle
	50 units	\$562.50	Polymyxin B for Injection USP

5. The Board received a response to the complaint from Jennifer Schneider, VP, Client Services explaining that in 2009 the company was overwhelmed with the

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 2

increasing state licensing regulations. She states that X-Gen received disciplinary action from Colorado and at that time they were unaware that certain states into which they were shipping required licensing. They performed a gap analysis and immediately applied to all applicable states.

6. The actions referred to above directly relate to the propriety of the practice or fitness to practice as a Wholesale Drug Distributor in the state of Montana.

CONCLUSIONS OF LAW

1. The information contained in the fact assertions herein indicates that X-Gen Pharmaceuticals, Inc. has committed unprofessional conduct.

2. The violations of law committed by Licensee are as follows:

A. Violation of Mont. Code Ann. §37-1-316 (1B):

It is unprofessional conduct for a licensee or license applicant governed by this chapter to engage in conduct that does not meet the generally accepted standards of practice.

B. Violation of Mont. Code Ann. §37-7-604(1):

A person or distribution outlet may not act as a wholesale drug distributor without first obtaining a license from the board and paying the license fee.

C. Violation of Mont. Code Ann. §37-7-605(1):

An out-of-state wholesale drug distributor may not conduct business in this state without first obtaining a license from the board and paying the license fee established by the board.

D. Violation of ARM 24.174.2301 (1)(a):

The board defines "unprofessional conduct as including engaging in any

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 3

activity which violates state and federal statutes and rules governing the practice of pharmacy.

3. As a result of the above information, the Board's Screening Panel heard the above matter, determined that there is reasonable cause to believe that X-Gen Pharmaceuticals, Inc. has violated a statute or rule justifying disciplinary sanctions to be imposed against their Montana license and so moved to serve them with this formal

Notice of Proposed Board Action and Opportunity for Hearing.

UNIFORM PROFESSIONAL LICENSING AND REGULATION PROCEDURE

You are advised that the law provides:

37-1-309. Notice – request for hearing. (1) If a reasonable cause determination is made pursuant to 37-1-307 that a violation of this part has occurred, a notice must be prepared by department legal staff and served on the alleged violator. The notice may be served by certified mail to the current address on file with the board or by other means authorized by the Montana Rules of Civil Procedure. The notice may not allege a violation of a particular statute, rule, or standard unless the board or the board's screening panel, if one has been established, has made a written determination that there are reasonable grounds to believe that the particular statute, rule or standard has been violated.

(2) A licensee or license applicant shall give the board the licensee's or applicant's current address and any change of address within 30 days of the change.

(3) The notice must state that the licensee or license applicant may request a hearing to contest the charge or charges. **A request for a hearing must be in writing and**

Notice of Proposed Board Action and Opportunity for Hearing
X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 4

received in the offices of the department within 20 days after the licensee's receipt of the notice. Failure to request a hearing constitutes a default on the charge or charges, and the board may enter a decision on the basis of the facts available to it.

37-1-312. Sanctions – stay –costs –stipulations. (1) Upon a decision that a licensee or license applicant has violated this part or is unable to practice with reasonable skill and safety due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3), the board may issue an order providing for one or any combination of the following sanctions:

- (a) revocation of the license;
 - (b) suspension of the license for a fixed or indefinite term;
 - (c) restriction or limitation of the practice;
 - (d) satisfactory completion of a specific program of remedial education or treatment;
 - (e) monitoring of the practice by a supervisor approved by the disciplining authority;
 - (f) censure or reprimand, either public or private;
 - (g) compliance with conditions of probation for a designated period of time;
 - (h) payment of a fine not to exceed \$1,000 for each violation. Fines must be deposited in the state general fund.
 - (i) denial of a license application;
 - (j) refund of costs and fees billed to and collected from a consumer.
- (2) A sanction may be totally or partly stayed by the board. To determine which sanctions are appropriate, the board shall first consider the sanctions that are necessary to protect or compensate the public. Only after the determination has been made may

the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant.

(3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603.

(4) A licensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board.

2-4-631(3). Licenses. Whenever notice is required, no revocation, suspension, annulment, withdrawal, or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

STATEMENT OF RIGHTS

X-Gen Pharmaceuticals, Inc. is entitled to a hearing on the proposed discipline against the license of X-Gen Pharmaceuticals, Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act-Mont. Code Ann. §2-4-601, et seq., and §37-1-121. X-Gen Pharmaceuticals, Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

If X-Gen Pharmaceuticals, Inc. wants to have a hearing and the opportunity to contest the proposed action, a written request for hearing must be sent to Becky Carter, Compliance Supervisor, Business Standards Division, Department of Labor and Industry, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513. This request must be received in the offices of the Department within twenty (20) days after receipt of this notice.

DATED this 7th day of February, 2012.

Heidi C. Lindle
Heidi C. Lindle
Department Counsel
Montana Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that on the 8th day of February, 2012, I served a true and accurate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING by certified United States mail, certified number 005 16100000 9339 116, postage prepaid, upon the licensee addressed as follows:

J. Robin Lies
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

Heidi C. Lindle

**BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA**

In the Matter of the Proposed Disciplinary Treatment of the License of X-GEN PHARMACEUTICALS, INC., Wholesale Drug Distributor, License No. 2732.	Case No. 2012-PHA-LIC-4 AFFIDAVIT OF SUSAN C. PETERS
---	--

State of Montana)
Lewis & Clark County) ss.

I, Susan C. Peters, being first duly sworn, depose and say as follows:

1. I am a citizen of the United States, over the age of eighteen years, a resident of Lewis and Clark County, Montana, by profession an employee of the Montana Department of Labor and Industry, (Department), and Legal Secretary for the Office of Legal Services.

2. I am familiar with the procedural history of this case and have personal knowledge of the same.

3. On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals, Inc. by Certified Mail receipt # 7003 1010 0000 9239 1116, with a *Notice of Proposed Board Action and Opportunity for Hearing*, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received.

4. Upon information and belief, I state that X-Gen Pharmaceuticals, Inc. is not now an incompetent person or minor and was not such when the instant action was commenced.

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4

further, that X-Gen Pharmaceuticals, Inc. is not now a member of the military or naval services of the United States, nor has it been a member thereof within six months preceding commencement of this action.

DATED this 19th day of March, 2012.

Susan C. Peters
Susan C. Peters

State of Montana)
Lewis & Clark County) ss.

This Affidavit was signed and sworn to before me, a Notary Public for the state of Montana, on this 19th day of March, 2012, by Susan C. Peters, known to me to be the person whose name is subscribed to within this instrument, and executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first written above.



Susan A. Reese
Notary Public for the state of Montana
Lewis and Clark County

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing REQUEST FOR ENTRY OF DEFAULT and AFFIDAVIT OF SUSAN C. PETERS by U.S. mail, postage prepaid, upon the following parties addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horsesheds, NY 14845

Board of Pharmacy
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 19th day of March, 2012.

Susan C. Peters
Department of Labor and Industry

Affidavit of Susan C. Peters
In re X-Gen Pharmaceuticals, Inc. Case No 2012-PHA-LIC-4

3

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the Licensee of X-GEN PHARMACEUTICALS, INC., Wholesale Drug Distributor, License No. 2732.	Case No. 2012-PHA-LIC-4 ENTRY OF DEFAULT
--	---

On February 13, 2012, X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the above-entitled action, was duly served with the Notice of Proposed Board Action and Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received. The Department requested entry of default on March 19, 2012.

IT IS THEREFORE ORDERED that the default of the Respondent/Licensee is entered for failure to request a hearing. For purposes of this order, the fact assertions contained in the Notice issued in the above-entitled matter are hereby adopted as the findings of fact and the conclusions of said Notice are adopted as the conclusions of law.

A final order providing for disposition of this matter will be subsequently entered.

DATED this 20th day of March, 2012

Becky Carter
Becky Carter
Compliance Unit Supervisor
Department of Labor and Industry

Entry of Default
In re X-Gen Pharmaceuticals, Inc. Case No 2012-PHA-LIC-4

1

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing ENTRY OF DEFAULT

by U.S. mail, postage prepaid, upon the Licensee at the following address

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zerkler Drive
Horseneads, NY 14845

And by hand delivery upon Department Counsel:

Anjanette C. Lunde
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 20TH day of March, 2012.

Barbara Carter
Department of Labor and Industry

Entry of Default
In re X-Gen Pharmaceuticals, Inc., Case No 2012-PHA-LIC-4

2

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the Licensee of X-GEN PHARMACEUTICALS, INC. Wholesale Drug Distributor, License No. 2732	Case No. 2012-PHA-LIC-4 FINAL ORDER OF DEFAULT
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On February 13, 2012, a *Notice of Proposed Board Action and Opportunity for Hearing* was served on X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the above-entitled action, by Certified Mail receipt # 7003 1010 0000 9239 1116. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy

More than twenty days have passed since service of the Notice and no request for hearing has been received. Accordingly, and upon the request of Department counsel on March 19, 2012, a default was entered.

For purposes of this order, the fact assertions and conclusions contained in the *Notice of Proposed Board Action and Opportunity for Hearing* issued in the above-entitled matter are hereby adopted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law.

Based upon X-Gen Pharmaceuticals, Inc.'s default for failing to request a hearing and the information presently before the Board, including the aforementioned findings of fact and conclusions of law, the Board enters the following:

Final Order of Default
In re X-Gen Pharmaceuticals, Inc., Case No 2012-PHA-LIC-4

3

As required by Mont. Code Ann. §37-1-312(2), the Board has first considered the sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public, and the rehabilitation of the licensee,

THE BOARD ENTERS THE FOLLOWING ORDER

A. Licensee shall pay an administrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513, Helena, Montana, 59620-0513, within 30 days of the date of the Final Order, and not before, to be deposited in the state special revenue fund pursuant to 37-7-324, MCA.

B. Licensee shall ensure that in the future it will not operate as a wholesale drug distributor unless it has an active license.

C. Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors.

DATED this 13 day of April, 2012.

[Signature]
Presiding Officer
Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing FINAL ORDER OF DEFAULT by U.S. mail, postage prepaid, upon the licensee addressed as follows:

J. Robin Liles
Person-In-Charge
X-Gen Pharmaceuticals, Inc.
300 Daniel Zenker Drive
Horseheads, NY 14845

And by hand delivery upon Department Counsel:

Angelette C. Lundle
Special Assistant Attorney General
DEPARTMENT OF LABOR AND INDUSTRY
Office of Legal Services
301 South Park Avenue
PO Box 200513
Helena, MT 59620-0513

DATED this 17 day of April, 2012.

Nicholas Davis
Department of Labor and Industry



April 17, 2012

J. ROBIN LILES
PERSON IN CHARGE
X-GEN PHARMACEUTICALS INC
300 DANIEL ZENKER DRIVE
HORSEHEADS NY 14845

RE: Complaint #PHA-2012-LIC-4

Dear Mr. Liles:

The above-referenced complaint was recently reviewed by the Adjudication Panel of the Board of Pharmacy. The panel entered a Final Order, a copy of which is enclosed. This disciplinary action is a permanent matter of public record.

Be advised that you are responsible for understanding and complying with this order. As per MCA 37-1-316 (8), failure to comply with a term, condition, or limitation of a license by final order of a board is a violation of statute which may result in further disciplinary action.

If you have any questions, please contact me directly.

Sincerely,

Y. Blair
Y. Blair, Compliance Specialist
(406) 841-2357 phone
(406) 841-2363 fax
yblair@mt.gov

Enc: Final Order

301 SOUTH PARK • P.O. BOX 200513 • HELENA MT 59620-0513
FAX (406) 841-2363
TTD (406) 444-0512
"AN EQUAL OPPORTUNITY EMPLOYER"

July 21, 2011

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: X-Gen Pharmaceuticals, Inc.

License #: WH01618 / MW00709

Dear Board Members,

Please be advised that the above referenced Licensee recently entered into a consent agreement with The Maine Board of Pharmacy.

X-Gen Pharmaceuticals, Inc. came to us in 2009 as they were overwhelmed with the state licensing regulations. They were unaware that certain states into which they were shipping required licensing, we immediately applied to all applicable states. We had disclosed to Maine that shipments had been made from 2006-2009. This disciplinary action results from this unlicensed shipping activity.

If you have any questions please do not hesitate to contact me. I thank you for your prompt attention to this matter.

Kind Regards,

Angela Morrison





Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

July 15, 2011

X-Gen Pharmaceuticals, Inc.
Attn: Jay Liles
300 Daniel Zenker Drive
Horseheads NY 14845

RE: 2011-PHA-7245 Pending License #: WH70001817

Dear Mr. Liles:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Sr. Consumer Assistant Specialist
(email: kelly.l.mclaughlin@maine.gov)

Enclosure

c: Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)624-8579
Main Receptionist (207)624-8603
Hearing Impaired/TTY 1-888-577-6690

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8625
Fax: (207)624-8637

STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
X-Gen Pharmaceuticals Inc.	)	AGREEMENT
Complaint No. 2011-PHA-7245	)	

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are: X-Gen; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A)(C).

STATEMENT OF FACTS

1. On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.
2. On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.
2. X-Gen was not previously licensed by the Board in the State of Maine.
3. On April 12, 2010, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.
4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.
5. In lieu of the license denial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by **July 27, 2011**, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmacy will become final.

COVENANTS

6. X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above and as a sanction for the violation, X-Gen agrees to do the following:

- A. Accept a REPRIMAND from the Board;
- B. Upon execution of this Consent Agreement, pay a CIVIL PENALTY in the amount of one thousand five hundred eighty dollars (\$1,580.00) calculated at \$1,500.00 for the first violation and \$1.00 for each additional violation; and
- C. CEASE performing services for which licensure as a Wholesale Pharmacy is required until the Board has approved the X-Gen's application for licensure as a Wholesale Pharmacy and the above CIVIL PENALTY is paid in full.

8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Gen does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.

14. X-Gen acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X-Gen Pharmaceuticals Inc.:

Dated: 7-1-2011

Susan E. Badia
Signature of Authorized Representative

SUSAN E. BADIA / PRESIDENT
Print Name and Title

Dated: 7/13/11

DANA J. HUNTER JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Dated: 7-13-11

Carrie L. Carney
CARRIE L. CARNEY
Assistant Attorney General

11

11A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Crane Pharmaceuticals, Inc.

Physical Address: 2810 W. Charleston Blvd # H83

Mailing Address: 2810 W. Charleston Blvd # H83

City: Las Vegas State: NV Zip Code: 89102

Telephone: 949-285-2239 Fax: N/A

Toll Free Number: N/A

E-mail: info@cranepharma.com Website: _____

Facility Manager: Siamak Adampour

Professional qualifications and experience of facility manager: 30 yr + in
Pharma, Medical Device Manufacturing + Distribution

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Permitted by Law

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☒ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Permitted by Law

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- | | |
|--|--|
| 1) <u>LNK International, Inc.</u> | <u>145 Ricefield Lane</u> |
| Name | Address |
| <u>Over-The-Counter Pharmaceuticals Manufacturer</u> | |
| Business | |
| 2) <u>Trace Minerals Research</u> | <u>1996 W. 3300 S.</u> |
| Name | Address |
| <u>Neutraceutical Manufacturer</u> | |
| Business | |
| 3) <u>Metabolic Response Modifiers</u> | <u>2665 Vista Pacific Dr.</u> |
| Name | Address |
| <u>Neutraceutical Manufacturer</u> | |
| Business | |
| 4) <u>APS Biogroup</u> | <u>2235 South Central Ave Phoenix AZ</u> |
| Name | Address |
| <u>Food and Supplement Manufacturer</u> | <u>85004</u> |
| Business | |

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Siamak Adampour
Print Name of Authorized Person

10/31/19
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Crane Pharmaceuticals, Inc.

Mailing Address: 2810 W. Charleston Blvd # H83

City: Las Vegas State: NV Zip: 89102

Telephone: 949-285-2239 Fax: N/A

Contact Person: Siamak Adampour

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) Siamak Adampour 9552 W. Tropicana Ave #2045
Name Address Las Vegas NV 89147

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the “New Applications” tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 10,000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 10/30/19
- 5) Provide a copy of the corporation's stock register evidencing the above information

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

Crane Pharmaceuticals, Inc.

Organizational Documents on File	Filing Date
----------------------------------	-------------

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Crane Pharmaceuticals, Inc., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/30/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2019

Barbara K. Cegavske

Certificate Number: B20191030328897

BARBARA K. CEGAVSKE

You may verify this certificate

Secretary of State

online at <http://www.nvsos.gov>



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Crane Pharmaceuticals, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☒ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☐ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegauske</i> Secretary of State State Of Nevada	Business Number E2550922019-5 Filing Number 20190255093 Filed On 10/30/2019 15:43:08 PM Number of Pages 2
---	--

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE TREASURER:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE CEO:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE CHAIRMAN OF BOARD:

SIAMAK ADAMPOUR

USA

Name

Country

9552 WEST TROPICANA AVENUE

Las Vegas

NV

89147

Address

City

State

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X SIAMAK ADAMPOUR

President

10/30/2019

Title

Date

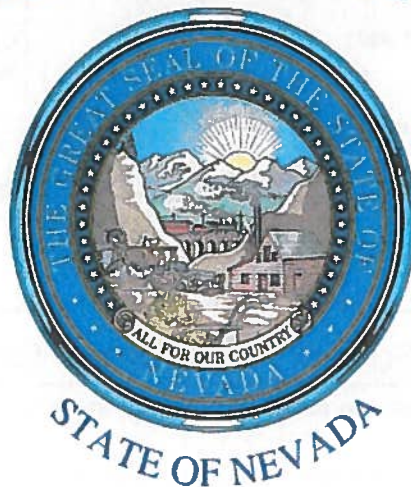
Signature of Officer, Manager, Managing
 Member, General Partner, Managing Partner,
 Trustee, Member, Owner of Business,
 Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

Employee Handling Drugs on Daily Basis

① Siamak Adampour

St



NEVADA STATE BUSINESS LICENSE

Crane Pharmaceuticals, Inc.

Nevada Business Identification # NV20191622858

Expiration Date: 10/31/2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2019.

Barbara K. Cegavske

Certificate Number: B20191030328728

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E2550922019-5	1077
	Filing Number 20190255091	
	Filed On 10/30/2019 15:43:08 PM	
	Number of Pages 3	

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	Crane Pharmaceuticals, Inc.
2. Registered Agent for Service of Process: (Check only one box)	☐ Commercial Registered Agent (name only below) ☒ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below) Andrina Vasquez Name of Registered Agent OR Title of Office or Position with Entity 6320 Vicuna Dr Las Vegas Nevada 89146 Street Address City Zip Code Nevada Mailing Address (If different from street address) City Zip Code
2a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X ANDRINA VASQUEZ 10/30/2019 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors ☐ Yes <u>OR</u> ☒ No
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)	1) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code 2) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code 3) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code 4) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code 5) SIAMAK ADAMPOUR Name 9552 WEST TROPICANA AVENUE Las Vegas NV 89147 Address City State Zip Code

**5. Jurisdiction of
Incorporation:** (NRS
80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing
in the jurisdiction of its incorporation.

☐

1078



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

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6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes ☐																
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	WHOLESALE PHARMACEUTICAL AND MEDICAL SURGICAL SUPPLY DISTRIBUTOR TO QUALIFIED ENTITIES																	
8. Authorized Shares: (Number of shares corporation is authorized to issue)	Number of common shares with Par value: 10000.0 Par value: \$ 1 Number of preferred shares with Par value: 0 Par value: \$ 0 Number of shares with no par value: 0 If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.																	
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table border="1"><tr><td>SIAMAK ADAMPOUR</td><td colspan="3">United States</td></tr><tr><td>Name</td><td colspan="3">Country</td></tr><tr><td>9552 WEST TROPICANA AVENUE</td><td>Las Vegas</td><td>NV</td><td>89147</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table> X SIAMAK ADAMPOUR (attach additional page if necessary)		SIAMAK ADAMPOUR	United States			Name	Country			9552 WEST TROPICANA AVENUE	Las Vegas	NV	89147	Address	City	State	Zip/Postal Code
SIAMAK ADAMPOUR	United States																	
Name	Country																	
9552 WEST TROPICANA AVENUE	Las Vegas	NV	89147															
Address	City	State	Zip/Postal Code															

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671701736

Application/License No. _____

Crane Pharmaceuticals, Inc

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

2810 Charleston Blvd. H83, Las Vegas, NV 89102

Address of Applicant/Principal

PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a

Surety Company

corporation organized under the laws of the state of PENNSYLVANIA

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

ONE BALA PLAZA SUITE 100, BALA CYNWYD, PENNSYLVANIA 19004

Address of Surety

as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2019

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

30th day of October, 2019.

APPLICANT/PRINCIPAL

Crane Pharmaceuticals, Inc


Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY


Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Countersigned by:

N/A
Nevada Resident Agent

3450

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Valerie Ann Aber and Daniel Ruggeri, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

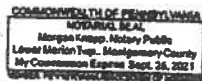
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

Morgan Knapp

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 30 day of October, 20 19.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

1083

Date 10/31/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesale pharmaceutical medical surgical
Crane Pharmaceuticals, Inc. Supplies to qualified
N/A entities
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Adampour First Name SIAMAK Middle Name N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD W. TROPICANA AVE City LAS VEGAS State/Zip NV 89147

Present Business Address 2810 W. CHARLESTON City LAS VEGAS State/Zip NV 89102

Dates NOV 1 2019

Present Position with the Pharmacy or Wholesaler OWNER Phone: Residence _____ Business _____

Date of Birth _____ Place of Birth (City, County, State) TEHRAN/IRAN Sex MALE

Age 57 Social Security Number _____ Sex _____

Color of Eyes BROWN Color of Hair BLACK Complexion FAIR Weight 240 Build ATHLETIC Height 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place LOS ANGELES CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial St

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

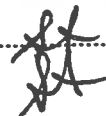
Name	Birth Date	Birth Place	Residence Address
NONE			

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____



FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
HOSEIN ADAMPOUR	1933	DECEASED	

Mother			
SHAMSI H. MCGADDAM	1940	N/A OUT OF U.S.	

Father-in-Law			
N/A			

Mother-in-Law			
N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
(SISTER) SIMA	1963	OUT OF U.S.	N/A
Spouse			

(SISTER) SEPIDEH	1977	OUT OF U.S.	N/A
Spouse			

N/A			
Spouse			

N/A			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	HADAP PRIVATE ELEMENTARY SCHOOL	TEHRAN/IRAN	Yes ☒ No ☐ 1967-1973
High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	Yes ☒ No ☐ 1973-1980
College University	UNIV OF CA, IRVINE	IRVINE, CA	Yes ☒ No ☐ 1989-1992
Other	INDUSTRIAL Mgmt INSTITUTE (IMI)	TEHRAN/IRAN	Yes ☒ No ☐ 2003-2007
Type of degree obtained, if any	TAPT LAW SCHOOL	SANTA ANA, CA	2011-2012 NO
	BS (BIOLOGICAL SCIENCES), MBA		
College or university where obtained	BS FROM UNIV OF CA, IRVINE		
	MBA FROM IMI		

Applicant's initial st

5. MILITARY INFORMATION:

1086

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

2019-PRESENT	W TROPICANA STE 2045	LAS VEGAS	NV
2018-2019	24581 ALCOBA DR	Mission Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	326 W KELLY	ORANGE	CA

Applicant's initial

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8. EMPLOYMENT:

1088

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2019	Crane Pharmaceuticals, Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Daily Operations Management	self
8/2018	Irvine Health Industries Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Medical Device + Pharmaceutical Trader	self
1/2014	Activia Pharmaceuticals Inc	owner moved
Title	Description of Duties	Name of Supervisor
Marketing Director	Business Development	Kaveh Mihan
2/2000	TAFT & Associates	New Opportunity
Title	Description of Duties	Name of Supervisor
	Distribution/New Business	Jeff Brown
10/1996	CORE Laboratories	New Opportunity
Title	Description of Duties	Name of Supervisor
Lab Tech	using various instruments in analysing compounds	CHARLES MUNOZ
1980-June 1992	Various Short Term Assignments in Pharmaceutical Industry	
Title	Description of Duties	Name of Supervisor
	Private Tutor / On Campus Work / Research Assistant	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

* Attachment provided with mailing addresses.

Applicant's initial

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9. CHARACTER REFERENCES:

1089

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
SOROLISH SOHEIL	CAPTAINS PL	AGURAHILLS	CA	918-	818-	2 30 YRS
BOSTON SCIENTIFIC	/ MEDICA	DEVICE MANUFACTURER				
EDWARD KAMAR	CANYON DR	YORBALINDA	CA	714-860-	30 YRS	
SOUTHERN CALIF EDISON	/ POWER	GENERATION				
MEHRNAZ MONZAVI	CHESS CT	Las Vegas	NV	89147	3 YRS	
CENTER PLATE	3150 PARADISE AVE	LAS VEGAS	NV	89116		
AMINEH BEGAN	HARTLAND ST.	RESEDA	CA	818-271-1798	2 YRS	
SELF EMPLOYED	PSYCHOLOGIST	/ SAME AS ABOVE				
AFSANEH YOUNG	S. DURANGO UNIT # 2129	LV	NV	89113		
RETIRED						2 YRS

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☐

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE CERTIFICATE

NOTARY PUBLIC CERTIFICATE

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

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14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 10/30/2019

Applicant's initial SH

STATE OF NEVADA

SS.

1091

COUNTY OF CLARK

I, SIAMAK ADAMPOUR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 31ST day of

OCTOBER, 2019


Notary Public

(seal)



Applicant's initial  Page 9

Applicant's initial



8. Employment mailing Addresses

1093

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobra Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

Employee Handling Drugs on Daily Basis

- ① Siamak Adampour

St

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date OCT 15, 2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for WHOLESALE
 Nature of License
CRANE PHARMACEUTICALS, INC., 2810 W. CHARLSTON BLVD. STE# H83
 Name and Address of Establishment for Which License Is Requested LAS VEGAS, NV 89102
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ADAMPUR SIAMAK N/A
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
W. TROPICANA AVE, APT# LAS VEGAS, NV 89147
 Present Residence Address-Street or RFD City State/Zip
2810 W. CHARLSTON STE# H83, LAS VEGAS, NV 89102 JAN 1, 2019
 Present Business Address City State/Zip
CEO 10/30/2019
 Occupation Dates
 Phone:
 Residence
 Business
TEHRAN / IRAN
 Date of Birth Place of Birth (City, County, State)
57 MALE
 Age Sex
BROWN BLACK FAIR 240 FULL 6' 2"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No...

If naturalized, certificate No... Date NOVEMBER 13, 1997

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial AA Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
NONE			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AT

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father	HOSEIN ADAMPUR	1933	DECEASED
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Mother	SHAMSI H. MOGADDAM	1940	N/A OUT OF U.S.
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Father-in-Law	N/A		
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Mother-in-Law	N/A		
---------------	-----	--	--

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

(SISTER) SIMA	1963	OUT OF U.S.	N/A
---------------	------	-------------	-----

Spouse

(SISTER) SEPIDEH	1977	OUT OF U.S.	N/A
------------------	------	-------------	-----

Spouse

N/A			
-----	--	--	--

Spouse

N/A			
-----	--	--	--

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
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Grammar School	HADAF PRIVATE ELEMENTARY SCHOOL	TEHRAN/IRAN	Yes ☒ No ☐ 1967-1973
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High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980 Yes ☒ No ☐
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College University	UNIV OF CA, IRVINE	IRVINE, CA	1989-1992 Yes ☒ No ☐
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Other	INDUSTRIAL Mgmt INSTITUTE (IMI)	TEHRAN/IRAN	2003-2007 Yes ☒ No ☐
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Type of degree obtained, if any	TAFI LAW SCHOOL	SANTA ANA, CA	2011-2012 NO
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College or university where obtained	BS FROM UNIV OF CA, IRVINE		
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MBA FROM IMI

Applicant's initial HT

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial JA

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019-PRESENT	W TROPICANA STE 3045	LAS VEGAS	NV
2018-2019	24581 ALCOBA DR	MISSION Viejo	CA
2014-2018	23592 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNNEY	CA
1994-2000	326 W KELLY	ORANGE	CA

Applicant's initial At Page 5

8. EMPLOYMENT:

1099

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2019	Crane Pharmaceuticals, Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Daily Operations Managemet	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2018	Irvine Health Industries Inc	Present
Title	Description of Duties	Name of Supervisor
Owner	Medical Device + Pharmaceutical Trader	self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2014	Activia Pharmaceuticals Inc	owner moved
Title	Description of Duties	Name of Supervisor
Marketing Director	Business Development	Kaveh Mihan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2000	TAFT & Associates	New Opportunity
Title	Description of Duties	Name of Supervisor
	Distribution/New Business	Jeoff Brown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1996	CORE Laboratories	New Opportunity
Title	Description of Duties	Name of Supervisor
Lab Tech	using various instruments in analysing compounds	CHARLES MUNOS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/1980-June 1992	Various Short Term Assignments in Pharmaceutical Industry	
Title	Description of Duties	Name of Supervisor
	Private Tutor / On Campus Work / Research Assistant	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

* Attachment provided with mailing Addresses.

Applicant's initial Ab Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
BOSTON SCIENTIFIC		CAPTAIN AGURA HILLS	CA			30 YRS +
SOROSH SOHEILI		BUSINESS DEV MANAGER				
SOUTHERN CALIF EDISON		1 CANYON DR, YORBA LIND	CA	92886		
EDWARD KAMIAB		MARKETING DIRECTOR		714 860 2270		30 YRS +
CENTERPLATE		PARADISE RD, LV, NV				
MS MEHRNAZ MONZAVI		4480 CHEISSIE CT, LV, NV		89147		3 YRS
SELF EMPLOYED		HARTLAND ST. RESEDA, CA		91335		2 YRS
AMINEH BEGAN (BY.D)		/SAME AS ABOVE		818 271 1798		
RETIRED		8985 S. DURANGO UNIT 2129 LV, NV		89113		
MS AFSANE YOUNG		/SAME AS ABOVE				2 YRS

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
- If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE & IV CERTIFICATE

NOTARY PUBLIC

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial

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13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

NOTARY PUBLIC CALIFORNIA

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph Oct 30, 2019

Applicant's initial st

STATE OF NEVADA

1102

SS.

COUNTY OF CLARK

I, SIAMAK ADAMPOLUR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 31ST day of

OCTOBER, 2019.


Notary Public

(seal)



Applicant's initial SA Page 9

ADDITIONAL INFORMATION

N/A

N/A

Applicant's initial 

3. Employment mailing Addresses

1104

- ① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102
- ② Irvine Health Industries Inc
24581 Alcobia Dr.
Mission Viejo CA
- ③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA
- ④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA
- ⑤ Core Laboratories
Anaheim CA

SA

11B

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change
 (Please provide current license number if making changes: WHPending)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: The Hilsinger Company Parent LLC

Physical Address: 3908 N. 5th Street North Las Vegas, NV 89032

Mailing Address: c/o LicenseLogix, 140 Grand Street Suite 300

City: White Plains State: NY Zip Code: 10601

Telephone: 800 249 1058 Fax: 702 339 4413

Toll Free Number: 800 249 1058

E-mail: ProjectOptic@licenselogix.com Website: www.hilco.com

Facility Manager: David Jeffery Serrero

Professional qualifications and experience of facility manager: Helped with start up of the Las Vegas facility
Assists with the design of facility layout and equipment installation Trains, coaches and evaluates new employees

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: over the counter drugs, RX intravenous fluids not containing a drug, ophthalmic drugs

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	no suppliers at this time	
	Name	Address
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☒ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


 Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Andrew Janell
 Print Name of Authorized Person

11/21/19
 Date

Board Use Only	Received: _____	Amount: _____
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APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Hilsinger Holdings LLCCorporation Name: The Hilsinger Company Parent, LLCMailing Address: c/o LicenseLogix 140 Grand St Suite 300City: White Plains State: NY Zip: 10601Telephone: 800 249 1058 Fax: 702 339 4413Contact Person: David Jeff Serrero

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Hilsinger Holdings LLC 33 West Beacon Street Plainville MA 02762 100% ownership
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.2) Provide the number of shares issued by the corporation. n/a3) What was the price paid per share? n/a4) What date did the corporation actually receive the cash assets? n/a

5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11/21/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler
3908 N. 5th Street, North Las Vegas NV 89032
 Nature of Pharmacy or Wholesaler
The Hilsinger Company Parent LLC
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Serrero David Jeffrey
 Last Name First Name Middle Name
n/a
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Cardigan Bay Street, Las Vegas, NV 89131
 Present Residence Address-Street or RFD City State/Zip
3908 N. 5th Street North Las Vegas NV 89032 Dates 11/15/2018 - present
 Present Business Address City State/Zip
Plant Manager, GM Dates 11/15/2018 - present
 Present Position with the Pharmacy or Wholesaler Phone:
 Residence
 Business 702 399 3940 ext 3111
Norcross, GA
 Date of Birth Place of Birth (City, County, State)
45 M
 Age Social Security Number Sex
Blue Brown White 160 5'9"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial



A. **Current Marriage** 12/6/2010 St. Thomas, US Virgin Islands
Date City, County and State
 Spouse's full name (Maiden) Veronica Simone Merka S.S. No.
 Date of Birth _____ Place of Birth Johnson City NY
 Resident address Cardigan Bay St Las Vegas NV 89131
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Mason Hawk Serrero		Greenwood, SC	

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DM

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order: N/A

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Isaac Nick Serrero		Roberta Drive Hendersonville TN 37075	Retired
Father			

Kaye Grace Hood		Roberta Drive Hendersonville TN 37075	Retired
Mother			

Stanislav Thomas Merka		County Rd. 6310 West Plains, MO	Physician
Father-in-Law			

Olga Hana Dvorak		County Rd. 6310 West Plains, MO	Physician
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Christie Lynn Serrero		Roberta Drive Hendersonville, TN 37075	Teacher
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Spouse

N/A

Alan Nick Serrero		Maple Creek Drive Loganville, GA 30052	Chemist
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Spouse

Tracy Lee Singletary		Maple Creek Drive Loganville, GA 30052	Accountant
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Spouse

Spouse

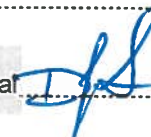
4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Britt Elementary	Snellville GA	1979-1985	Yes ☒ No ☐
High School South Gwinnett	Snellville GA	1989-1993	Yes ☒ No ☐
College Berry College	Rome GA	1993-1997	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelors of Science in Biology, Minor Chemistry

College or university where obtained Berry College

Applicant's initial



5 MILITARY INFORMATION:

1113

- A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch US Navy Date of entry-active service 6/25/2002

Date of separation 9/1/2006 Type of discharge Honorable

Rating at separation LTJG Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Gwinnett State GA Date registered 4/1/1992

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial JS

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ No ☐ If yes, complete the following:

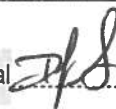
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
March 2019- Present	Cardigan Bay St	Las Vegas	Nevada
11/2018 - 3/2019	9145 Echelon Point Dr. Unit 2002	Las Vegas	Nevada
6/2015 - 11/2018	109 Coleman RD	Readyville	Tennessee
11/2014 - 5/2015	109 Crestside Court	Smyrna	Tennessee
4/2011 - 11/2014	107 North Pond Court	Greenwood	South Carolina
10/2008 - 4/2011	126 Mitchum Drive	Ninety Six	South Carolina
12/2006 - 07/2007	20 Elm Street	Norway	Maine
06/2004 - 12/2006	200 Oak Grove Rd	Norfolk	Virginia
9/2003 - 5/2004	150 Westover Ave	Norfolk	Virginia
10/1976 - 9/2003	2033 Deerfield Run	Snellville	Georgia

Applicant's initial



8. EMPLOYMENT:

1115

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

11/2018 - Present	The Hilsinger Company Parent LLC	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Plant Manger, GM	Assists withe design of the facility layout, slotting, and equipment installation	Lee Blalock
Title	Description of Duties	Name of Supervisor
9/2014 - 10/2018	Haemonetics Cororation Nashville TN	8000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
		Barry Cronin
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jeff Hayles	Home	Starrwood Drive Starr SC 29684				30
Employer Retired	Business					
Name Glenn McKinney	Home	Clendenin Drive Martinsburg WV 25404				10
Employer Save A Lot	Business	Food Distribution				
Name John Augusto	Home	Crestwood Drive Baeumont TX 77706				15
Employer Exxon	Business	Petro Chemical				
Name Lisa Torr	Home	Ridge Forest Lane Grayson GA 30017				30
Employer Aveanna Healthcare	Business	Pediatric Home Healthcare				
Name Chris Hunt	Home	Barlow Lane Lascassas TN 37085				5
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph

11/26/2019

Applicant's initial

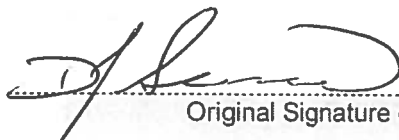
JL

SS.

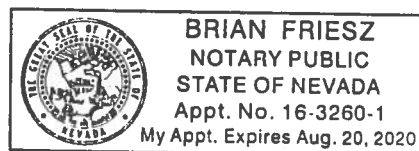
COUNTY OF CLARK

I, David Jeffrey Serrero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 26 day ofNovember, 2019
Notary Public

(seal)

Applicant's initial DFS

1/2

The Hilsinger Company Parent, LLC – Officer List

Company	Directors/Managers	Officers
The Hilsinger Company Parent, LLC	James Ross Brownlee	James Ross Brownlee - President Paul Janell - CFO

Employees Handeling Products

JOB TITLE	NAME	DOH	LOC
Warehouse Lead	Friesz, Richard	09/01/17	Las Vegas
Warehouse I NV	Deleon, Moises	09/01/17	Las Vegas
Warehouse 1 NV	Sanchez, Federico	07/09/18	Las Vegas
Warehouse Cordinator I NV	Flores, Miguel	07/09/18	Las Vegas
Warehouse 1 NV	Soto, Azael	11/01/18	Las Vegas
Warehouse 1 NV	Quinones, Jorge	12/12/18	Las Vegas
Warehouse 1 NV	Eliseo-Ruiz, John	01/08/19	Las Vegas
Warehouse 1 NV	Bautista Arrona, Romualdo	07/22/19	Las Vegas
Warehouse 1 NV	Escobedo Wendy	07/22/19	Las Vegas
Warehouse 1 NV	Perez Mareyley	08/01/19	Las Vegas
Production/Warehouse Mgr	Friesz, Henry	09/01/17	Las Vegas
Operations Manager	Friesz, Brian	09/01/17	Las Vegas
Plant Manager, GM NV	Serrero, David Jeff	11/15/18	Las Vegas

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE HILSINGER COMPANY PARENT, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/17/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/18/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191218448821

You may verify this certificate
online at <http://www.nvsos.gov>



 **RLI Surety**
A division of RLI Insurance Company

VERIFICATION CERTIFICATE

To be attached to the bond described below:

SURETY: RLI Insurance Company

PRINCIPAL: The Hilsinger Company Parent, LLC

OBLIGEE: State of Nevada

DESCRIPTION: Pharmaceutical Wholesaler

BOND NO.: CMS0247147

BOND AMOUNT: \$100,000.00

EFFECTIVE DATE: 05/19/2019

This is to certify that RLI Insurance Company has not terminated its Suretyship under the above described bond and that such bond is still in full force and effect.

Signed and Sealed this 11th day of December, 2019.

RLI Insurance Company

By: 

Gretchen L. Johnigk, Attorney in Fact





RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

RIDER

TO BE ATTACHED TO AND FORM PART OF POLICY NO. CMS0247147

It is hereby mutually agreed and understood by the Principal,
The Hilsinger Company

and RLI Insurance Company that the
Principal Name

(Identify item(s) to be changed)

on this policy has/have been changed to the following:
The Hilsinger Company Parent, LLC

Nothing contained herein shall vary, alter, waive or extend any of the terms, limits, or conditions of the policy, except as set forth above.

This Rider becomes effective on December 10, 2019, at twelve and one minute o'clock a.m., Standard Time.

Signed this 10th day of December, 2019.

RLI Insurance Company

By Gretchen L. Johnigk
Gretchen L. Johnigk Attorney in Fact



POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of RLI Insurance Company and Contractors Bonding and Insurance Company, required for the applicable bond.

That RLI Insurance Company and/or Contractors Bonding and Insurance Company, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnik

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, RLI Insurance Company and/or Contractors Bonding and Insurance Company, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

State of Illinois
County of Peoria

} SS



RLI Insurance Company
Contractors Bonding and Insurance Company

By: B. W. Davis
Barton W. Davis Vice President

CERTIFICATE

I, the undersigned officer of RLI Insurance Company and/or Contractors Bonding and Insurance Company, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI Insurance Company and/or Contractors Bonding and Insurance Company this 11th day of December, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson Corporate Secretary

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the RLI Insurance Company and/or Contractors Bonding and Insurance Company and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L. Montgomery
Cherie L. Montgomery Notary Public



POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company and Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnik

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

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IN WITNESS WHEREOF, **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

State of Illinois
County of Peoria

} SS



**RLI Insurance Company
Contractors Bonding and Insurance Company**

By:

Barton W. Davis

Barton W. Davis

Vice President

CERTIFICATE

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By:

Cherie L. Montgomery

Cherie L. Montgomery

Notary Public



I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 10th day of December, 2019.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By:

Jean M. Stephenson

Jean M. Stephenson

Corporate Secretary

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All City Pharmacy #2

Physical Address: 8352 W Warm Springs Rd

City: Las Vegas State: NV Zip Code: 89113 Telephone: _____

(702) 834-7704 Fax: (702) 834-7705 Toll Free Number: _____

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Garen Garakhanian
Print Name of Authorized Person

11/20/19
Date

Board Use Only

Date Processed: _____

Amount: 600.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: All City Pharmacy
 Mailing Address: 821 N Lamb Blvd #4
 City: Las Vegas State: NV Zip: 89110
 Telephone: (702) 834-7704 Fax: (702) 834-7705
 Contact Person: Garen Garakhanyan

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) N/A
 Name Business Address
- b) N/A
 Name Business Address
- c) N/A
 Name Business Address
- d) N/A
 Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A / none %: N/A
 Name: N/A / none %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5 pm Saturday — am — pm
 Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2016 116 1525

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan

Business Name: All City Pharmacy

Current Business Address: 821 N Lamb Blvd #4

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5:00 pm

Saturday 7 am — pm

Sunday — am — pm

24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20161161525

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Garen Garakhamyan

Responsible Person of All City Pharmacy INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Garen Garakhamyan

Print Name of Authorized Person

11/20/19

Date

Managing Pharmacist

 Pharmacist Name: Jared Scott Kohn

 License #: 19641

 Pharmacy Name: All City Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

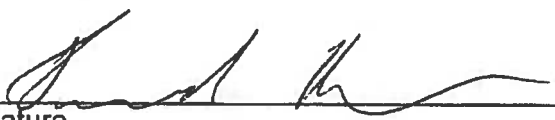
If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


 Signature

11/20/19
 Date

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.
Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of <i>Barbara K. Cegauske</i>	Business Number E0124232016-8
Secretary of State State Of Nevada	Filing Number 20190297473
	Filed On 11/20/2019 12:07:30 PM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

State

89110

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Garen Garakhanyan**

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Manager

Title

11/20/2019

Date



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

89110

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

Name

USA

Country

821 NORTH LAMB BLVD SUITE 4

Address

LAS VEGAS

City

NV

89110

State Zip/Postal Code

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X **Garen Garakhanyan**

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Manager

Title

11/20/2019

Date



March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharamcy

Respectfully


Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of March, 2018.

Garen Garakhanyan
Type or print name


Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

) CASE NO. 17-070-RPH-S

Petitioner,

) 17-070-PH-S

v.

JAIME CORDOBA-HERNANDEZ, RPH

) STIPULATED FACTS

Certificate of Registration No. 17533, and

) (Jaime Cordoba-Hernandez Only)

ALL CITY PHARMACY, LLC

Certificate of Registration No. PH03609,

Respondents.

/

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

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change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

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13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

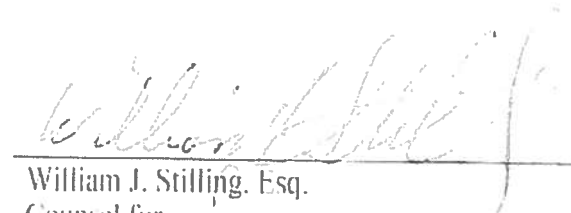
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15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

AGREED:Signed this 1 day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of PharmacySigned this 10th day of April 2019

William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Stilling, Esq.
215 S. State St., Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING,

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1) CASE NO. 17-070-RPH-S

17-070-PH-S

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) FINDINGS OF FACT,
) CONCLUSIONS OF LAW,
) AND ORDER

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1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

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15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

- i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.
- ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.
- iii. Pay a fine of five thousand dollars (\$5,000.00).
- iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

- i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.
- ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.
- iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

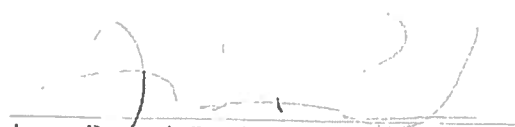
26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 2 day of April 2019.



Jason Penrod, President
Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/20/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
All City Pharmacy (#2) Nature of License
8353 W. Warm Springs Rd. Las Vegas, NV 89113 Name and Address of Establishment for Which License Is Requested
N/A If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Garen First Name Middle Name

N/A Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Bow Canyon Ct Las Vegas NV 89147 Present Residence Address-Street or RFD City State/Zip

821 N Lamb Blvd Dates 9-12-2016 - current (For All City Pharmacy #1)

owner Present Business Address City State/Zip Dates 11/3/2017 - current

Occupation Phone: Residence Business (702)834-7704

11/1/11 Date of Birth Yerevan Armenia Place of Birth (City, County, State)

41 Age --- Social Security Number Sex male

Brown Color of Eyes Black Color of Hair olive Complexion 120 Weight Small Build 5'8 Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date September 17, 2007

Place LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial GG

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2016	6-4-2000	Las Vegas Divorce	Las Vegas Clark NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	Garden Mist	Las Vegas	NV	89135	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Alex Garakhanian		Las Vegas	Las Vegas NV 89147
David Garakhanian		Las Vegas	Las Vegas NV 89147

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial GG

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NIA

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

HRAIR Garakchanyan		GRANDCANYON Dr.	Las Vegas NV 89147
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Mother

Tsovik Garakchanyan		SGrand Canyon Dr.	Las Vegas, NV 89147
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Father-in-Law

NIA

Mother-in-Law

NIA

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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NIA

Spouse

NIA

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia	1984-94	Yes ☒ No ☐
High School	Abovian #5	Abovian Armenia	1984-94	Yes ☒ No ☐
College				Yes ☐ No ☒
University				Yes ☐ No ☒
Other				Yes ☐ No ☒

Type of degree obtained, if any NIACollege or university where obtained NIAApplicant's initial GG

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch NIA Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County NIA State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>NIA</u>				

Applicant's initial GG

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

3/2014-current	Bow Canyon Ct	Las Vegas NV	89147
1/2010 - 2/2014	8984 English Falls way	Las Vegas NV	89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas NV	89139
5/2008 - 5/2005	6022 Golden Harmony	Las Vegas NV	89031
3/1999 - 4/2002	2500 Karen Ave #12	Las Vegas NV	89121
4/1997 - 2/1999	620 W Milford	Glendale, CA	91203
1/1990 - 3/1997	2 Micoro #9	Abovian	Armenia

Applicant's initial.....

GG

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 11/2017-current	Name/Mailing Address of Employer/Business All City Pharmacy 821 N Lamb Blvd Las Vegas NV	Reason for Leaving N/A
Title owner	Description of Duties Oversee Operations	Name of Supervisor self 89110
Month and Year 7/2015-current	Name/Mailing Address of Employer/Business Vegas Car Center 4350 Arville #16 Las Vegas NV	Reason for Leaving N/A
Title owner	Description of Duties Oversee Operations	Name of Supervisor self 89103
Month and Year 3/2015-1/2017	Name/Mailing Address of Employer/Business Elevate Capital 8337 W Sunset Las Vegas NV	Reason for Leaving Sold
Title owner	Description of Duties Oversee Operations	Name of Supervisor self 89113
Month and Year 3/2012-3/2016	Name/Mailing Address of Employer/Business GG Wholesale 6069 Ft Apache Las Vegas	Reason for Leaving SOLD Business
Title owner	Description of Duties Oversee Daily Operations	Name of Supervisor self
Month and Year 1/2012-3/2012	Name/Mailing Address of Employer/Business unemployed	Reason for Leaving
Title —	Description of Duties —	Name of Supervisor —
Month and Year 1/2010-1/2012	Name/Mailing Address of Employer/Business Step Vegas 3970 Mojave Las Vegas NV	Reason for Leaving Bus Closed
Title Consult.	Description of Duties Real Estate Consult.	Name of Supervisor Steve Arakelian
Month and Year 9/2008-1/2010	Name/Mailing Address of Employer/Business NMBIL Capital 640 Bridger Ave Las Vegas	Reason for Leaving other job
Title Asset Mgr.	Description of Duties Administration	Name of Supervisor Johnathan Mynes
Month and Year 4/2003-8/2008	Name/Mailing Address of Employer/Business MLS Mortgage 4850 W Flamingo Las Vegas NV	Reason for Leaving Closed
Title Loan officer	Description of Duties originate loans	Name of Supervisor EDDIE KAWA

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial GG Page 6

Employment Continued:

2/2000 - 4/2003 In & Out Tire & Auto other job
 5410 S Deatur
 Pos: Technician Las Vegas NV 89113 Varied.
 Duties: General Mechanic Task

2/1999 - 2/2000 Cessars Palace other job
 3570 S Las Vegas Blvd
 Las Vegas NV 89109 Corporate
 Pos: Valet Duties: Valet Park Cars

6/1997 - 2/1999 Ask Gold Comp moved.
 620 Olive
 Los Angeles, CA 90302
 Pos: Sales Varied.
 Duties: Sales Managers

1st Job is one above ASK Gold

Applicant's initial

GG

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Natasha Bell</u>	Home	<u>3 Agnew Valley Ct</u>	<u>Las Vegas</u>	<u>NV 89178</u>		<u>1 - 15 yrs</u>
Employer <u>Touro MED School</u>	Business	<u>874 American Pac</u>	<u>Fic Henderson</u>	<u>NV 89014</u>		
Name <u>Caroline Caruthers</u>	Home	<u>5 First Lady Ave</u>	<u>Las Vegas</u>	<u>NV 89148</u>		<u>20 yrs</u>
Employer <u>Home Funding</u>	Business	<u>1820 E Warm Springs</u>	<u>#130 Las Vegas</u>	<u>NV 89119</u>		
Name <u>Gelke Karapetian</u>	Home	<u>Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89113</u>		<u>14 yrs</u>
Employer <u>Arizona Trucking + Catering</u>	Business	<u>224 W. Wicked Edge</u>	<u>Las Vegas</u>	<u>NV 89115</u>		
Name <u>Leo Flangas</u>	Home	<u>Montessori St</u>	<u>Las Vegas</u>			<u>12 yrs</u>
Employer <u>Flangos Law</u>	Business	<u>6005 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Name <u>Kisicki Kardi</u>	Home	<u>N Jackson St</u>	<u>Glendale</u>	<u>CA 91206</u>		
Employer <u>Union Bank</u>	Business	<u>330 N Brand</u>	<u>#160 Glendale</u>	<u>CA 91203</u>		<u>30 yrs</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial

GG

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason: N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A



Date of photograph 11/20/19

Applicant's initial GG

STATE OF Nevada

1164

SS.

COUNTY OF Clark

I, Garen Garakhanyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

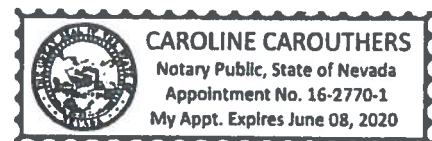
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of November 2019

[Signature]
EXPIRES 6/8/2020
Notary Public

(seal)



Applicant's initial GG
Page 9

ADDITIONAL INFORMATION

Applicant's initial GG

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11/20/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
All City Pharmacy #2 8352 W Warm Springs Rd. Las Vegas NV 89113
 Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name KOHN First Name JARED Middle Name SCOTT
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
2 Gabriel Drive Las Vegas NV 89119
 Present Residence Address-Street or RFD City State/Zip
821 N. Lomb Blvd #4 Las Vegas NV 89110
 Present Business Address City State/Zip
Pharmacist in charge 1/25/19 to Present
 Present Position with the Pharmacy or Wholesaler
 Phone: Residence _____ Business 702 834 7704
1-1-19 St. Louis, Missouri
 Date of Birth Place of Birth (City, County, State)
32 years M
 Age Social Security Number Sex
Brown Black Fair White 158 lbs Athletic 5'10"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on inside of right elbow

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial JK

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ana Priscila Salinas Flores	Divorce decree	10/14/19	Marriage date	
		Nye County, NV	7/18/16	Clark County, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ana Priscila Salinas Flores	Siclair St.	Las Vegas	NV	89121	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial M

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Leonard Kohn		Clayton Rd. Chesterfield MO. 63017	Food Business Owner
Mother			
Renee Lamberg		Chesterfield MO. 63017	Teacher
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Danielle Kohn		40th St Newport Beach, CA 92663	Real Estate Agent
Peter Branson			
Spouse			
Jacob Kohn		Tel Aviv, Israel	Tech Company
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Salomon Schechter Day School	Chesterfield, MO 1994-1999	Yes ☒ No ☐
High School	Parkway Central High	Chesterfield, MO 2002-2006	Yes ☒ No ☐
College University	University of Missouri St. Louis	St. Louis, MO 2008-2013	Yes ☒ No ☐
Other	Roseman University of Health Sciences	Henderson, NV 2014-2017	Yes ☒ No ☐

Type of degree obtained, if any.....Pharm. D.

College or university where obtained.....Roseman University of Health Sciences

Applicant's initial.....M

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial.....*JA*.....Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1987-2014	13650 Clayton Rd	Chesterfield, MO	63017
2014-2016	2096 Bannock Ave #1028	Henderson, NV	89014
2016-2019	1500 Cardinal Peak Lane #202	Las Vegas, NV	89144
2019-Present	Gabriel Drive	Las Vegas, NV	89119

Applicant's initial JA

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

8/17 to 11/17 CVS 7190 W Craig Rd Las Vegas, NV 1300 Hours
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist Staff Pharmacist Chris Scatizzi
 Title Description of Duties Name of Supervisor

11/17 - 1/19 Quire Pharmacy 8205 W Warm Springs Las Vegas NV 2800 Hours
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Pharmacist in charge All Pharmacist duties Mojra Babich

1/19 to Present All City Pharmacy 821 N Lamb Blvd Las Vegas, NV 2000 Hours
 Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Pharmacist in charge All Pharmacist duties Garen Gera Khanyan

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Number of Employed Hours
 Title Description of Duties Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ernie Zita</u>	Home	<u>Las Vegas, NV</u>	<u>89117</u>			<u>5</u>
Employer <u>MGM</u>	Business	<u>Las Vegas, NV</u>	<u>89117</u>			
Name <u>Robert Purdy</u>	Home	<u>Las Vegas, NV</u>	<u>89101</u>			<u>5</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas, NV</u>	<u>89101</u>			
Name <u>Arcon Baca</u>	Home	<u>Las Vegas, NV</u>	<u>89031</u>			<u>5</u>
Employer <u>Andersen Window</u>	Business	<u>Las Vegas, NV</u>	<u>89031</u>			
Name <u>Robin Ruckman</u>	Home	<u>St. Louis, MO</u>	<u>63146</u>			<u>10</u>
Employer <u>JCC St. Louis</u>	Business	<u>St. Louis, MO</u>	<u>63146</u>			
Name <u>Karen Feldman</u>	Home	<u>Las Vegas, NV</u>	<u>89135</u>			<u>5</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas, NV</u>	<u>89135</u>			

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

.....

.....

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

.....

.....

.....

If yes to the above, state where, when and for what reason:

Applicant's initial

AK

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

ATTAC

TAK

30



Date of photograph

11/20/19

Applicant's initial

ML

STATE OF Nevada

ss.

COUNTY OF Clark

I, Tared Kohn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of November, 2019

[Signature]
EXPIRES 6/8/2020
Notary Public

(seal)



Applicant's initial [Signature] Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial.....



12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All City Pharmacy #3
La Bonita Supermarket
Physical Address: 6000 W. Cheyenne Las Vegas NV 89108
City: Las Vegas NV State: NV Zip Code: _____ Telephone: _____
(702) 834-7704 Fax: (702) 834-7705 Toll Free Number: _____
E-mail: info@allcitypharmacy.com
Website: allcitypharmacy.com
Managing Pharmacist: Jared S. Kohn License Number: 19641

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps
Caren Garakhanyan
Print Name of Authorized Person
12-3-2019
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A
 Parent Company if any: N/A
 Corporation Name: N/A
 Mailing Address: N/A
 City: N/A State: N/A Zip: N/A
 Telephone: N/A Fax: N/A
 Contact Person: N/A

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A
 Registration number issued: N/A
 Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>8</u> pm	Saturday	<u>9</u> am	<u>5</u> pm
Sunday	<u>9</u> am	<u>5</u> pm	24 Hours	<u>24</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: -

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan

Page 4

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General N/A Limited N/A

List names of 4 largest partners and percentage of ownership:

Name: N/A %: N/A
 Name: N/A %: N/A
 Name: N/A %: N/A
 Name: N/A %: N/A

Partnership Name: N/A
 Mailing Address: N/A
 City, State Zip Code: N/A
 Telephone Number: N/A Fax Number: N/A
 Contact Person: N/A

List any physician shareholders and percentage of ownership.

Name: NONE %: N/A
 Name: NONE %: N/A
 Name: NONE %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 7 pm Saturday 7 am 7 pm
 Sunday 7 am 7 pm 24 Hours 7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: 7

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan
 Business Name: All City Pharmacy
 Current Business Address: 821 N. Lamb Blvd #4
 City: Las Vegas State: NV Zip Code: 89110
 Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm
 Sunday 9 am 5 pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2016 1161525

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Garen Garakhanian
Responsible Person of All City Pharmacy Inc.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Garen Garakhanian
Print Name of Authorized Person

12-3-19
Date

Managing Pharmacist

Pharmacist Name: Talad Scott Koker

License #: 17841

Pharmacy Name: All City Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

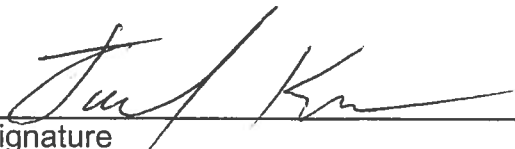
Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature

12.2.19

Date

Date 12-3-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
All City Pharmacy #3 Nature of License
La Bonita Supermarket 6006 W Cheyenne Las Vegas NV Name and Address of Establishment for Which License Is Requested
89108 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Baren First Name Middle Name
N/A Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Bow Canyon Ct Las Vegas NV 89147 Present Residence Address-Street or RFD City Las Vegas NV State/Zip
821 N Lamb Blvd Present Business Address City Las Vegas NV State/Zip
owner Occupation Dates 11/3/2017 - current
41 Date of Birth Yerevan Armenia Place of Birth (City, County, State)
41 Age Male Sex
Brown Color of Eyes Black Color of Hair Olive Complexion 120 Weight Small Build 5'8 Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No.

If naturalized, certificate No. Date September 17 2007

Place Las Vegas NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial GG

A. **Current Marriage** N/A
 Date _____ City, County and State _____
 Spouse's full name (Maiden) N/A S.S. No. N/A
 Date of Birth N/A Place of Birth _____
 Resident address N/A
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristin Gurgian	2-8-2016	6-4-2000	Divorce	Las Vegas Clark

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Kristina Gurgian		Garden	NV	89135	1055

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Alex Garakhanyan		Las Vegas	Las Vegas NV
David Garakhanyan		Las Vegas	Las Vegas NV

B. **Child Support Information:**

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial CEB

FAMILY INFORMATION-Continued

1188

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

HRAIR Garalchanyan S. Grand Canyon Dr # Las Vegas NV 89147

Mother

Isaiah Shemisian (Garalchanyan) S. Grand Canyon Dr # Las Vegas NV 89147

Father-in-Law

N/A Las Vegas NV 89147

Mother-in-Law

N/A *Both Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

N/A

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Abouian #5</u>	<u>Abouian Armenia</u>	<u>1984-94</u>	Yes ☒ No ☐
High School <u>Abouian #5</u>	<u>Abouian Armenia</u>	<u>1984-94</u>	Yes ☒ No ☐
College University			Yes ☐ No ☒
Other			Yes ☐ No ☒

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial GG

5 MILITARY INFORMATION:

1189

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch NIA Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County NIA State NIA Date registered NIA

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>NIA</u>				

Applicant's initial GG

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

3/2014 - Current	5 Bow Canyon Ct	Las Vegas	NV 89147
1/2010 - 2/2014	8984 English Falls Way	Las Vegas	NV 89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas	NV 89139
5/2002 - 5/2005	6022 Golden Harmony	Las Vegas	NV 89031
3/1999 - 4/2002	2500 Karen Ave #12	Las Vegas	NV 89121
4/1997 - 2/1999	620 W Milford	Glendale	CA 91203
1/1990 - 3/1997	2 Micora #9	Armenia	

Applicant's initial

CG

8. EMPLOYMENT:

1191

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2017 - Current	All City Pharmacy 821 N. Lamb Blvd Las Vegas	WLA
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self
7/2015 - Current	Vegas Car Center 4350 Arville #16 Las Vegas NV	89103
Title	Description of Duties	Name of Supervisor
owner	Oversee Operations	self
3/2015 - 11/2017	Elevate Capital 8337 W Sunset Las Vegas	Sold
Title	Description of Duties	Name of Supervisor
owner	oversee operation	self
3/2012 - 3/2016	EG Wholesale 6069 ft Apache Las Vegas	Sold Business
Title	Description of Duties	Name of Supervisor
owner	Oversee Daily Operations	self
1/2012 - 3/2012	unemployed	
Title	Description of Duties	Name of Supervisor
1/2010 - 1/2012	Step Vegas 3970 Mojave Las Vegas	Bus Closed
Title	Description of Duties	Name of Supervisor
Consult.	REAL Estate Consult	Steve Araderian
9/2008 - 1/2010	NMBIL Capital 640 Bridger Ave Las Vegas	other job
Title	Description of Duties	Name of Supervisor
Asset Mgr	Administration	Jonathan Mynes
4/2003 - 5/2008	MCS Mortgage 4850 W Flamingo Las Vegas	Closed
Title	Description of Duties	Name of Supervisor
Loan Officer	originate loans	Eddie Kawa

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 66

Page 6

Employment Continued:

2/2000 - 4/2003 - IL + Out Tire & Auto

5410 S Decatur

Las Vegas NV 89113 Varied

Pos: Technician

other job

Duties: General Mechanic
Supervisor: Varied

2/1999 - 2/2000 Caesars Palace

3570 S Las Vegas Blvd

Las Vegas NV 89109

other job

Pos: Valet

Duties: Valet/Park Cars Corporate

6/1997 - 2/1999

ASK Gold Corp.

moved

620 Olive

Los Angeles, CA 90302

Pos: Sales

Duties: Sales

Mgr.

1st Job is one above ASK Gold

Applicant's initial

Col

Page 10

9. CHARACTER REFERENCES:

1193

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Natasha Bell</u>	Home	<u>3 Agave Valley Ct</u>	<u>Las Vegas</u>	<u>NV 89178</u>	<u>215415</u>	
Employer <u>Touro MED School</u>	Business	<u>874 American Pacific</u>	<u>Henderson</u>	<u>NV 89014</u>		
Name <u>Caroline Caruth</u>	Home	<u>First Lady Ave</u>	<u>Las Vegas</u>	<u>NV 89148</u>		
Employer <u>Home Funding</u>	Business	<u>1820 E Warm Springs</u>	<u>Las Vegas</u>	<u>NV 89119</u>		
Name <u>Gevorg Karapetian</u>	Home	<u>WICKED EDGE</u>	<u>Las Vegas</u>	<u>NV 89113</u>		
Employer <u>Arizona Trucking</u>	Business	<u>224 WICKED EDGE</u>	<u>Las Vegas</u>	<u>NV 89113</u>		
Name <u>Leos Flangas</u>	Home	<u>S 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Employer <u>Flangas Law</u>	Business	<u>1410 S 3rd St</u>	<u>Las Vegas</u>	<u>NV 89101</u>		
Name <u>Kiso Karali</u>	Home	<u>N Jackson St</u>	<u>Glendale</u>	<u>CA 91203</u>		
Employer <u>Union Park</u>	Business	<u>330 N Brand</u>	<u>Glendale</u>	<u>CA 91203</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial

GG

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

ATTN:

TAI

30



Date of photograph

11/20/19

Applicant's initial

06

STATE OF Nevada

SS.

1195

COUNTY OF Clark

I, Garen Carokhanyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

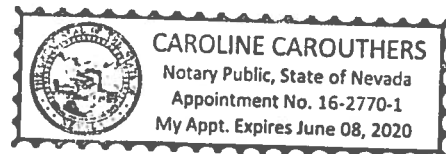
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of December 2019


Expires 6/8/2020
Notary Public

(seal)



Applicant's initial CC Page 9

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

1196

Date 12-2-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Beta 1 Pharmacy
Nature of Pharmacy or Wholesaler

All City Pharmacy #3
Name and Address of Business for Which Designated Representative is Requested
La Bonita Supermarket 6000 W. Cheyenne Las Vegas NV
If applicable, Name Under Which It Is Now Operated 89108

1. PERSONAL INFORMATION:

Last Name KOHN First Name JARED Middle Name SCOTT

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Gabriel Drive Las Vegas NV 89119
Present Residence Address-Street or RFD City State/Zip

821 N. AMB BLVD #4
Present Business Address City State/Zip

Pharmacist in Charge 12/5/19 to Present
Present Position with the Pharmacy or Wholesaler

Phone:
Residence
Business 702 834-7704

St. Louis, Missouri
Date of Birth Place of Birth (City, County, State)

32 years
Age Social Security Number Sex M

Brown Brown Fair/white 158 lbs Athletic 5'10
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on
inside of right elbow

Are you a citizen of the United States? Yes [X] No [] If alien, registration No.

If naturalized, certificate No. N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [] Separated [] Divorced [X] Widowed [] Engaged []

Applicant's initial JK

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Ana Priscila Salinas Flores</u>	<u>10/14/19</u>	<u>Divore</u>	<u>Marriage Date</u>	<u>7/18/16</u>
		<u>Nyc County NY</u>		<u>Clark County NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Ana Priscila Salinas Flores</u>	<u>3891 Sinclair St.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89121</u>	<u>(702) 98-9245</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JK

FAMILY INFORMATION-Continued

1198

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father Leonard Kohn	11/1	Chesterfield Clayton Rd MO 63017	Food Business Owner
------------------------	------	----------------------------------	---------------------

Mother Renee Lamberg	1/1	Chesterfield Clayton Rd MO 63017	Teacher
-------------------------	-----	----------------------------------	---------

Father-in-Law

N/A

Mother-in-Law

N/A

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Danielle Kohn	1/1	Newport Beach 1401st CA 92663	Real Est. Agent
---------------	-----	-------------------------------	-----------------

Spouse Peter Bronson

Jacob Kohn	1/1	Tel Aviv - Israel	Tech Company
------------	-----	-------------------	--------------

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School	Solomon Schechter Day School	Chesterfield MO	1994-1999	Yes ☒ No ☐
----------------	------------------------------	-----------------	-----------	---

High School	Parkway Central High	Chesterfield MO	2002-2006	Yes ☒ No ☐
-------------	----------------------	-----------------	-----------	---

College University	University of Missouri	St Louis MO	2008-2013	Yes ☒ No ☐
--------------------	------------------------	-------------	-----------	---

Other	Rasmussen University of Health Sciences	Henderson NV	2014-2017	Yes ☒ No ☐
-------	---	--------------	-----------	---

Type of degree obtained, if any Pharm. D.

College or university where obtained Rasmussen University of Health Science

Applicant's initial *J*

5 MILITARY INFORMATION:

1199

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial JK

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1987-2014 - 13650 Clayton Rd Chesterfield MO 63017

2014-2016 - 2096 Ramrod Ave #1028 Henderson NV 89014

2016-2019 - 1500 Cardinal Park Lane #202 Las Vegas NV 89144

2019-Present - ? Gabriel Drive Las Vegas NV 89119

Applicant's initial JK

8. EMPLOYMENT:

1201

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

8/17 to 11/17	CVS 7190 W Craig Rd Las Vegas NV	1500 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Pharmacist	Staff Pharmacist	Chris Scatthi
Title	Description of Duties	Name of Supervisor

11/17 - 11/19	Quix Pharmacy 8205 W Warm Springs Las Vegas NV	2800 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Pharmacist in charge All Pharmacist Matters	Hajra Baloch
Title	Name of Supervisor

1/19 to Present	All City Pharmacy 821 N. Lamb Blvd Las Vegas NV	2000 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Pharmacist in charge All Pharmacist Duties	Garen Corakhanian
Title	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
----------------	---	--------------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JK
Page 6

9. CHARACTER REFERENCES:

1202

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ernie Zita</u>	Home	<u>Las Vegas, NV</u>	<u>89117</u>			<u>5</u>
Employer <u>MGM</u>	Business	<u>Las Vegas NV</u>	<u>89117</u>			
Name <u>Robert Purdy</u>	Home	<u>Las Vegas NV</u>	<u>89101</u>			<u>5</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas NV</u>	<u>89001</u>			
Name <u>Ramon Buda</u>	Home	<u>Las Vegas NV</u>	<u>89031</u>			<u>5</u>
Employer <u>Anderson Window</u>	Business	<u>Las Vegas NV</u>	<u>89031</u>			
Name <u>Rob. N. Rickman</u>	Home	<u>St Louis MO</u>	<u>63146</u>			<u>10</u>
Employer <u>Jee St Louis</u>	Business	<u>St Louis MO</u>	<u>63146</u>			
Name <u>Karen Ferdinand</u>	Home	<u>Las Vegas NV</u>	<u>89135</u>			<u>5</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas NV</u>	<u>89135</u>			

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial ME

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 11/20/19

Applicant's initial jd

STATE OF Nevada

SS.

1204

COUNTY OF Clark

I, Jared Kohn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Jared Kohn
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of December 2019

Caroline Carothers
Expires 6/8/2020
Notary Public

(seal)



Applicant's initial JK

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Page 10

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NAME OF ENTITY

NV20161161525

Entity or Nevada Business
 Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E0124232016-8
Secretary of State	Filing Number
State Of Nevada	20190297473
	Filed On
	11/20/2019 12:07:30 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 6803.020 Insurance Co. provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 32 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 634-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

Address

City

State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

☒ Garen Garakhanyan

Manager

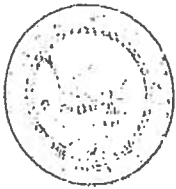
11/20/2019

Title

Date

Signature of Officer, Manager, Managing Member,
General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED



BARBARA K. CEGAVSKÉ
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Country

Name

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

State Zip/Postal Code

Address

City

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Country

Name

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV

89110

State Zip/Postal Code

Address

City

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.333, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Garen Garakhanyan**

Manager

11/20/2019

Title

Date

Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer *FORM WILL BE RETURNED IF*

UNSIGNED

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (36) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

You may verify this certificate

online at: <http://www.nvssos.gov>



Nevada State Board of Pharmacy

1211

965 CAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2091 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

March 12, 2019

All City Pharmacy
821 N Lamb Blvd #4
Las Vegas, NV 89110

Dear Sir or Madam:

The discipline hearing for case number 17-070-PH-S which was sent by certified mail on December 12, 2018 has been scheduled for the following:

Wednesday, April 10, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

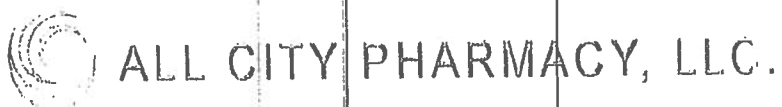
Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M. Nally

Candy M. Nally
Licensing Specialist



March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharmacy

Respectfully



Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of March, 2018.

Garen Grakhanyan
Type or print name

[Signature]
Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

) CASE NO. 17-070-RPH-S
) 17-070-PH-S

Petitioner.

v.

JAIIME CORDOBA-HERNANDEZ, RPH
Certificate of Registration No. 17533, and

1) STIPULATED FACTS
2) (Jaime Cordoba-Hernandez Only)

ALL CITY PHARMACY, LLC
Certificate of Registration No. PH03609,

Respondents

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law;

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Fast Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescript on that "Pl arm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancemycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Garlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

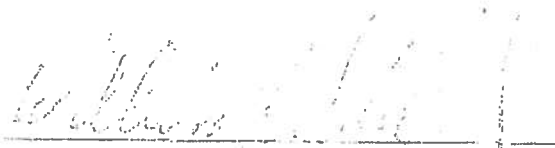
15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

AGREED:Signed this 22nd day of April 2019Signed this 22nd day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy



William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Silling, Esq.
215 S. State St. Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
	)	7-070-PH-S
Petitioner,	)	
v.	)	
	)	FINDINGS OF FACT,
JAIMIE CORDOBA-HERNANDEZ, RPH,	)	CONCLUSIONS OF LAW,
Certificate of Registration No. 17533, and	)	AND ORDER
	)	
ALL CITY PHARMACY, LLC	)	
Certificate of Registration No. PH03605,	)	
	)	
Respondents	)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

¹ All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

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12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars (\$5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day or at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 4 day of April 2019.



Jason Perrod, President
Nevada State Board of Pharmacy

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All City Pharmacy #4

Physical Address: 2851 N. Green Valley Pkwy

City: Henderson State: NV Zip Code: 89014 Telephone: _____

(702) 834-7704 Fax: (702) 834-7705 Toll Free Number: _____

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A
 Parent Company if any: N/A
 Corporation Name: N/A
 Mailing Address: N/A
 City: N/A State: N/A Zip: N/A
 Telephone: N/A Fax: N/A
 Contact Person: N/A

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A
 Registration number issued: N/A
 Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm
 Sunday 9 am 5 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: All City Pharmacy
 Mailing Address: 821 N Lamb Blvd #4
 City: Las Vegas State: NV Zip: 89110
 Telephone: (702) 834-7704 Fax: (702) 834-7705
 Contact Person: Garen Goralchanyan

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A Name Business Address
 b) N/A Name Business Address
 c) N/A Name Business Address
 d) N/A Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A / None %: N/A
 Name: N/A / None %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday — am — pm Saturday — am — pm
 Sunday — am — pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161525

Include with the application for a non publicly traded corporation continued

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General N/A Limited N/A

List names of 4 largest partners and percentage of ownership:

Name: N/A %: N/A
 Name: N/A %: N/A
 Name: N/A %: N/A
 Name: N/A %: N/A

Partnership Name: N/A
 Mailing Address: N/A
 City, State Zip Code: N/A
 Telephone Number: N/A Fax Number: N/A
 Contact Person: N/A

List any physician shareholders and percentage of ownership.

Name: none %: N/A
 Name: none %: N/A
 Name: none %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday N/A am N/A pm Saturday N/A am N/A pm
 Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Include with the application for a partnership continued

Designated representative form. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan
 Business Name: All City Pharmacy
 Current Business Address: 821 N Lamb Blvd #4
 City: Las Vegas State: NV Zip Code: 89110
 Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 5 pm
 Sunday 9 am 5 pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20161161525

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Garen Garakhanyan

Responsible Person of All City Pharmacy Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Garen Garakhanyan
Print Name of Authorized Person

12/3/19
Date

Managing Pharmacist

Pharmacist Name: Tared Scott Kohn License #: 19641
 Pharmacy Name: All City Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____
 And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature

12-3-19

Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

1239

Date 12-2-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
All City Pharmacy #4 2851 n. Green Valley Pkwy.
Name and Address of Business for Which Designated Representative Is Requested
Henderson NV 89014
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name KOHN First Name Jared Middle Name Scott
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Present Residence Address-Street or RFD Gabriel Drive Las Vegas NV 89119
City State/Zip
Present Business Address 821 N Lamb Blvd #4 Las Vegas NV 89110
City State/Zip
Present Position with the Pharmacy or Wholesaler Pharmacist in Charge (1/25/19) 1/25/19 - Present
Phone: Residence Business 702 834 7704
Date of Birth 32 years Place of Birth (City, County, State) St Louis Missouri
Age Social Security Number Sex M
Color of Eyes Brown Color of Hair Brown Hair white 158 Athletic 5'10"
Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics 1.5 inch scar on inside of right elbow

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial JK

A. **Current Marriage** N/A Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ana Priscilla Salinas Flores			Divorce	
	10/14/19		MARRIAGE	
		NYC County NY		7/18/16 LV/Clark NV.

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ana Priscilla Salinas Flores	Sindaro St.	Las Vegas	NV	89121	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JK

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

1241

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Leonard Kohn 11/1/51 Clayton Rd Chesterfield MO 63017 Food Bus. Owner

Mother

Renée Lanberg 11/1/52 Clayton Rd Chesterfield MO 63017 Teacher

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse

Danielle Kohn 3/11/85 130 40th St New Port + Beach Real Estate Agent

Spouse

Peter Branson
Jacob Kohn 10/13/91 Tel Aviv Israel Tech Company

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School Solomon Scheter Day School Chesterfield MO 1994-1999 Yes ☒ No ☐

High School Parkway Central High School Chesterfield MO 2002-2006 Yes ☒ No ☐

College University of Missouri St Louis MO 2008-2013 Yes ☒ No ☐

Other Roseman University of Health Sciences Henderson NV Yes ☒ No ☐

Type of degree obtained, if any Pharm D

College or university where obtained Roseman University of Health Sciences

Applicant's initial *JK*

5 MILITARY INFORMATION:

1242

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial JA

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1987-2017	13650 Clayton Rd	Chesterfield	MO 63017
2014-2016	2096 Ramrod Ave	#1028 Henderson	NV 89014
2016-2019	1500 Cardinal Park Lane	#204 Las Vegas	NV 89144
2019-Present	Gabriel Dr	Las Vegas	NV 89115

Applicant's initial

JD

8. EMPLOYMENT:

1244

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

8/17 - to 11/17	CVS 7150 W Craig Rd Las Vegas NV 89118	1300 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Staff Pharmacist	Chris Scotti
Title	Description of Duties	Name of Supervisor
11/17 - 1/19	Rice Pharmacy 8205 W Warm Springs Rd Las Vegas NV 89113	2800 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist in Charge	All Pharmacist Duties	Haja Baloch
Title	Description of Duties	Name of Supervisor
1/19 - Present	Allcity Pharmacy 821 N Lamb Blvd Las Vegas NV 89115	2000 HRS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist in Charge	All Pharmacist Duties	Carin Cerakumpun
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JS

9. CHARACTER REFERENCES:

1245

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ernie Zita</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		<u>2 5 yrs</u>
Employer <u>MGM</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		
Name <u>Robert Purdy</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		<u>5 yrs</u>
Employer <u>Purdy Law</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		
Name <u>Aaron Boca</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		<u>5 yrs</u>
Employer <u>Anderson Window</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89031</u>		
Name <u>Robin R. Coleman</u>	Home	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		<u>10</u>
Employer <u>JCC St Louis</u>	Business	<u>St Louis</u>	<u>MO</u>	<u>63146</u>		
Name <u>Karen Feidman</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		<u>3</u>
Employer <u>Real Estate</u>	Business	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial

J-

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☐ No ☒
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

ATTACH PHOTOGRAPH



Date of photograph 11/20/19

Applicant's initial JK

COUNTY OF Clark

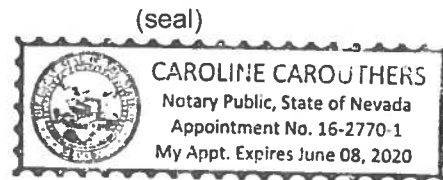
I, Jared S Kohn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Jared S Kohn
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of December 2019

Caroline Carothers
Expires 6/8/2020
Notary Public



Applicant's initial JK





NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.

NV20161161525

NAME OF ENTITY

Entity or Nevada Business
Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E0124232016-8
Secretary of State	Filing Number
State Of Nevada	20190297473
	Filed On
	11/20/2019 12:07:30 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 6803.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 32 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
GAREN GARAKHANYAN		USA	
Name		Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
GAREN GARAKHANYAN		USA	
Name		Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Garen Garakhanyan

Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

Manager

Title

11/20/2019

Date



BARBARA K. CEGAVSKI
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV 89110

Address

City

State Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN

USA

Name

Country

821 NORTH LAMB BLVD SUITE 4

LAS VEGAS

NV 89110

Address

City

State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.333, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X **Garen Garakhanyan**

Manager

11/20/2019

Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer FORM WILL BE RETURNED IF

Title

Date

UNSIGNED

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY** (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542

You may verify this certificate
online at: <http://www.nvsos.gov>



Nevada State Board of Pharmacy¹²⁵⁴

995 CAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-504-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacynv.gov • Website: bop.nv.gov

March 12, 2019

All City Pharmacy
821 N Lamb Blvd #4
Las Vegas, NV 89110

Dear Sir or Madam:

The discipline hearing for case number 17-070-PH-S which was sent by certified mail on December 12, 2018 has been scheduled for the following:

Wednesday, April 10, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist



ALL CITY PHARMACY, LLC.

March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The Board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharmacy

Respectfully



Garen Garakhanyan

Owner

All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110

PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

PH: (702) 834-7704 FAX: (702) 834-7705

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 4th day of March, 2018.

Garen Grakhanyan
Type or print name

[Signature]
Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

) CASE NO. 17-070-RPH-S

) 17-070-PH-S

Petitioner,

)

v.

)

)

JAIME CORDOBA-HERNANDEZ, RPH

) STIPULATED FACTS

Certificate of Registration No. 17533, and

) (Jaime Cordoba-Hernandez Only)

)

ALL CITY PHARMACY, LLC

)

Certificate of Registration No. PH03609,

)

)

Respondents,

)

/

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law.

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action:

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

AGREED:Signed this day of April 2019Signed this 1st day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

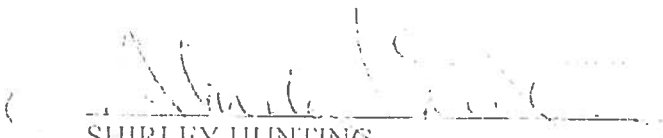
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Rero HWY, #19
Fallon, NV 89406

William Silling, Esq.
215 S. State St. Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
	)	17-070-PH-S
Petitioner,	)	
v.	)	
	)	FINDINGS OF FACT,
JAIME CORDOBA-HERNANDEZ, RPH,	)	CONCLUSIONS OF LAW,
Certificate of Registration No. 17533, and	)	AND ORDER
	)	
ALL CITY PHARMACY, LLC	)	
Certificate of Registration No. PH03609,	)	
	)	
Respondents	)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).¹ The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

¹ All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

Cordoba-Hernandez, All City Pharmacy, Order

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

- a. The strength of Heparin that would be utilized to flush a central line;
- b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);
- c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;
- d. The side effects related to Vancomycin;
- e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and
- f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars (\$2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars (\$5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

- a. Pay a fine of five thousand dollars (\$5,000.00).
- b. Pay an administrative fee of one thousand two hundred and fifty dollars (\$1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.
- c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars (\$500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 1 day of April 2019.



Jason Penrod, President
Nevada State Board of Pharmacy

Date 12/3/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
All City Pharmacy #4 Nature of License
2851 N. Green Valley
Pkwy. Henderson,
NV 89014
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan Last Name Garen First Name Middle Name

None Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1100 Bow Canyon Ct Las Vegas NV 89147
 Present Residence Address-Street or RFD City State/Zip

821 N Lamb Blvd Las Vegas NV 89110
 Present Business Address City State/Zip

Owner Dates 11/3/2017 - current
 Occupation

Phone:
 Residence
 Business (702) 834-7704

4/1 Date of Birth Yerevan Armenia Place of Birth (City, County, State)

41 Age Social Security Number Male Sex

Brown Color of Eyes Black Color of Hair olive Complexion 120 Weight small Build 5'8" Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date September 17, 2007

Place Las Vegas NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial GB

A. **Current Marriage** N/A
 Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A
 Date of Birth N/A Place of Birth N/A
 Resident address N/A
 Street City State Zip
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2014	6-4-2000	marriage divorce	Las Vegas Clark County NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	1 Garden Mist	Las Vegas	NV	89135	5

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Alex Garakhanyan		Las Vegas	3 Bow Canyon Ct Las Vegas NV 89114
David Garakhanyan		Las Vegas	5 Bow Canyon Las Vegas NV 89147

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

6C

Name NIA

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father			
HRAIR Garakhanyan	6-5-1008	GRAND CANYON Las Vegas NV 89147	retired
Mother			
Tsuvik (Shamirian) Garakhanyan	6-10-1008	GRAND CANYON Las Vegas NV 89147	retired
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse			
NIA			

Spouse			
NIA			

Spouse			

Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia 1984-1994	Yes ☒ No ☐
High School	Abovian #5	Abovian Armenia 1984-1994	Yes ☒ No ☐
College			Yes ☐ No ☐
University			Yes ☐ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any NIACollege or university where obtained NIAApplicant's initial GE

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NIA Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒County NIA State NIA Date registered NIA

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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NIA

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

NIAApplicant's initial GE

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

3-2014-Current	1 Bow Canyon Ct	Las Vegas	NV 89147
1/2010 - 2/2014	8984 English Falls Way	Las Vegas	NV 89139
6/2005 - 12/2009	6682 Zephyr Wind	Las Vegas	NV 89139
5/2002 - 5/2005	6022 Golden Harmony	Las Vegas	NV 89031
3/1999 - 4/2002	2500 Karen Ave #2	Las Vegas	NV 89121
4/1997 - 2/1999	620 W Milford	Glendale	CA 91203
1/1990 - 3/1997	2 Micoro #9	Abovian	Armenia

Applicant's initial

GB

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 1/2017 - current	Name/Mailing Address of Employer/Business All City Pharmacy 821 N Lamb Blvd #4 Las Vegas NV 89110	Reason for Leaving N/A
Title owner	Description of Duties Oversee Operations	Name of Supervisor self
Month and Year 7/2015 - current	Name/Mailing Address of Employer/Business Vegas Car Center 4350 Arville #14 Las Vegas NV 89103	Reason for Leaving N/A
Title owner	Description of Duties Oversee - Operations	Name of Supervisor self
Month and Year 3/2015 - 1/2017	Name/Mailing Address of Employer/Business Elevate Capital 8337 W Sunset Rd LV NV	Reason for Leaving sold
Title owner	Description of Duties oversee Operations	Name of Supervisor self
Month and Year 3/2012 - 3/2016	Name/Mailing Address of Employer/Business GG Wholesale 6069 Ft Apache Las Vegas NV	Reason for Leaving sold
Title owner	Description of Duties Oversee Operations	Name of Supervisor self
Month and Year 1/2012 - 3/2012	Name/Mailing Address of Employer/Business unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 1/2010 - 1/2012	Name/Mailing Address of Employer/Business Step Vegas 3970 Mojave Las Vegas NV 89119	Reason for Leaving Bus. Closed
Title Consult	Description of Duties REAL Est. Consult.	Name of Supervisor Steve Arabelian
Month and Year 9/2008 - 1/2010	Name/Mailing Address of Employer/Business NMBL Capital 640 Bridger Ave Las Vegas	Reason for Leaving other job
Title Asset mgr	Description of Duties Administration	Name of Supervisor Jonathan Mynes
Month and Year 4/2003 - 8/2008	Name/Mailing Address of Employer/Business MLS Mortgage 4850 W Flaming Ln NV	Reason for Leaving closed
Title Loan officer	Description of Duties originate loans	Name of Supervisor EDDIE KAWA

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial GG
Page 6

Employment Continue:

2/2000 - 4/2003 In + Out Tire + Auto other Job
 5416 S Decatur
 Pos: Tech Las Vegas NV 89113

Duties: General Mechanic Super: Varied

2/1999 - 2/2000 - Caesars Palace other Job
 3570 S Las Vegas Blvd
 Pos: Valet Las Vegas NV 89109
 Super: Corporate

Duties: Park Cars

6/1997 - 2/1999 ASK Gold Company Moved
 620 Olive
 Pos: Sales Los Angeles, CA 90302
 Super: Mgr Varied

Duties: Sales

1st Job is ASK GOLD

Applicant's initial

GG

3. CHARACTER REFERENCES:

1276

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Natasha Bell</u> Home		<u>Agnew Valley</u>	<u>NV</u>	<u>89178</u>		<u>15 yrs</u>
Employer <u>Touame School</u> Business	<u>874 American</u>	<u>Pacific</u>	<u>Henderson</u>	<u>NV</u>	<u>89014</u>	<u>4</u>
Name <u>Caroline Carathers</u> Home		<u>First Lady Ave</u>	<u>LV</u>	<u>NV</u>	<u>89148</u>	<u>30 yrs</u>
Employer <u>Home Funding</u> Business	<u>1820 E Warm Spring</u>	<u>#130</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89119</u>	<u>2</u>
Name <u>Savor Karapetian</u> Home		<u>Wicked Edge</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>	<u>14 yrs</u>
Employer <u>Arizona Trucking + Catering</u> Business	<u>24 Wicked Edge</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>		<u>3</u>
Name <u>Leo Flanagan</u> Home		<u>Montesaurri St</u>	<u>Las Vegas</u>	<u>NV</u>		<u>12 yrs</u>
Employer <u>Flanagan Law</u> Business	<u>600 S 3rd St</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89104</u>		
Name <u>Kiso Kardi</u> Home		<u>N Jackson St</u>	<u>Glendale</u>	<u>CA</u>	<u>91206</u>	<u>30 yrs</u>
Employer <u>Union Bank</u> Business	<u>330 N Brand</u>	<u>#160</u>	<u>Glendale</u>	<u>CA</u>	<u>91203</u>	<u>3</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial 66

any reason whatsoever? Yes ☐ No ☒

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14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A



Date of photograph

11/20/19

Applicant's initial

GE

COUNTY OF Clark

I, Garer Garakhamyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of December 2019



EXPIRES June 8, 2020

Notary Public

(seal)

Applicant's initial GG

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ATLANTIC PHARMACY

Physical Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State: Zip Code: 89032 Telephone:

702-241-9653 Fax: 702-346-1718 Toll Free Number:

E-mail: atlanticpharmacylv@gmail.com

Website: www.atlanticrx.com

Managing Pharmacist: EMMANUEL KODJOE License Number: 18367

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: N/A

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

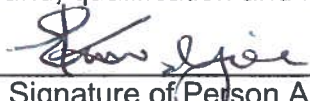
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

EMMANUEL KODJOE
Print Name of Authorized Person

10/03/2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NEVADAParent Company if any: PINNACLE ABSOLUTE CARE, LLCMailing Address: 840 CHAPARRAL DRCity: MESQUITE State: NV Zip: 89027Telephone: 702-241-9653 Fax: 702-346-1718Contact Person: EMMANUEL KODJOE

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Business Addressb) N/A
Name Business Addressc) N/A
Name Business Addressd) N/A
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: N/AName: N/A %: N/A**Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____ pmSunday CLOSED am _____ pm 24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171449639

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: EMMANUEL KODJOE

Business Name: ATLANTIC PHARMACY

Current Business Address: 2815 W. LAKE MEAD BLVD, SUITE 109

City: NORTH LAS VEGAS State: NV Zip Code: 89032

Telephone: 702-241-9653

Fax: 702-346-1718

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm

Saturday CLOSED am _____ pm

Sunday CLOSED am _____ pm

24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171449639

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

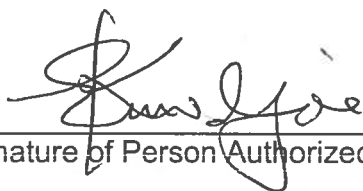
I, EMMANUEL KODJOE

Responsible Person of ATLANTIC PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Emmanuel Kodjoe
Print Name of Authorized Person

10/03/2019
Date

Managing Pharmacist

Pharmacist Name: EMMANUEL KODJOELicense #: 18367Pharmacy Name: ATLANTIC PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

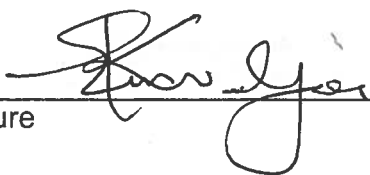
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u>	Case #: <u>N/A</u>
County	<u>N/A</u>	Court:	<u>N/A</u>

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



10/03/2019

Date

Date 10/02/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Pharmacy License

Nature of License

PINNACLE ABSOLUTE CARE LLC, 840 CHAPARRAL DR, MESQUITE, NV 89027

Name and Address of Establishment for Which License Is Requested

Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, NV 89032

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kodjoe

Emmanuel

Last Name

First Name

Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Chaparral Dr

Mesquite

NV/ 89027

Present Residence Address-Street or RFD

City

State/Zip

2815 W. Lake Mead Blvd, Suite 109

Dates N/A (yet to start)

North Las Vegas

NV/ 89032

Present Business Address

City

State/Zip

Pharmacist

Dates N/A (yet to start)

NV/89032

Occupation

Phone:

Residence

N/A

Business

N/A

Accra, Ghana

Date of Birth

Place of Birth (City, County, State)

46

M

Age

Social Security Number

Sex

Brown

Black

Black

177 lbs

N/A

5'07"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Permanent Resident

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. USCIS #

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EK

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

List of names, current address and telephone numbers of previous spouses:

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ER

FAMILY INFORMATION-Continued

1289

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Francis Kodjoe		Deceased	N/A
Mother			
Sabina Offah		Deceased	N/A
Father-in-Law			
Moses Ampong		P.O.Box 1, Accra, Ghana	Businessman (Ret.)
Mother-in-Law			
Mercy Cobbinah		P.O.Box , Dadieso, Ghana	Teacher (Ret.)

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michael Kodjoe		Donald Rd, Croydon, UK	Chartered Accountant
Spouse			
Selasie Kodjoe		Donald Rd, Croydon, UK	Teacher
Clara Kodjoe		Deceased	N/A
Spouse			
N/A			
Harriet Kodjoe		P.O.Box Saltpond, Ghana	Social Worker
Spouse			
N/A			
Benjamin Kodjoe		P.O.Box 1 Saltpond, Ghana	Businessman
Spouse			
N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Preparatory School	Takoradi, Ghana	1980 - 1986	Yes ☒ No ☐
High School	St. Augustine's College	Cape-Coast, Ghana	1986 - 1993	Yes ☒ No ☐
College University	University of Ghana, Legon	Accra, Ghana	1994 - 1998	Yes ☒ No ☐
Other	Eastern New Mexico University	Portales, NM	2004 - 2006	Yes ☒ No ☐

Type of degree obtained, if any PharmDCollege or university where obtained Roseman Univeristy of Health Sciences, Henderson, NV 2009 - 2012Applicant's initial EK

5 MILITARY INFORMATION:

1290

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.) N/A

B. Have you registered for the draft?

Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A	N/A	N/A	N/A	N/A	N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A	N/A	N/A	N/A	N/A

Applicant's initial EK

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
09/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr, Apt 1405	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	4 South Norwood	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial

EK

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas,NV	Laid off due to restructuring
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing medications,patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite,NV	Stepped down as Manager
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operations of pharmacy/dispensing	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville,NC	Relocation to Nevada
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville,NC	Changed jobs for better conditions
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2014	Elbowoods Memorial Health Center, 1058 College Dr, Newtown,ND	Relocation to N. Carolina
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing medications,patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013-05/2014	Unemployed	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2012	Sanford Health, 300N. 7th St,Bismarck,ND	Left for better paying job
Title	Description of Duties	Name of Supervisor
In-patient Staff Pharmacist	Verifying and dispensing medications,patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2009-11/2012	Went back to school (Roseman University)	N/A
Title	Description of Duties	Name of Supervisor
Student	N/A	N/A

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial EK

9. CHARACTER REFERENCES:

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List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alexander Odame	Home	Rock Island Rd. Apt 201, VA 22150				31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				
Employer Self employed	Business	Mesquite Women's Clinic				
Name Dr. prince Ofori-Mensah	Home	1 Ave E, Langhorne PA, 19047				
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				
Employer Self Employed	Business	Health Matters Pharmacy				
Name Judy Boateng	Home	N/A				
Employer N/A	Business	N/A				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A	N/A	N/A	N/A

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial EK

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

N/A

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

N/A

If yes to the above, state where, when and for what reason:

N/A

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

N/A

N/A

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

N/A

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

N/A

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

N/A

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

SS.

COUNTY OF Clark

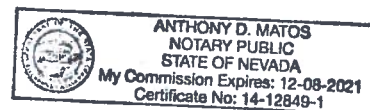
I, Emmanuel Kodjoe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant ☒ Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, ☐ and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

October, 2019
Notary Public

(seal)

Applicant's initial EK

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Applicant's initial PK

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

1297

Date 10/03/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada Pharmacy License

Nature of Pharmacy or Wholesaler
Pinnacle Absolute Care LLC, 840 Chaparral Dr, Mesquite, NV, 89027

Name and Address of Business for Which Designated Representative Is Requested

Doing Business As: Atlantic Pharmacy, 2815 W. Lake Mead Blvd, Suite 109, North Las Vegas, 89032
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Kodjoe</u>	<u>Emmanuel</u>	
Last Name	First Name	Middle Name
<u>N/A</u>		

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

<u>Chaparral Dr</u>	<u>Mesquite</u>	<u>NV/ 89027</u>
Present Residence Address-Street or RFD	City	State/Zip

<u>2815 W. Lake Mead Blvd, Suite 109</u>	Dates <u>N/A (yet to start)</u>	<u>North Las Vegas</u>	<u>NV/ 89032</u>
Present Business Address	City	State/Zip	

<u>Managing Pharmacist</u>	Dates <u>N/A (yet to start)</u>	<u>North Las Vegas</u>	<u>NV/ 89032</u>
Present Position with the Pharmacy or Wholesaler			

	Phone:
	Residence <u>N/A</u>
	Business <u>702-241-9653</u>

	<u>Accra, Ghana</u>
Date of Birth	Place of Birth (City, County, State)

<u>46</u>	<u>M</u>
Age	Sex

<u>Brown</u>	<u>Black</u>	<u>Black/Dark</u>	<u>177 lbs</u>	<u>N/A</u>	<u>5'07"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No Permanent Resident USCIS #

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EK

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

List of names, current address and telephone numbers of previous spouses:

3. FAMILY INFORMATION:

List all children, including step-children and adopted children and give the following information:

B. Child Support Information:

Please mark the appropriate response:

- Applicant's initial EK

FAMILY INFORMATION-Continued

1299

District attorney or public agency responsible for enforcing the child support order:

Name..... N/A

Address..... N/A

Contact person..... N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Francis Kodjoe		Deceased	N/A
Mother	Sabina Offah		Deceased	N/A
Father-in-Law	Moses Ampong		P.O.Box KB Korle-Bu, Ghana	Businessman
Mother-in-Law	Mercy Cobbinah		P.O.Box , Dadieso, Ghana	Teacher (Retired)

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Michael Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Chartered Accountant
Spouse	Selasi Kodjoe		Donald Rd, Croydon, UK CRO 3EQ	Stay at home mom
	Clara Kodjoe		Deceased	N/A
Spouse	N/A	N/A	N/A	N/A
	Harriet Kodjoe		P.O.Box Saltpond, Ghana	Social Worker
Spouse	N/A	N/A	N/A	N/A
	Benjamin Kodjoe		P.O.Box 1 Saltpond, Ghana	Businessman
Spouse	N/A	N/A	N/A	N/A

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Ideal Prep. School	Takoradi, Ghana	1980-1986	Yes ☒ No ☐
High School	St. Augustine's College	Cape-Coast, Ghana	1986-1993	Yes ☒ No ☐
College	University of Ghana	Accra, Ghana	1994-1998	Yes ☒ No ☐
University	Eastern New Mexico University	Portales, NM	2004-2006	Yes ☒ No ☐
Other	Roseman University of Health Sciences	Henderson, NV	2009-2012	Yes ☒ No ☐

Type of degree obtained, if any..... BS (University of Ghana), MBA (International University), MS (Eastern New Mexico Univ)

College or university where obtained..... PharmD (Roseman University of Health Sciences)

Applicant's initial..... EK

5 MILITARY INFORMATION:

1300

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.) N/A

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A	N/A	N/A	N/A	N/A	N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒

If yes, when? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒

If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A	N/A	N/A	N/A	N/A

Applicant's initial EK

Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
03/2015 - Present	Chaparral Dr	Mesquite	NV
08/2014 - 03/2015	4010 Watford Way	Fayetteville	NC
08/2012 - 08/2014	2811 Powder Ridge Dr	Bismarck	ND
08/2009 - 08/2012	840 Chaparral Dr	Mesquite	NV
01/2007 - 08/2009	22900 Nicholas Ave	Euclid	OH
12/2006 - 01/2007	24350 Garden Dr	Euclid	OH
01/2004 - 12/2006	ENMU 2846 1500 S. Ave K	Portales	NM
01/2002 - 01/2004	#4 South Norwood Hill	Croydon	UK
06/1980 - 01/2002	KB 455 Korle-Bu	Accra	Ghana

Applicant's initial EK

8. EMPLOYMENT:

1302

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

01/2018	Mesquite Pharmacy, 114 N. Sandhill Blvd, Suite B & C	3,360 Hours
<u>Owner/Managing Pharmacist</u> <u>Managing daily operations of the pharmacy plus dispensing duties.</u>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2017	Walmart Pharmacy, 6570 E. Lakemead Blvd, Las Vegas, NV	800 Hours
Title	Description of Duties	Name of Supervisor
Floater Pharmacist	Verifying and dispensing prescriptions, patient counseling	Johnny Lopez
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2015	Walmart Pharmacy, 1120 W. Pioneer Blvd, Mesquite, NV	3,360 Hours
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Managing daily operation of the pharmacy and dispensing duties as well	Sean Rammell
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
12/2014	Walmart Pharmacy, 7701 S. Raeford Rd, Fayetteville, NC	640 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Kim Monroe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2014	CVS Pharmacy, 4923 Raeford Rd, Fayetteville, NC	320 Hours
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gloria Johnson
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2014	Elbowoods Memorial Health Center, 1058 College Dr, Newtown, ND	480 Hours
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	Verifying and dispensing prescriptions, patient counseling	Adel Moe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2012	Sanford Health Pharmacy, 300 N. 7th St, Bismarck, ND	2,080 Hours
Title	Description of Duties	Name of Supervisor
In-Patient Pharmacist	Verifying and dispensing prescriptions, patient counseling	Gregory Fritz
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial EK

9. CHARACTER REFERENCES:

1303

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Alexander Odame	Home	4 Rock Island Rd, Apt 201, Springfield, VA 22150,				31
Employer N/A	Business	N/A				
Name Dr. Edward Ofori	Home	N/A				8
Employer Mesquite Women's Clinic	Business	Bertha Howe Ave, Mesquite, NV 89027				
Name Dr. Prince Ofosu-Mensah	Home	Ave E, Langhorne, PA 19047				20
Employer N/A	Business	N/A				
Name Derek Boateng	Home	N/A				20
Employer Walgreens Pharmacy	Business	N/A				
Name Judy Boateng	Home	N/A				20
Employer N/A	Business	N/A				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real-estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

N/A

If yes to the above, state where, when and for what reason:

N/A

N/A

Applicant's initial EK

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

N/A

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph 10/04/2019

Applicant's initial EK

SS.

COUNTY OF Clark

I, Emmanuel Kodjoe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

October

2019


Notary Public



(seal)

Applicant's initial EK

N/A

Applicant's initial EK

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PINNACLE ABSOLUTE CARE L.L.C.**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/17/2017, and is in good standing in this state.

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY (86)** has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2019.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191004271977

You may verify this certificate
online at <http://www.nvsos.gov>

12E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: COMBINED WELLNESS PHARMACY

Physical Address: 2605 EAST FLAMINGO ROAD

City: LAS VEGAS State: Zip Code: 89121 Telephone:

702-847-6565 Fax: 702-847-6569 Toll Free Number:

E-mail: Combinedwellnesspharmacy@gmail.com

Website: N/A

Managing Pharmacist: Shih Huei Bia License Number: 19847

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☒ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
REPRIMAND LETTER
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

MARTIN CHIBUEZE
Print Name of Authorized Person

5/6/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: mediconcepts llc
 Mailing Address: P.O. Box 36368
 City: Las Vegas State: NV Zip: 89133
 Telephone: 702 969 3499 Fax: N/A
 Contact Person: MARTIN CHIBUEZE

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
 Name Business Address
 b) N/A
 Name Business Address
 c) N/A
 Name Business Address
 d) N/A
 Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 4 pm pm Saturday N/A am N/A pm
 Sunday N/A am N/A pm 24 Hours N/A

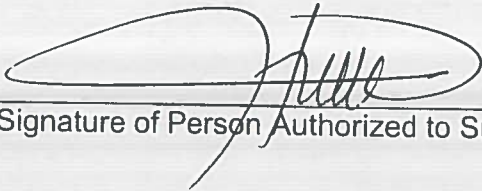
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20151057393

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, MARTIN CHIBUEZE
Responsible Person of COMBINED WELLNESS PHARMACY
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

MARTIN CHIBUEZE
Print Name of Authorized Person

5/7/19
Date

Managing Pharmacist

Pharmacist Name: Shih Huei Bie License #: 19847

Pharmacy Name: COMBINED WELLNESS PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

5/7/19

Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1315

Date 5/6/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PHARMACY
COMBINED Wellness pharmacy 2605 E. Flamingo RD LV NV 89121
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name CHIAUEZE First Name MARTIN Middle Name OBINNA
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
 Present Residence Address-Street or RFD E. RUSSELL RD City Las Vegas State/Zip NV 89121
 Present Business Address 2605 E. Flamingo RD City Las Vegas State/Zip NV 89121
 Occupation PHARMACIST Phone: 702 847-6565
 Date of Birth 8 Place of Birth (City, County, State) NIGERIA
 Age 41 Social Security Number _____ Sex _____

Color of Eyes Brown Color of Hair Black Complexion Dark Weight 160 lb Build Average Height 5ft 8in

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial jc Page 1

A. **Current Marriage** June 15th 2017 Las Vegas NV
 Date City, County and State
 Spouse's full name (Maiden) FEOMA IROESBWAH S.S. No. 7
 Date of Birth _____ Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation HOME MARKER
 Address of employer N/A
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>NJIDEKA CHIBUEZE</u>	<u>10/16</u>	<u>6/2002 Reno</u>	<u>DIVORCED</u>	<u>Las Vegas</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>DOM CHIBUEZE</u>		<u>RENO</u>	<u>Las Vegas</u>
<u>MARTIN CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>
<u>CHILUA CHIBUEZE</u>		<u>Las Vegas</u>	<u>Las Vegas</u>

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☒ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JD

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name Nevada Child Support CenterAddress 1960 E. Flamingo Rd Las Vegas NV 89119Contact person NA**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Dominic Chiquere		Desert Seco El Paso TX 79912	Physician Retired
Mother	Caroline Chiquere			RN - Retired
Father-in-Law	NA			
Mother-in-Law	NA			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Uche Chiquere		1 Shady Springs Dr Pearland TX 77581	Forensic Psychologist
Spouse	Chizum Chiquere		1 Brenwood Cir TX 75052	RN
Spouse	Ogechi Chiquere		London	Law Student
Spouse	NA			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	NA			Yes ☐ No ☐
High School	Federal Govt College	Nigeria	1990-1994	Yes ☒ No ☐
College University	University of El Paso	Texas	2000-2002	Yes ☐ No ☒
Other	Roseman College of Pharmacy	Nevada	2002-2005	Yes ☒ No ☐

Type of degree obtained, if any Pharm DCollege or university where obtained Roseman College of PharmacyApplicant's initial fb

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐County El Paso State Texas Date registered 1999**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Disposition/Date	Arresting Agency
12/23/10	32	DUI	Sparks, NV	Dropped 3/2011	Sparks police
Jan 2016 Detained, charged with DV-Strangulation - currently on probation for 36 month since 8/2017					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial.....

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

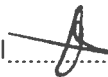
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
E. Russell	Las Vegas	NV	12/16-Present
909 Washington Ave	Las Vegas	NV	12/13 - 8/16
7900 Verde Springs Dr	Las Vegas	NV	8/13 - 12/13
6717 Rolling Meadows Blvd	Sparks	NV	11/10 - 8/13
672 N. Taylor St	Fallon	NV	2/09 - 11/10
5884 Lorenzo Dr	Grand Prairie	Tx	11/06 - 12/08
1005 Desierto Seco	El Paso	Tx	8/2000 - 8/2002

Applicant's initial



8. EMPLOYMENT:

1320

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

2/2009-5/13	CVS pharmacy 461 W. William Ave Fallon NV 89404	8,320 ^{Based on 40 hrs/week}
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	ED Smith
Title	Description of Duties	Name of Supervisor
5/13-7/14	CVS pharmacy 8320 W. Cheyenne Ln NV 89125	2080 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	Matt Ray
Title	Description of Duties	Name of Supervisor
8/15-8/16	Sam Club pharmacy 8080 W. Tropical Las Vegas NV 89149	1700 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist duties	Tina Beatty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

1321

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay & Las Vegas</u>				
Employer <u>lifecore phony</u>	Business	<u>3050 E. Desert Inn</u>	<u>LV</u>	<u>702697</u>	<u>2101</u>	<u>5yrs</u>
Name <u>John Andria</u>	Home	<u>1 Tejon Pines Dr. HN 89074</u>				
Employer <u>Green valley phony</u>	Business	<u>2245 N. Green valley</u>	<u>HN NV</u>	<u>89014</u>		<u>10yrs</u>
Name <u>Pamela o Bah</u>	Home	<u>Britton Rose Dr. LV NV 89178</u>				
Employer <u>Pipeline Lx</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender Lane, La Canada CA 91011</u>				
Employer <u>Roseman Univ</u>	Business	<u># 11 Sunset way</u>	<u>HN</u>	<u>89014</u>		
Name <u>Nnamdi Okeke</u>	Home	<u>3 Terraca Verde Ave Las Vegas 702 261 5499</u>				
Employer <u>UNC</u>	Business	<u>Surgical dept 1800 W. Charleston Blvd LV 89102</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

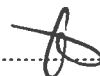
11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph

3/15/19

Applicant's initial

[Handwritten signature]

SS.

COUNTY OF Clark

I, MARTIN CHIBUEZE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

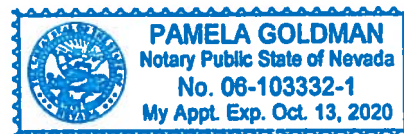


Original Signature of Applicant

Subscribed and Sworn to before me this 11th day ofmarch 2019

Notary Public

(seal)



Applicant's initial



Lined area for additional information.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 8-7-19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler
COMBINED WELLNESS Pharmacy 2605 E. Flamingo Rd LV NV 89121
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>CHIBUEZE</u>	First Name <u>MARTIN</u>	Middle Name <u>OBINNA</u>
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>E. Russell Rd</u>	<u>Las Vegas</u>	<u>NV 89120</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>2605 E. Flamingo Rd</u>	<u>Las Vegas</u>	<u>NV 89121</u>
Present Business Address	City	State/Zip
<u>pharmacist</u>	Dates	
Present Position with the Pharmacy or Wholesaler		
		Phone: <u>202 847 6565</u>
		Residence
	<u>ONITSHA, NIGERIA</u>	Business
Date of Birth	Place of Birth (City, County, State)	
<u>41</u>		
Age	Social Security Number	Sex
<u>Brown</u>	<u>Black</u>	<u>MALE</u>
Color of Eyes	Color of Hair	Complexion
	<u>Dark</u>	<u>160 lb</u>
		Weight
	<u>Average</u>	<u>5ft 8in</u>
	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial [Signature]

A. Current Marriage June 15th 2017 CLARK
 Spouse's full name (Maiden) IFEOMA IKOESHILAM Date CLARK City, County and State
 Date of Birth S.S. No.
 Place of Birth NIGERIA
 Resident address E. RUSSELL RD Las Vegas NV 89120
Street City State Zip
 Telephone: Residence Business NA
 Spouse's employer NA Occupation HOME MAKER
 Address of employer NA
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Njideka Chibueze	10/21/16	Reno	Divorced	Las Vegas NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Dom Chibueze	1	Reno	Las Vegas
MARTIN CHIBUEZE		Las Vegas	Las Vegas
CHIZUKA CHIBUEZE		Las Vegas	Las Vegas

B. Child Support Information:

Please mark the appropriate response:

☐ I am not subject to a court order for the support of child.

☒ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name Nevada child support center
 Address 1900 E. Flamingo RD LAS VEGAS NV 89119
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	DOMINIC CHIBUEZE		DESIGN, EL PASO TX 79912	PHYSICIAN RETIRED
Mother	CAROLINE CHIBUEZE			NURSE RETIRED
Father-in-Law	N/A			
Mother-in-Law	NA		Deceased	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	UCHE CHIBUEZE		7 Shady Springs Dr PEARLAND TX 77684	Forensic Psychologist
Spouse	N/A			
	CHIZUNA CHIBUEZE		10200 9th St TX 75052	RN
Spouse	N/A			
	OGECHI CHIBUEZE		LONDON	LAW Student
Spouse	N/A			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes ☐ No ☐
High School	FED. GOVT COLLEGE	NGERIA	1990-1994	Yes ☒ No ☐
College University	University of EL PASO, TX		2000-2002	Yes ☐ No ☒
Other	Roseman college of PHARMACY		2002-2005	Yes ☒ No ☐

Type of degree obtained, if any PHARM DCollege or university where obtained ROSEMAN COLLEGE OF PHARMACY PHARM D

Applicant's initial



5 MILITARY INFORMATION:

1328

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐County 24A-50 State TEXAS Date registered 1999

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
12/23/10	32	DUI	SPARKS, NV	DROPPED 3/2011	SPARKS POLICE
Jan 2016 Detained, charged with Domestic Violence - Strangulation ^{ex wife case} currently under going probation for 36 months since 2/2017					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
n/a				

Applicant's initial 

Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

	E RUSSELL RD	Las Vegas	NV 89120 12/16-06/22
	909 Washington Oaks St	Las Vegas	NV 89128 12/13-8/18
	7900 Verde Springs Dr	Las Vegas	NV 89128 8/13-12/13
	6717 Rolling meadows Dr Apt 123	Sparks	NV 89424 1/10-5/13
	672 W. Taylor St	Fallon	NV 89406 2/09-10/10
	5884 Lorenzo Dr Grand prairie TX		75052 1/2006-12/08
	1005 Desierto Seco drive	El Paso TX	79912 8/2000-8/2002

Applicant's initial



8. EMPLOYMENT:

1330

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

2/2009/5/2013	CVS pharmacy 461 W. W. H. Ave Fallon NV 89406	8,320 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager duties	ED Smith
Title	Description of Duties	Name of Supervisor
6/2013-7/14	CVS pharmacy 8320 W. Cheyenne Ave LV NV 89129	2,000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager duties	MARK RAY
Title	Description of Duties	Name of Supervisor
8/2014-5/2016	Stamps Club 8080 W. Tropical LV NV 89149	1,700
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
manager	pharmacist/manager	TINA BEATTY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Cletus Amadi</u>	Home	<u>Jacaranda Bay Lv Nr</u>				<u>5 yrs</u>
Employer <u>Life Care Pharmacy</u>	Business	<u>3050 E. Desert Inn Cv Nr 702 697 2105</u>				
Name <u>John Amozia</u>	Home	<u>2 Teton Pines Dr Henderson</u>				<u>12 yrs</u>
Employer <u>Green Valley Pharmacy</u>	Business	<u>2245 N. Green Valley Henderson 89114</u>				
Name <u>Pamela O'Ball</u>	Home	<u>1 Britton Rose Dr Lv Nr 89171</u>				<u>12 yrs</u>
Employer <u>Pipeline Rx</u>	Business	<u>Las Vegas Nr</u>				
Name <u>Charles Lacy</u>	Home	<u>Lavender Lane LA Canada CA 9104</u>				<u>12 yrs</u>
Employer <u>Rosemann Univ.</u>	Business	<u>11 Sunset way Henderson 89104</u>				<u>P</u>
Name <u>Akin Kolade</u>	Home	<u>Yonice Ct Las Vegas</u>				<u>6 yrs</u>
Employer <u>Cal psychiatric</u>	Business	<u>3201 Maryland pkway #318 Lv Nr 89009</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial LB

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

ATT

T/



Date of photograph 3/5/19

Applicant's initial

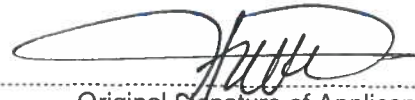
STATE OF Texas

SS.

COUNTY OF El Paso

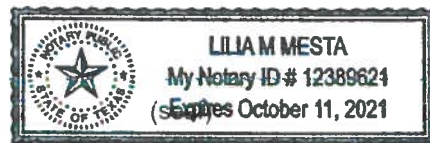
I, MARTIN CHIRQUEZE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of May, 2019

Lilia M Mesta
Lilia M Mesta
Notary Public



Applicant's initial _____

NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: Application on file

** (Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Combined Wellness pharmacy Store #: _____
 Address: 2605 E. Flamingo Rd
 City: Las Vegas State: * NV Zip: NV 89121
 Telephone: 702 969 3499 Fax: _____
 New Managing Pharmacist Name: MARTIN CHIBUEZE
 License #: 17555 Date Started: 9/30/19
 Pharmacy email: Combinedwellness@gmail.com

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....		☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		☒	☐
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State	Date:	Case #: <u>16-015-RPH-S-5</u>
	<u>NV</u>	<u>6/7/17</u>	<u>Reprimand letter</u>
Criminal Action:	State	Date:	Case #: County Court
	<u>NV</u>	<u>11-15-15</u>	<u>15F17802x Clark Justice</u>

Case pending to be dropped

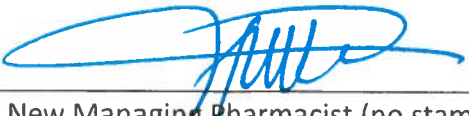
PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2)).
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2))
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


 Signature of New Managing Pharmacist (no stamps or copies)

9/30/19

Date

Board Use Only

Date Received: _____

Amount: _____

50.00

Page 2 of 2



Nevada State Board of Pharmacy

431 W PLUMB LANE • RENO NEVADA 89509
 (775) 850 1440 • 1-800 364 2081 • FAX (775) 850-1444
 E mail pharmacy@pharmacy.nv.gov • Website bop.nv.gov

June 7, 2017

Mr. Martin O. Chibueze, R.Ph.
 Village Walk Drive #3205
 Henderson, Nevada 89139

Re: Nevada State Board of Pharmacy Case No. 16-015-RPH-B-S
 Certificate of Registration No. 32832

Dear Mr. Chibueze,

In the above referenced matter, the Nevada State Board of Pharmacy in their May 31, 2017 meeting, ordered Board Staff to submit a public letter of reprimand to you as part of your discipline for your failure to adequately counsel and document that counseling for your patient L.T. upon dispensing her Adderall prescription.

Accordingly, it is my unpleasant duty as Executive Secretary of the Nevada State Board of Pharmacy to formally and publically reprimand you for your conduct, which reflects unfavorably upon the pharmacy profession as a whole.

We encourage you to use the utmost care in your future practice of pharmacy.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson", followed by a stylized flourish.

Larry L. Pinson, Pharm. D.
 Executive Secretary

REGISTER OF ACTIONS

CASE NO. 15F17802X

State of Nevada vs. CHIBUEZE, MARTIN

§
§
§
§
§Case Type: **Felony**
Date Filed: **12/02/2015**
Location: **JC Department 10**

PARTY INFORMATION

Defendant **CHIBUEZE, MARTIN**Lead Attorneys
Jamie S Hendrickson
Retained
702-333-0007(W)State of
Nevada

State of Nevada

CHARGE INFORMATION

Charges: CHIBUEZE, MARTIN

	Statute	Level	Date
1. Dom battery by strangulation [54740]	200.485.2	Felony	11/15/2015
2. Coerc w/force or threat of force [53159]	207.190.2a	Felony	11/15/2015
3. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
4. Kidnapping, 2nd degree [50075]	200.310.2	Felony	11/15/2015
5. Home invasion, (1st) [50435]	205.067.2	Felony	11/15/2015

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

05/02/2016 **Disposition** (Judicial Officer: Tobiasson, Melanie A.)
 1. Dom battery by strangulation [54740]
 Bound Over to District Court as Charged (PC Found)
 2. Coerc w/force or threat of force [53159]
 Bound Over to District Court as Charged (PC Found)
 3. Kidnapping, 2nd degree [50075]
 Bound Over to District Court as Charged (PC Found)
 4. Kidnapping, 2nd degree [50075]
 Bound Over to District Court as Charged (PC Found)
 5. Home invasion, (1st) [50435]
 Bound Over to District Court as Charged (PC Found)

OTHER EVENTS AND HEARINGS

12/01/2015 **CTRACK Track Assignment JC01**
 12/02/2015 **Criminal Complaint**
 12/02/2015 **Request for Arrest Warrant Filed**
 12/02/2015 **Filed Under Seal**
 12/02/2015 **Declaration of Warrant Summons (Affidavit)**
 12/04/2015 **Arrest Warrant Request** (7:30 AM) (Judicial Officer Tobiasson, Melanie A.)
 Result: Arrest Warrant Issued
 12/04/2015 **Minute Order - Department 10**
 12/04/2015 **Arrest Warrant Ordered to be Issued**
 \$15,000/\$15,000
 12/04/2015 **Warrant Issued**
 12/04/2015 **Arrest Warrant - Face Sheet**
 12/04/2015 **Arrest Warrant Confidential**
 01/19/2016 **Motion to Place on Calendar**
 to Allow Defendant to Surrender, Request to do a Walk-Through at the Clark County Detention Center, and to Release on His Own Recognizance
 01/22/2016 **Initial Appearance** (8:30 AM) (Judicial Officer Tobiasson, Melanie A.)
 No Bail Posted
 Result: Matter Heard
 01/22/2016 **Motion**
 Motion by Defense for a O/R Walk- Through - Motion Granted
 01/22/2016 **Warrant Walk - Through Granted**
 O/R
 01/22/2016 **Release Order - Own Recognizance** (Judicial Officer: Tobiasson, Melanie A.)
 01/22/2016 **Warrant Stands**
 01/22/2016 **Custody Comment**
 Defendant to be booked on arrest warrant and released on O/R.
 01/22/2016 **Initial Appearance Completed**
 Advised of Charges on Criminal Complaint. Waives Reading of Criminal Complaint
 01/22/2016 **Counsel Confirms as Attorney of Record**
 J. Hendrickson, ESQ.
 01/22/2016 **Minute Order - Department 10**
 01/22/2016 **Warrant Cleared**

01/22/2016 **Temporary Custody Record**
Remand

01/23/2016 **Release Agreement**

01/25/2016 **Warrant Service Slip**

05/02/2016 **Preliminary Hearing (9:30 AM) (Judicial Officer Tobiasson, Melanie A.)**
O/R
 Result: Bound Over

05/02/2016 **Minute Order - Department 10**

05/02/2016 **Preliminary Hearing Held**
Motion to Exclude Witnesses by State - Motion Granted States Witnesses: 1) Njideka Chibuze - witness identifies defendant. Motion by state to amend criminal complaint by interlineation- Motion Granted. # 2) Coercion (F) # 3) Kidnap 2nd degree # 4) Kidnap 2nd degree # 5) Home Invasion State Rests. Defendant Advised of His Statutory Right to Make a Statement Defendant Waives the Right to a Sworn or Unsworn Statement Defense Rests Motion to Dismiss and Argument In Favor of Said Motion by Defense - Argument Against Said Motion by State - Motion Dismissed Thereupon the Court Found the Defendant Guilty

05/02/2016 **Remand - Cash or Surety**
Counts: 001; 002; 003; 004; 005 - \$125,000.00/\$125,000.00 Total Bail

05/02/2016 **No Contact with Victim**
Njideka Chibueze

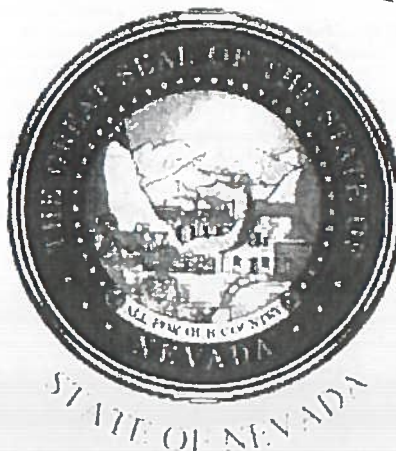
05/02/2016 **Bound Over to District Court as Charged**
Defendant Bound Over to District Court as Charged. Defendant to Appear in the Lower Level Arraignment Courtroom A.

05/02/2016 **District Court Appearance Date Set**
May 4 2016 10:00AM: In Custody

05/02/2016 **Case Closed - Bound Over**

05/02/2016 **Certificate, Bindover and Order to Appear**

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDI-CONCEPTS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190508-0489

DEMPSEY, ROBERTS & SMITH, LTD.

ATTORNEYS AT LAW

1130 WIGWAM PARKWAY ♦ HENDERSON, NEVADA 89074
(702) 388-1216 TELEPHONE ♦ (702) 388-2514 FACSIMILE

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VERONICA M. BARISICH
DAVID E. KRAWCZYK
DIRK A. RAVENHOLT

OF COUNSEL:
BILLY SMITH, JR.

EDUARDO J. RIVERA
KAREN GRANT-HEAD
ANNE ZEMEK DE DOMINGUEZ
SHAUN P. HALEY

ROBERT E. ANDERLIK

April 13, 2017

Sender's Direct Email: CriminalDefenseAttorney@drsltd.com

Martin Chibueze
P.O. Box
Las Vegas, Nevada 89133

**Re: State of Nevada v. Martin Chibueze - C-16-314608-1 -
Sentencing Date Monday August 7, 2017 @ 8:30 am Las Vegas District Court 25**

Dear Mr. Chibueze:

Pursuant to our detailed discussions on Monday morning before the court appearance in which you accepted the Plea Negotiations on your case, you must go to Parole and Probation to arrange giving your personal information for the pre-sentencing report that will go before the court at the sentencing date. This report discusses your prior legal issues, which you have just minor traffic citations, for the court to review before sentencing.

Enclosed is your copy of the plea agreement that we accepted in court. Please retain this for your file. As discussed, it is not in your best interest to talk about this case with anyone else. The less other people know of this situation, the less it can harm you later on. I will attend your sentencing with you. If you have any questions, please contact me at the office at your earliest convenience.

Sincerely,



Dirk Ravenholt, Esq.

DAR/dbm
Enclosures as stated

Celebrating our 23rd year serving clients.

Dempsey, Roberts & Smith, Ltd. is pleased to provide legal representation in the following areas: auto accidents and other personal injuries, criminal defense, defense of DUI, bankruptcy, traffic citations, probate, family law, contract law, corporations and LLCs, wills, trusts, asbestos injuries and government security clearance cases.



PRESENTENCE INVESTIGATION REPORT

The Honorable Kathleen E. Delany
 Department XXV, Clark County
 Eighth Judicial District Court

Date Report Prepared: May 30, 2017

Prosecutor: Michelle Sudano, DDA
 Defense Attorney: Dirk A Ravenholt, Retained

PSI: 518626

I. CASE INFORMATION

Defendant:	Martin Chibueze	PCN:	29731443
Case:	C-16-314608-1	Offense Date:	Between 10-01-15 and
ID:	7028538	Arrest Date:	11-15-15
P&P Bin:	1004360870	Plea Date:	01-22-16
		Sentencing Date:	04-10-17, Guilty 08-07-17

II. CHARGE INFORMATION

Offense: Count 1 – Attempt Battery by Strangulation (F/GM)
NRS: 200.481, 193.330 **Category:** D or N/A
NOC: 54739(F) / 54741(GM)

Penalty: By imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 4 years. In addition to any other penalty, the court may impose a fine of not more than \$5,000, unless a greater fine is authorized or required by statute. Gross Misdemeanor: By imprisonment in the county jail for not more than 364 days, or by a fine of not more than \$2,000, or by both fine and imprisonment, unless the statute in force at the time of commission of such gross misdemeanor prescribed a different penalty.

Offense: Count 2 – Coercion (F)
NRS: 207.190 **Category:** B
NOC: 53159

Penalty: Imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, and may be further punished by a fine of not more than \$5,000.

PRESENTENCE INVESTIGATION REPORT
MARTIN CHIBUEZE
CC#: C-16-314608-1

Page 2

III. DEFENDANT INFORMATION

Address: East Russell Road,
City/State/Zip: Las Vegas, Nevada 89120
NV Resident: Yes
SSN:
POB: Onitsha, Nigeria
Date of Birth:
Age: 39
Phone:
Driver's License:
State: Nevada
Status: Valid

FBI: 896860KD4
SID: NV04381516
Aliases: Martin Obinna Chibueze; Martin O Chinueze
Additional SSNs: None reported
Additional DOBs: None reported
Additional POB: None reported
Alien Registration:
US Citizen: Yes
Notification Required per NRS 630.307: N/A

Identifiers:

Sex: M **Race:** B **Height:** 5'8" **Weight:** 160
Hair: Black **Eyes:** Brown
Scars: None reported
Tattoos (type and location): None reported

Social History: The following social history is as related by the defendant and is unverified unless otherwise noted:

Childhood/Family: The defendant reported he lived a "normal" life in Nigeria with his parents and his four sisters. His father is a doctor and his mother is a nurse and they currently reside in Texas. He denied any abuse or neglect and stated no one in his family had ever been incarcerated.

Marital Status: Divorced; his ex-spouse is the victim in the instant offense.

Children: (3), two sons ages three and four; one daughter age two.

Custody Status of Children: The two boys reside with their biological mother, who is the victim in the instant offense. The defendant's daughter resides with the defendant and her biological mother.

Monthly Child Support Obligation: The defendant is ordered to pay \$500.00 per month for the two boys.

Employment Status: The defendant reported he is currently employed as a part-time relief pharmacist. He reported an employment history as a pharmacist. He indicated that he has not been able to work in his full capacity as a pharmacist because of his current criminal charges.

Number of Months Employed Full Time in 12 months Prior to Commission of Instant Offense: 12

Age at first arrest: 19 or younger ☐ 20- 23 ☐ 24 or older ☒

Income: \$1,000.00 per month

Other Sources: None reported

Assets: \$20,000.00 (cars)

PRESENTENCE INVESTIGATION REPORT
MARTIN CHIBUEZE
CC#: C-16-314608-1

Page 3

Debts: \$80,000.00 (credit cards)

Education: The defendant reported he graduated high school in 1994. He indicated he attended Roseman University in Henderson, Nevada in 2005 and he received a Doctor of Pharmacy degree.

Military Service: None reported

Health and Medical History: The defendant reported no significant medical concerns; however, he reported that he takes Sudafed and Claritin

Mental Health History: The defendant reported no significant mental health concerns.

Gambling History: None Reported

Substance Abuse History: The defendant reported he first consumed alcohol at age 25 and that it is not problematic. He denied use of any illegal narcotics.

Gang Activity/Affiliation: None reported

IV. CRIMINAL RECORD

As of July 21, 2017, records of the Las Vegas Metropolitan Police Department, the National Crime Information Center and the Federal Bureau of Investigation reflect the following information:

CONVICTIONS- **FEL:** 0 **GM:** 0 **MISD:** 0

INCARCERATIONS- **PRISON:** 0 **JAIL:** 0

SUPERVISION HISTORY:

CURRENT- **Probation Terms:** 0 **Parole Terms:** 0

PRIOR TERMS:

Probation- **Revoked:** 0 **Discharged:** **Honorable:** 0 **Other:** 0

Parole- **Revoked:** 0 **Discharged:** **Honorable:** 0 **Other:** 0

Adult:

Arrest Date:	Offense:	Disposition:
01-22-16	RMD:	Instant Offense,
Las Vegas, NV	1. Domestic Battery by Strangulation (F)	CC#: C-16-314608-1
LVMPD	RMD: 05-02-16	
	2. Coercion with Force or Threat of Force (F)	
	3. Kidnapping, 2 nd Degree (F)(2 counts)	
	4. Home Invasion, (1 st)(F)	
	5. Domestic Battery by Strangulation (F)	
	BSR: 08-02-16	

PRESENTENCE INVESTIGATION REPORT
MARTIN CHIBUEZE
CC#: C-16-314608-1

Page 4

Supplemental Information: Not applicable

Institutional/Supervision Adjustment: Not applicable

V. OFFENSE SYNOPSIS

Records provided by the Las Vegas Metropolitan Police Department and the Clark County District Attorney's Office reflect that the instant offense occurred substantially as follows:

On November 18, 2015, officers responded to a domestic violence call where the victim alleged her husband choked her on a previous date.

The victim stated her estranged husband, later identified as the defendant Martin Chibueze, had entered the home through the garage with a garage door opener he had in his possession. The victim stated she told him not to make unwanted entries into the home and that he dismissed her requests.

The victim stated on November 15, 2015, the defendant entered the victim's residence through the garage and wanted to spend time with their children. The victim stated she told him no because she was preparing to leave with the children shortly. She stated while she was in the master bedroom, the defendant began yelling at her and using profanity. She stated he grabbed her by the front of her neck with his left hand and made it hard for her to breathe. She also stated while he had his hand around her neck, he smiled and pushed her against the bedroom door causing her back and head to strike the door twice. She indicated he had previously threatened to kill her and she felt she was going to die, so she began to struggle with him to free herself. She indicated the defendant locked himself in the master bedroom and stayed there. She reported after the incident, she left the home with her children.

The victim stated she went to the doctor on November 18, 2015, where she was treated for pain in both hips, knees, thighs and a headache.

On November 23, 2015, a Warrant of Arrest was issued for the defendant. He was remanded into custody and booked accordingly on January 22, 2016.

Co-Defendant/Offender Information: Not applicable

VI. DEFENDANT'S STATEMENT

☒ See Attached ☐ Defendant interviewed, no statement submitted ☐ Defendant not interviewed

VII. VICTIM INFORMATION/STATEMENT

Contact attempts to the victim via telephone were unsuccessful. Contact with the District Attorney's Victim Witness Assistance Center confirmed sentencing notification was mailed on April 14, 2017 and they have not heard from the victim. (VC2244579).

VIII. CUSTODY STATUS/CREDIT FOR TIME SERVED

Custody Status: Released on Own Recognizance **CTS:** 5 DAYS: 01-22-16 to 01-23-16 (CCDC) 2 days
RMD: 05-02-16 to 05-04-16 (CCDC) 3 days

IX. PLEA NEGOTIATIONS

Both parties stipulate to jointly recommend Felony adjudication on Count 1. The State has no opposition to probation for a period not to exceed THREE (3) years. The State will retain the right to argue the terms and conditions of probation. If Defendant is honorably discharged from probation, he may withdraw his plea to Count 2 and, for Count 1, plead guilty to Attempt Battery by Strangulation, a Gross Misdemeanor, and receive credit for time served. Defendant is to receive credit for time served on Count 3. The adjudication on Count 3 will remain on the Defendant's record regardless of the outcome of his probation.

X. RECOMMENDATIONS

Based on information obtained and provided in this report, the following recommendations are submitted.

190 Day Regimental Discipline Program: N/A **Deferred Sentence Per NRS 453.3363, 458.300, 458A.200, 176A.250, 176A.280:** N/A

FEES

Administrative Assessment: \$25.00	Chemical/Drug Analysis: N/A	DNA: \$150.00
DNA Admin Assessment: \$3.00		
Domestic Violence Fee: N/A	Extradition: N/A	Psychosexual Fee: N/A

SENTENCE

COUNT 1 – ATTEMPT BATTERY BY STRANGULATION IF ADJUDICATED AS A FELONY

Minimum Term: 12 months	Maximum Term: 32 months	Location: NDOC
Consecutive to/Concurrent With: N/A	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

IF ADJUDICATED AS A GROSS MISDEMEANOR

Minimum Term: N/A	Maximum Term: 270 days	Location: CCDC
Consecutive to/Concurrent With: N/A	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

COUNT 2 - COERCION (F)

Minimum Term: 12 months	Maximum Term: 36 months	Location: NDOC
Concurrent With: Count 1	Probation Recommended: Yes	Probation Term: NTE 3 years
Fine: \$500	Restitution: None	Mandatory Probation/ Prison: N/A

Initials

LC

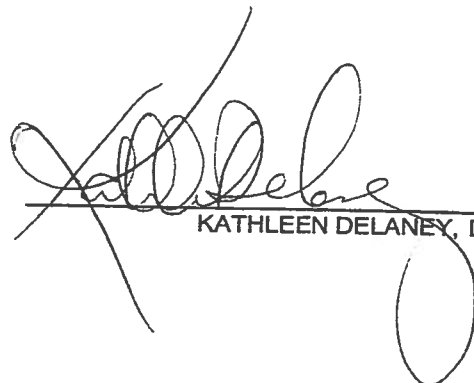
 Per Anne Carpenter, (Acting) Chief Parole and Probation

ORDER HONORABLY DISCHARGING PROBATIONER

It appearing that the above-named Defendant was heretofore placed on probation under the authority of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expires upon Judge's signature .

IT IS HEREBY ORDERED that said Probationer be, and is hereby granted an honorable discharge from
said probation previously imposed by this court.

Dated this 24th day of June, 2019 at 1:00pm


KATHLEEN DELANEY, District Judge
mk

JUN 18 2019

13

13A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: **PH** _____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Catalent Pharmacy Services (PHL)

Physical Address: 3031 Red Lion Road

Mailing Address: Same as Physical Address

City: Philadelphia State: PA Zip Code: 19114

Telephone: 215-613-3056 Fax: 215-253-5745

Toll Free Number: 855-573-2144 (Required per NAC 639.708)

E-mail: PHL.pharmacy@catalent.com Website: N/A

Managing Pharmacist: Michelle S. Giovannucci, R.Ph License Number: RP440876

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Closed door

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Michelle Giovannucci, R.Ph.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michelle S. Giovannucci, R.Ph.
Print Name of Authorized Person

9-13-19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Catalent Inc. (Ultimate Parent Company)

Corporation Name: Catalent Pharma Solutions, LLC

Mailing Address: 14 Schoolhouse Road

City: Somerset State: NJ Zip: 08873

Telephone: 732-537-6200 Fax: 732-537-6480

Contact Person: Steven Fasman

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 03/14/2007

Registration number issued: 4318008

Stock Exchange: CTLT

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8</u> am	<u>5</u> pm	Saturday	<u>9</u> am	<u>2</u> pm
Sunday	<u>Closed</u> am	<u></u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Michelle S. Giovannucci, R.Ph

Responsible Person of Catalent Pharmacy Services (PHL)

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Michelle Giovannucci R.Ph

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michelle S. Giovannucci, RPh

Print Name of Authorized Person

9-13-19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA)
Philadelphia) ss. COUNTY)

I, Michelle S. Giovannucci, R.Ph, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director/Pharmacist-in-Charge/ for Catalent Pharmacy Services (PHL) (the Authorized Signer Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

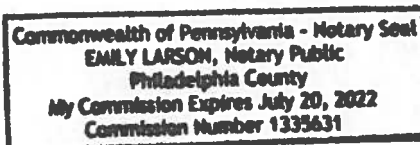
FURTHER AFFIANT SAYETH NOT.

I, Michelle S. Giovannucci, R.Ph, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michelle Giovannucci R.Ph
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
13 day of September, 2019.

[Signature]
 NOTARY PUBLIC



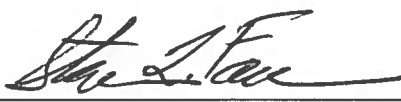
CATALENT PHARMA SOLUTIONS, LLC

OFFICER'S CERTIFICATE

The undersigned, Steven L. Fasman, Secretary of Catalent Pharma Solutions, LLC, a Delaware limited liability company (the "**Company**"), hereby certifies that:

Effective immediately, the undersigned hereby delegates to Michelle Giovannucci, Director, Pharmacist in Charge the powers and authority to negotiate and execute agreements relating to the Pharmacy that is part of the Philadelphia manufacturing site, in the ordinary course of business, including without limitation applications for initial issuances of pharmacy permits together with any subsequent renewals and reinstatements thereof, in accordance with and subject to the limitations set forth in the Company's Transaction Approval Policy and Signature Authority Policy.

IN WITNESS WHEREOF, the undersigned has duly executed this certificate on this 25 day of July, 2019.

By: 
Name: Steven L. Fasman
Title: Secretary

Please note:

The Pennsylvania Board of Pharmacy now uses an online system, that will send an official verification directly to Nevada via email. I have attached the confirmation page for the requested verification.

Pennsylvania is also a primary verification state. I have attached printed copies of online verifications.

Giovannucci, Michelle

From: RA-STPALSNOTIFY@pa.gov
Sent: Wednesday, September 4, 2019 6:01 PM
To: Giovannucci, Michelle
Subject: PALS Payment Receipt - MICHELLE GIOVANNUCCI

CAUTION: This email originated from outside the organization.
 Do not click or open attachments unless you recognize the sender.

**COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

Dear MICHELLE GIOVANNUCCI :

This letter acknowledges receipt of your request. You can access www.pals.pa.gov website and check the status of your request using the UserID and Password you have created when you submit your request.

Payment Receipt

RECEIPT NUMBER: PAID0001273860
 RECEIVED DATE: Sep 4 2019 5:58PM
 RECEIVED FROM: Michelle Giovannucci
 RECEIVED AMOUNT: \$ 30.00
 PAYMENT TYPE: Credit Card
 APPLICANT NAME: MICHELLE GIOVANNUCCI

Application No / Transaction No	Fee Type	Fee Amount	Full Name
TN0012598402 (Pharmacist-RP440876)	Verification/Certification of License	15.00	MICHELLE GIOVANNUCCI
TN0012598405 (Pharmacy-PP482896)	Verification/Certification of License	15.00	MICHELLE GIOVANNUCCI

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS****P. O. Box 2649****Harrisburg, PA 17105-2649****09/04/2019****License Information****MICHELLE S GIOVANNUCCI****Shamong, New Jersey 08088****Board/Commission: State Board of Pharmacy****Status Effective Date: 03/20/2006****LicenseType: Pharmacist****Issue Date: 03/20/2006****Specialty Type:****Expiration Date: 09/30/2020****License Number: RP440876****Last Renewal: 09/06/2018****Status: Active****Disciplinary Action Details****No disciplinary actions were found for this license.**

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.


BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
09/04/2019
License Information
CATALENT PHARMACY SERVICES (PHL)
**3031 RED LION ROAD
Philadelphia, Pennsylvania 19114**
Board/Commission: State Board of Pharmacy
Status Effective Date: 06/03/2019
LicenseType: Pharmacy
Issue Date: 06/03/2019
Specialty Type:
Expiration Date: 08/31/2021
License Number: PP482896
Last Renewal:
Status: Active
Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MICHELLE S GIOVANNUCCI	Pharmacist Manager	Pharmacist	RP440876	Active	06/03/2019	09/30/2020

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CATALENT PHARMACY SERVICES

3031 RED LION ROAD

Philadelphia, PA, 19114

Phone:

Owner:

LICENSE

License No: AA0001241780

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 06/03/2019

Inspection Result: Passed

Remarks: Pharmacy is compliant with current BOP regulations. Closed pharmacy. Pharmacy Permit assigned PP482896

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

BARRY BOVA

Signature of Inspector

6/3/2019 10:33:27 AM

Date/Time

Michelle Giovannucci - RP440876

Signature of Owner/Representative

PA State Board of Pharmacy
 PO Box 2649
 Harrisburg, PA, 17105-2649
 Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CATALENT PHARMACY SERVICES

3031 RED LION ROAD

Philadelphia, PA, 19114

Phone:

Owner:

LICENSE

License No: AA0001241780

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 06/03/2019

Inspection Result: Passed

Remarks: Pharmacy is compliant with current BOP regulations. Closed pharmacy. Pharmacy Permit assigned PP482896

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO



OFFICIAL DOCUMENT

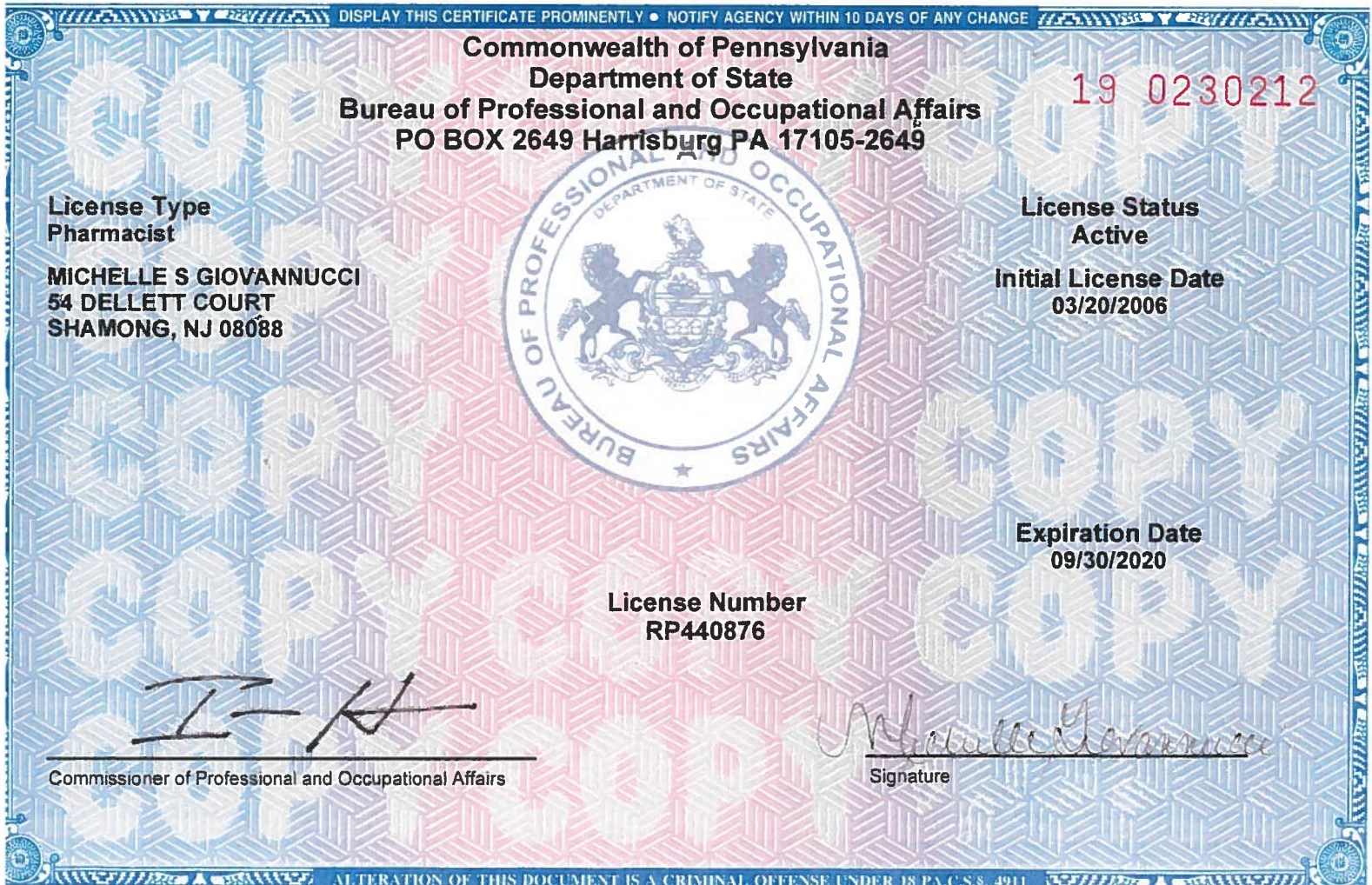
READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

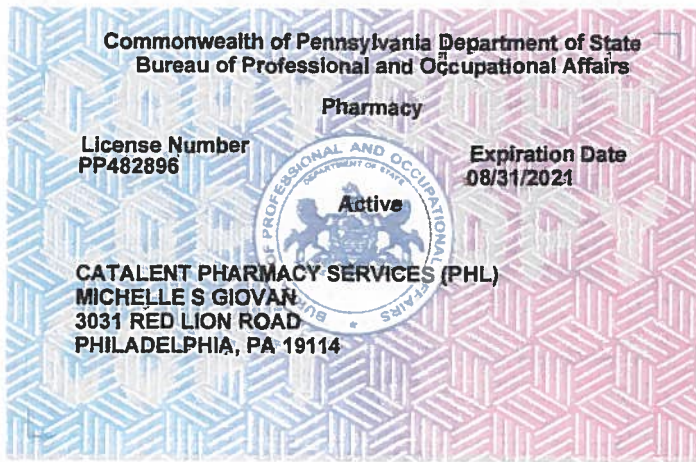
1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to
renew your license, change your personal or
license address, or order duplicate licenses.

MICHELLE S GIOVANNUCCI
54 DELLETT COURT
SHAMONG, NJ 08088





OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to
renew your license, change your personal or
license address, or order duplicate licenses.

CATALENT PHARMACY SERVICES (PHL)
MICHELLE S GIOVAN
3031 RED LION ROAD
PHILADELPHIA, PA 19114





1:3
73/656
CATALENT PHARMACY SERVICES (PHL)
3031 RED LION RD
PHILADELPHIA, PA 19114-1123



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8417594	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2019
CATALENT PHARMACY SERVICES (PHL) 3031 RED LION RD PHILADELPHIA, PA 19114-1123		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC8417594	08-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2019
CATALENT PHARMACY SERVICES (PHL) 3031 RED LION RD PHILADELPHIA, PA 19114-1123		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Explanations of Disciplinary Actions for Catalent Pharma Solutions, LLC and subsidiaries and affiliates.

Please note: Catalent Pharmacy Services (PHL), has no disciplinary actions.

1. Florida Department of Business & Professional Regulation – ST PETERSBURG Catalent Pharma Solutions, LLC, St. Petersburg, FL

In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG Catalent Pharma Solutions, LLC, St. Petersburg, FL

On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a \$6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA Catalent Pharma Solutions, LLC, Philadelphia, PA

On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a \$1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. Alabama Board of Pharmacy – KANSAS CITY Catalent CTS, LLC – Kansas City, MO

On July 25, 2017, the Catalent CTS, LLC site located in Kansas City, M paid a \$1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

5. South Carolina Board of Pharmacy – PHILADELPHIA Catalent Pharma Solutions, LLC, Philadelphia, PA

On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.



6. South Carolina Board of Pharmacy – KANSAS CITY
Catalent CTS, LLC – Kansas City, MO

On April 25, 2017, the Catalent CTS, LLC site located in Kansas City, MO paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

7. South Carolina Board of Pharmacy – MALVERN
Catalent Micron Technologies, Inc.

On September 27, 2018, Catalent Micron Technologies, Inc. paid a \$5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of drugs into South Carolina without a license.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
CATALENT PHARMA SOLUTIONS,	)	
LLC	)	
	)	CASE NO: 17-L-0011
Manufacturer/Wholesaler/	)	
Distributor Applicant	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars (\$6,000.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject

to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. That Catalent agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Catalent acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 day of JUNE, 2017.

Catalent Pharma Solutions, LLC

BY: Scott Gunther

ITS: SR. VP Quality & Regulatory

SCOTT GUNTHER

[Signature]

Michael Whisonant, Attorney for
Catalent Pharma Solutions, LLC

DONE this the 27th day of June, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: [Signature]

Buddy Bunch, R.Ph., President

[Signature]
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:

WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
CATALENT PHARMA SOLUTIONS,	)	
LLC	)	
	)	CASE NO: 17-L-0011
Manufacturer/Wholesaler/	)	
Distributor Applicant	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Catalent Pharmacy Solutions, LLC
 2725 Scherer Drive North
 St. Petersburg, Florida 33716

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27th, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(1)(3) mandates the Board to consider, at a minimum, certain factors to include:

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(1)(3)(iii)).

(b) Compliance with licensing requirements under previously granted

licenses (680-X-2.23(3)(vi)).

- (c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(1)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars (\$1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

COUNT ONE

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 22nd day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT ASTATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

FILED	
Department of Business and Professional Regulation	
Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	9/3/2014
File #	2014-06608

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:


Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

 Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brendan M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

v.

Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.185 and Chapter 489, Florida Statutes.

STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS (\$6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida

Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

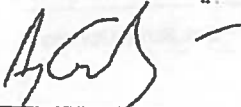
16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

CATALENT PHARMA SOLUTIONS, LLC

FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATIONBy: Name: ARIS GENNADIOSTitle: PRESIDENT, SOFTGEL TECHNOLOGIESDate: 19 AUG 2014By: Name: REGINALD D. DIXONTitle: DIVISION DIRECTORDate: AUGUST 29, 2014

Florida Department of
Business &
Professional
Regulation

Drugs, Devices and Cosmetics
1840 North Monroe Street
Tallahassee, Florida 32399-1047
Phone: 850.717.1660
Fax: 850.414.8240

Ken Lawson, Secretary

Rick Scott, Governor

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION

Case No.: 2014-008409

July 10, 2014

Corporation Service Company, Registered Agent for
Catalent Pharma Solutions, LLC
1201 Hays Street
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/Regulatory Affairs Specialist
Catalent Pharma Solutions, LLC
2725 Scherer Drive North
St. Petersburg, FL 33716

Re: Department of Business & Professional Regulation v. Catalent Pharma
Solutions, LLC, Case Number 2014-008409

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strasse 173, 55216 Ingelheim am Rhein, Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs. BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from an

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Catalent Pharma Solutions, LLC - Notice of Violation
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~~unauthorized source and failed to register and report the distribution of controlled substances.~~

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013), provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacture lot number 1044065, 200kg.
2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacture lot number 1043891, 20kg.
3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648848, supplier/manufacture lot number 1043898, 60kg.
4. Item number OET 00309819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacture lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permit(s).

Fine assessed by the Department: \$6,000

Catalent Pharma Solutions, LLC - Notice of Violation
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2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated ~~that has been purchased, held, sold, or distributed at any time by a person not~~ authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufactured by the unauthorized source BI-Germany. Catalent manufactures the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43288. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufactured the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1,000 to \$3,000 per violation and up to permanent suspension or revocation of permits.

Fine assessed by the Department: \$3,000

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permit(s).

Fine assessed by the Department: \$3,000

4. Section 499.0121(14), Florida Statutes (2013), provides:

(14) DISTRIBUTION REPORTING.—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

Catalent Pharma Solutions, LLC - Notice of Violation
 2014-008409
 July 10, 2014
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~~wholesale distribution of controlled substances as defined in s. 893.02~~ drug wholesale distributor, manufacturer, or repackager that engages in the ~~shall submit~~ a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. ~~893.03~~. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

- (a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.
- (b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.
- (c) ~~The transaction code that indicates the type of transaction.~~
- (d) The National Drug Code identifier of the product and the quantity distributed or received.
- (e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System Identifier on all Schedule II transactions.
- (f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

Catalent Pharma Solutions, LLC - Notice of Violation
 2014-008409
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~~Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1000 to \$3000 per violation and up to permanent suspension or revocation of permits.~~

Fine assessed by the Department: \$3,000

5. Section 499.0121, Florida Statutes (2013), provides:

(4) **EXAMINATION OF MATERIALS AND RECORDS.**—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.

(6) **RECORDKEEPING.**—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:

2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

(1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.

(b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common

Catalent Pharma Solutions, LLC - Notice of Violation
 2014-008409
 July 10, 2014
 Page 6

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tiplranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

Range of Penalty per violation: An Administrative Complaint with a fine ranging from \$1,000 to \$3,000 per violation and up to permanent suspension or revocation of permits.

Fine assessed by the Department: \$1,000

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement.

Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. (\$16,000.00) made payable to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.

Catalent Pharma Solutions, LLC - Notice of Violation
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Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

- (a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars (\$5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
- (b) Revocation or suspension of the company permit.
- (c) Seizure for destruction of adulterated or misbranded products.
- (d) Seeking an Injunction in Circuit Court to obtain compliance.
- (e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,



Bart O. Moore
Senior Attorney

Enclosure: Stipulation

BOM/jes

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
CATALENT PHARMACY SOLUTIONS	)	STATE BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	CASE NO: 17-L-0071

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars (\$1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

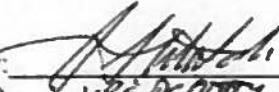
4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

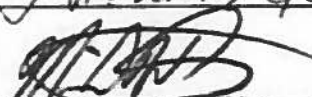
5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

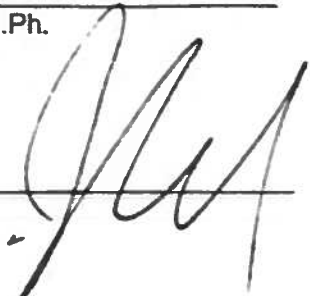
By: 
 Its: VPE Deputy GC


 Michael Whisonant, Attorney for Catalent
 Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
 Buddy Bunch, R.Ph.
 President

By: 
 James S. Ward
 Its Attorney

WARD & WILSON, LLC.
 2100 Southbridge Parkway
 Suite 580
 Birmingham, Alabama 35209
 (205) 871-5404

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
CATALENT CTS, LLC	)	STATE BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	CASE NO: 17-L-0072
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent CTS, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 10245 Hickman Mills Drive, Kansas City, MO 64137 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars (\$1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-

20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

Catalent CTS, LLC

By: [Signature]
Its: VPE DEPUTY GC

Michael Whisonant, Attorney for Catalent CTS, LLC

DONE this the _____ day of _____, 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: [Signature]
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY**

In the Matter of:

Catalent CTS, LLC,

Applicant.

ORDER

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Kansas City, Missouri.
2. Applicant is a manufacturer of clinical supply materials.
3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.
4. Applicant otherwise meets the requirements for the Permit for which it applied.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars.

NOW, THEREFORE, IT IS ORDERED THAT:

The Application is approved, and the permit shall be issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY



CAROLE SMALL RUSSELL, R.Ph.
Board Chair

June 16, 2017

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

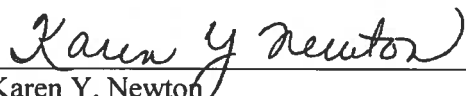
In the Matter of:

CATALENT CTS, LLC
PY . 17233**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT CTS, LLC
10245 HICKMAN MILLS DR
KANSAS CITY MO 64137

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403


Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation



Henry D. McMaster
Governor

Emily H. Farr
Director

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

September 27, 2018



110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

www.llronline.com/POL/Pharmacy

Catalent Micron Technologies, Inc.
333 Phoenixville Pike
Malvern PA 19355

Dear Steven Fasman:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its September 26, 2018, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its 11/15/2018, board meeting.

The Committee is recommending your permit application for approval pending the following:

Upon payment of fine \$5000 for shipments into SC in 2017 and 2018.

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY**

In the Matter of:

Catalent Pharma Solutions, LLC,

Applicant.

ORDER

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacture permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.
2. Applicant manufactures clinical supply materials.
3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.
4. Applicant otherwise meets the requirements for the Permit for which it applied.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars.

NOW, THEREFORE, IT IS ORDERED THAT:

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 (\$5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY



CAROLE SMALL RUSSELL, R.Ph.
Board Chair

June 16, 2017

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

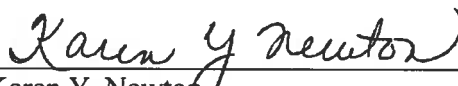
In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403


Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

FILED	
Department of Business and Professional Regulation Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	9/3/2014
File #	2014-06609

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,**

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

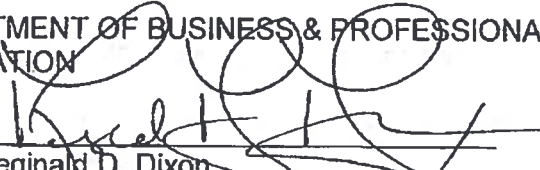
This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:


Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:


Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: 
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,

Petitioner,

v.

Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS (\$6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or

otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida

Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

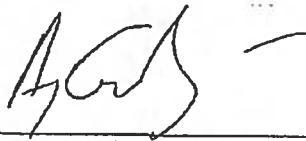
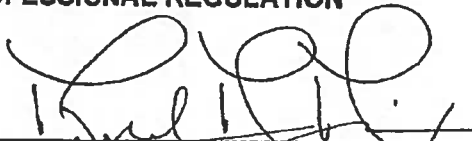
16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

CATALENT PHARMA SOLUTIONS, LLC

FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATIONBy: Name: ARIS GENNADIOSTitle: PRESIDENT, SOFTGEL TECHNOLOGIESDate: 19 AUG 2014By: Name: REGINALD D. DIXONTitle: DIVISION DIRECTORDate: AUGUST 29, 2014

Name	Title	Home Address	Business Address	Phone Number	DOB	SS#
John Chiminski	Chairman, CEO	Spineville Road Newtown, PA 18940	14 Schoolhouse Road Somerset, NJ 08873	732-537-6401 (work) (cell)		
Alessandro Maselli	President & COO	Holcombe House Gardens, Sunningdale, Berkshire, UK SL5 0FD	14 Schoolhouse Road Somerset, NJ 08873	011-44-1793-548-298	2	N/A - Italian Citizen
Joseph, Wettney	Senior VP, Chief Financial Officer & Asst. Treasurer	Candace Lane Chatham, NJ 07928	14 Schoolhouse Road Somerset, NJ 08873	732-537-6200 (work) (home)		
Steven Fasman	Senior VP, General Counsel & Secretary	Club Pointe Dr. White Plains, NY 10605	14 Schoolhouse Road Somerset, NJ 08873	732-537-5958 (work) (cell)		
Thomas Castellano	Vice President & Treasurer	Hildebrandt Road Lebanon, NJ 08833	14 Schoolhouse Road Somerset, NJ 08873	732-537-6175 (work) (cell)		(

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3724407 8300

SR# 20195824826

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203160877

Date: 07-05-19

13B

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: **PH**____)
 Check box below for type of ownership and complete all required forms.
☐ **Publicly Traded Corporation** – Pages 1,2,3,7 ☐ **Partnership** - Pages 1,2,5,7
☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: **GABECARE DIRECTRX, INC. d/b/a DIRECTRX PHARMACY**

Physical Address: **830 KIRTS BLVD. SUITE 300**

Mailing Address: **830 KIRTS BLVD. SUITE 300**

City: **TROY** State: **MI** Zip Code: **48084**

Telephone: **248-273-0474** Fax: **877-891-4007**

Toll Free Number: **855-362-3397** (Required per NAC 639.708)

E-mail: **AIVEZAJ@DIRECTRX.COM** Website: **WWW.DIRECTRX.COM**

Managing Pharmacist: **AMANDA BERISHAJ** License Number: **5302035045 [MICHIGAN]**

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: **MAIL ORDER/SPECIALTY**

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

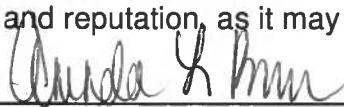
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
SEE ATTACHED
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Amanda Berishaj
Print Name of Authorized Person

10/10/2019
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: MICHIGANParent Company if any: N/AMailing Address: 830 KIRTS BLVDCity: TROY State: MI Zip: 48084Telephone: (248) 273-0474 Fax: (248) 793-9332Contact Person: ALBAN IVEZAJ

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>AMANDA BERISHAJ</u>	<u>FERNDALE AVE. BIRMINGHAM, MI 48009</u>
	Name	Address

b)	<u>GABLAN ZAWAIDEH</u>	<u>HILLS DR. BLOOMFIELD HILLS, MI 48009</u>
	Name	Address

c)	<u>JALAL ZAWAIDEH</u>	<u>PILGRIM BIRMINGHAM, MI 48009</u>
	Name	Address

d)	<u>LOUIS ZAWAIDEH</u>	<u>VINEWOOD BIRMINGHAM, MI 48009</u>
	Name	Address

2) Provide the number of shares issued by the corporation. CLASS A: 1,000; CLASS B: 7,0133) What was the price paid per share? \$45.004) What date did the corporation actually receive the cash assets? 01/01/20185) Provide a copy of the corporation's stock register evidencing the above information **SEE ATTACHED**

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 5:30 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

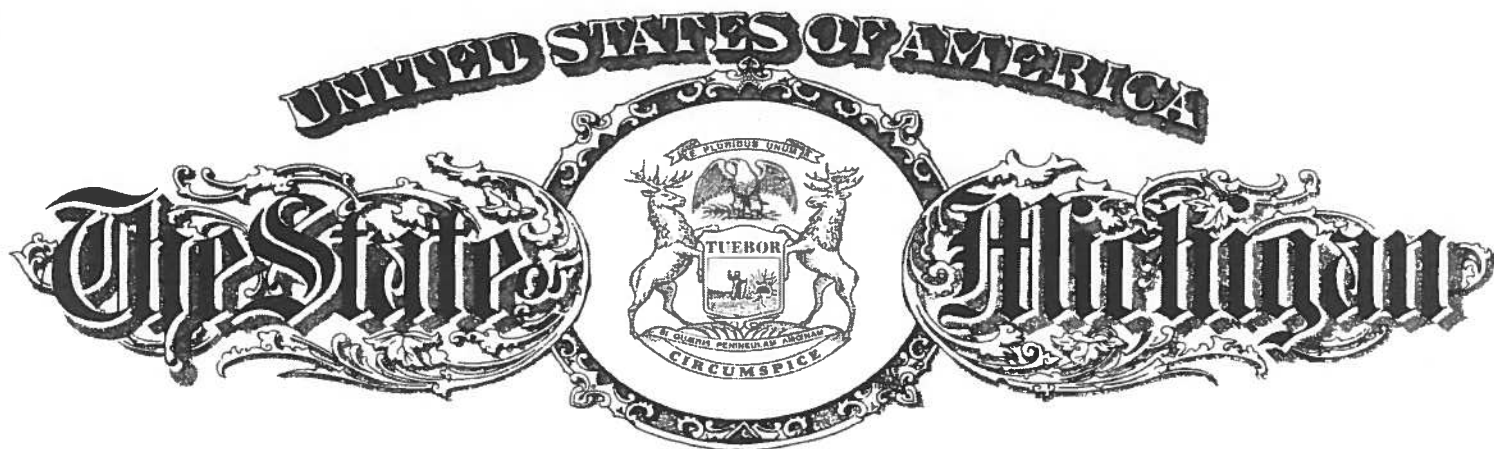
List of officers and directors

SEE BELOW:

<u>Name</u>	<u>Title</u>
Marko Berishaj	President
Amanda Berishaj	Vice President/Shareholder
Gablan Zawaideh	Shareholder
Jalal Zawaideh	Shareholder
Louis Zawaideh	Shareholder

STOCK REGISTER/OWNERSHIP TABLE
FOR
GABECARE DIRECTRX, INC.
AS OF JANUARY 1, 2018

<u>Shareholder</u>	<u>Class of Stock</u>	<u>Number of Shares</u>	<u>Percentage Ownership</u>
Amanda Berishaj	Class A (Voting)	1,000	12%
Amanda Berishaj	Class B (Non-Voting)	4,610	58%
Gablan Zawaideh	Class B (Non-Voting)	801	10%
Jalal Zawaideh	Class B (Non-Voting)	801	10%
Louis Zawaideh	Class B (Non-Voting)	801	10%
	TOTAL	8,013	100%



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

GABE CARE DIRECT RX, INC.

*was validly incorporated on August 6 , 1985 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 19095654920

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 20th day of September , 2019.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 10/02/2019

NAME: Gabecare Direct Rx Inc
ADDRESS: 830 Kirts Blvd Ste 300
Troy, MI 48084

STATUS: Active

LICENSE TYPE: Pharmacy License

ORIGINAL DATE: 04/09/1996

EXPIRATION DATE: 04/09/2022

SPECIALTY: None

LICENSE NUMBER: 5301006411

EXAM DATE

EXAM TYPE

EXAM RESULTS

None

OPEN FORMAL COMPLAINTS

No

DISCIPLINARY ACTION

START DATE

END DATE

None

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199



N930268

GRETCHEN WHITHER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

GABECARE DIRECT RX INC
830 KIRTS BLVD STE 300
TROY, MI 48064

LICENSE NO.
5301006411

EXPIRATION DATE
4/9/2022

19157080648

THIS DOCUMENT IS ONLY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan)
Oakland) ss.
COUNTY)

I, AMANDA Bershag, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP for GABRIEL RETEX, INC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, AMANDA Bershag, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Amanda Y. Bershag
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8th day of October, 2019.

Judy A. VanOrsdal
NOTARY PUBLIC

JUDY A. VAN ORSDAL
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES May 24, 2020
ACTING IN COUNTY OF Oakland

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Amanda Berishaj

Responsible Person of Gabe Care Direct

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Amanda Berishaj

Original Signature of Person Authorized to Submit Application, no copies or stamps

Amanda Berishaj

Print Name of Authorized Person

10/10/19

Date

11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847



GABECARE DIRECT RX INC
830 KIRTS BLVD
STE 300
TROY, MI 48084-4897

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

GABECARE DIRECT RX INC
830 KIRTS BLVD
STE 300
TROY, MI 48084-4897

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



October 10, 2019

DirectRx Pharmacy
830 Kirts Blvd #300
Troy, MI 48084

Re: Administrative Fees by State Boards of Pharmacies

DirectRx, Inc is a privately held Specialty Pharmacy that is accredited by URAC, ACHC, NABP and WBENC.

The company has a long history of dedicated delivery of care and therapy management for chronically ill patients that includes Medication Therapy Management, Medication Compliance Monitoring & Patient Education. The organization primarily focuses on specialty treatment for patients with Respiratory Conditions and Electrolyte Imbalances. DirectRx, Inc does not compound or outside the state of Michigan, fill for control substances.

DirectRx has not been subject to any license/permit revocations, suspensions or probations. Yet, to the extent that an "administrative fee" constitutes a "administrative action", DirectRx wishes to disclose the following:

2018 Texas State Board of Pharmacy Administrative Fee

In August 2018, DirectRx was subject to an administrative fee from the Texas State Board of Pharmacy.

Said fee was related to a Texas application for licensure where DirectRx, due to misunderstanding an application question, failed to disclose a historic administrative fee. This fee was due to an administrative error and not to delivery of care and/or treatment of patients.

DirectRx continues to be licensed as an out-of-state pharmacy in 38 states, including Texas, and maintains its accreditations with URAC, ACHC, NABP and WBENC.

Thank you.

A handwritten signature in black ink, appearing to read "Alban Ivezaj", with a long horizontal flourish extending to the right.

Alban Ivezaj

Director of Legal & Compliance

13C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | |
|--|---|
| ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: <u>PH</u> ____) | |
| Check box below for type of ownership and complete all required forms. | |
| ☐ Publicly Traded Corporation – Pages 1,2,3,7 | ☐ Partnership – Pages 1,2,5,7 |
| ☒ Non Publicly Traded Corporation – Pages 1,2,4,7 | ☐ Sole Owner – Pages 1,2,6,7 |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HOME RX HEALTHCARE LLC

Physical Address: 707 FARRINGTON ST LUMBERTON NC 28358

Mailing Address: P.O. Box 1569

City: LUMBERTON State: NC Zip Code: 28359

Telephone: 910-802-4620 Fax: 910-802-4626

Toll Free Number: 844-725-2452 (Required per NAC 639.708)

E-mail: JASON CLUMBERTON@AUG.UMC Website: N/A

Managing Pharmacist: JASON M. FOIL License Number: NC-14357

TYPE OF PHARMACY AND SERVICES PROVIDED

| Yes/No | Yes/No |
|--|--|
| ☒ ☐ Retail | ☐ ☒ Off-site Cognitive Services |
| ☐ ☒ Hospital (# beds _____) | ☐ ☒ Parenteral ** |
| ☐ ☒ Internet | ☐ ☒ Parenteral (outpatient) |
| ☐ ☒ Nuclear | ☒ ☐ Outpatient/Discharge |
| ☐ ☒ Ambulatory Surgery Center | ☒ ☐ Mail Service |
| ☒ ☐ Community | ☐ ☒ Long Term Care |
| ☐ ☒ Other: _____ | ☐ ☒ Sterile Compounding ** |
| | ☒ ☐ Non Sterile Compounding |
| | ☐ ☒ Mail Service Sterile Compounding ** |
| | ☐ ☒ Other Services: _____ |

All boxes must be checked
 For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☒ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JASON M. FOUL
Print Name of Authorized Person

10-3-19
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NC
 Parent Company if any: N/A
 Mailing Address: P.O. Box 1569
 City: Lumberton State: NC Zip: 28359
 Telephone: 910-802-4620 Fax: 910-802-4626
 Contact Person: JASON M. FOIL

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

| | | | |
|----|------------------------|---|----------------------|
| a) | <u>JASON M. FOIL</u> | <u>TRINITY Drive Lumberton NC 28358</u> | <u>50% of shares</u> |
| | Name | Address | |
| b) | <u>SHELLEY P. FOIL</u> | <u>TRINITY Drive Lumberton NC 28358</u> | <u>50% of shares</u> |
| | Name | Address | |
| c) | _____ | _____ | |
| | Name | Address | |
| d) | _____ | _____ | |
| | Name | Address | |

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$10/share
- 4) What date did the corporation actually receive the cash assets? 10-30-13
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 4:30 pm Saturday CLOSED am _____ pm
 Sunday CLOSED am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

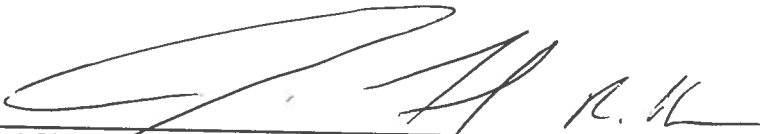
I, JASON M. FOEL

Responsible Person of HOMER HEALTHCARE

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

JASON M. FOEL

Print Name of Authorized Person

10-15-19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NC)
Robeson) ss.
COUNTY)

I, JASON M. FOUL, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge for HEMFLX HEALTH CARE (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

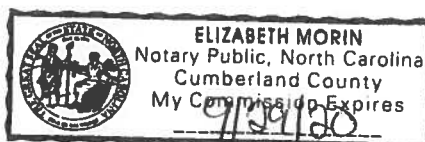
FURTHER AFFIANT SAYETH NOT.

I, JASON M. FOUL, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
3 day of December, 2019.

Elizabeth Morin
NOTARY PUBLIC

Name [Signature]





NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HOMERX HEALTHCARE LLC

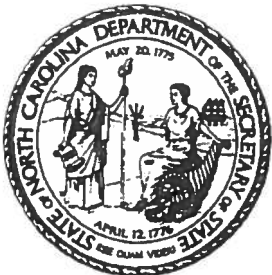
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 30th day of October, 2013

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of September, 2019.

Elaine F. Marshall

Secretary of State



Scan to verify online.

Homerx Healthcare LLC List of Owners

Jason Foil R.Ph.

Home address: 100 Trinity Drive Lumberton, NC 28358

DOB- 11/11/1978

SSN- 123-45-6789

Title- Owner/Pharmacy Manager

50% owner

Pharmacist license – NCBOP- 14357

Shelley Foil PharmD

Home Address: 100 Trinity Drive Lumberton, NC 28358

DOB- 11/11/1978

SSN- 123-45-6789

Title- Owner/ Staff Pharmacist

50% Owner

Pharmacist license – NCBOP- 14892



NORTH CAROLINA BOARD OF PHARMACY

Facility: HomeRx Healthcare
 Address: 707 Farringdom Street Lumberton, NC
 28358
 Permit Type: Pharmacy
 Permit #: 11757
 Re-Issue Date: 11/01/2019
 Expiration Date: 12/31/2020
 Pharmacy Manager: Jason Michael Foil (#14357)

PLEASE NOTIFY BOARD OF NAME AND/OR
 ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN
 ANY COMMUNICATION

NC Law requires notification of address change within 30 days.

Permit #: 11757

NORTH
 BOARD OF



CAROLINA
 PHARMACY

2020
 Pharmacy

This is to certify that
Homerx Healthcare LLC
 doing business as
HomeRx Healthcare

707 Farringdom Street Lumberton, NC 28358 Robeson

Has been renewed for the year ending December 31st 2020, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board.

Keith C. Nance

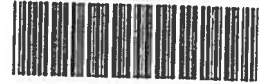
PRESIDENT

Jason Michael Foil (#14357)

11/01/2019
 Re-Issued

John G. Miller

EXECUTIVE DIRECTOR



1:3 HOMERX HEALTHCARE
 60/556 PO BOX 1569
 956 LUMBERTON, NC 28359-0000



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|--|---------------------------|------------|
| FH4291201 | 10-31-2022 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N,
3,3N,4,5 | RETAIL PHARMACY | 09-23-2019 |
| HOMERX HEALTHCARE
707 FARRINGDOM ST
LUMBERTON, NC 28358-0007 | | |

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|--|---------------------------|------------|
| FH4291201 | 10-31-2022 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N,
3,3N,4,5 | RETAIL PHARMACY | 09-23-2019 |
| HOMERX HEALTHCARE
707 FARRINGDOM ST
LUMBERTON, NC 28358-0007 | | |

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

10/15/19

Re: Jason M. Foil Disciplinary action

To whom it may concern,

I entered into a consent order in April of 1999 that I did violate the NC patient counseling statute in relation to my practice of pharmacy. As a result of that admission I received an active 2 day suspension of my personal pharmacist license NC 14357 and a 2 year probation period. That time was served and my license has been in good standing ever since with no additional disciplinary actions. I have attached the Consent agreement to this notice.

Professionally

A handwritten signature in black ink, appearing to read 'J. M. Foil', written over a horizontal line.

Jason M. Foil R.Ph
Pharmacist in Charge
Homerx Healthcare
Lumberton, NC 28358

BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In the Matter Of:

DRUGS AMERICA
(Permit No. 4945)

JULIE DELLA-MEA
(Licence No. 11332)

JASON MICHAEL FOIL
(License No. 14357)

BRIAN DOUGLAS MONROE
(License No. 13972)

CONSENT ORDER

On March 8, 1999, the North Carolina Board of Pharmacy issued notice to Drugs America, Julie Della-Mea, Jason Foil and Brian Monroe, pursuant to 21 North Carolina Administrative Code 46.2008, which scheduled a pre-hearing conference for March 25, 1999, at the Board office, 104-C Carrboro Plaza, Hwy. 54 Bypass, Carrboro, NC. The pre-hearing conference was scheduled in response to investigative findings suggesting that pharmacists at Drugs America had committed acts in violation of 21 NCAC 46.2504.

On March 25, 1999, the pre-hearing conference was conducted as scheduled. RPh. Della-Mea, Foil and Monroe were present without counsel. RPh. Dwight Ayscue was present for the permit. Present for the Board were Board member Robert Crocker, Director of Investigations Steve Hudson, and Board Investigators Josh Kohler and Lisa Dumire. Investigators Kohler and Dumire presented the investigative findings in this matter. After consideration of those findings and the pharmacist's response, Mr. Crocker proposed the following Finding of Fact, Conclusion of Law, and Disciplinary Action.

FINDING OF FACT

1. Jason Michael Foil (Respondent Foil) was issued license number 14357 by the Board on June 26, 1998. RPh. Brian Douglas Monroe (Respondent Monroe) was issued license number 13972 by the Board on July 1, 1997. Drugs America (Respondent permit) was issued permit number 4945 by the Board on April 5, 1988 and last renewed on December 11, 1998 with RPh. Julie Della-Mea as the RPh. Manager.

2. On November 12, 1998, Respondent Foil dispensed Erythromycin to Investigator Dumire, who was working in an undercover capacity, without making an offer to counsel her about the product.
3. On November 30, 1998, Respondent Foil dispensed Erythromycin to Investigator Kohler, who was working in an undercover capacity, without making an offer to counsel him about the product.
4. On November 30, 1998, Respondent Monroe dispensed Doxycycline to Investigator Dumire, who was working in an undercover capacity, without making an offer to counsel her about the product.
5. Respondent permit and Respondents Foil and Monroe hereby waive any further Finding of Fact in this matter.

CONCLUSION OF LAW

Respondent permit and Respondents Foil and Monroe admit that they have violated 21 NCAC 46.2504 and that this conduct constitutes sufficient grounds for disciplinary action by the Board under GS 90-85.38 (a), (6), and (7).

Based on the foregoing, and with the consent of Respondents, IT IS THEREFORE THE

ORDER OF THE BOARD

1. That the permit issued to RPh. Julie Della-Mea and Mast Drug Company is hereby suspended for 7 days, which suspension is stayed for a period of two years upon the following conditions:
 - I. The permit be actively suspended for a period of one (1) business day beginning no later than 90 days after the Board's acceptance of this Order.

- II. That no laws governing the practice of pharmacy shall be violated at this location during the stay period.
 - III. That no violation of Board rules shall be violated at this location during the stayed period.
 - IV. That a sign be conspicuously displayed on the entrance to the pharmacy stating "This Pharmacy Closed By Order of the North Carolina Board of Pharmacy For One Day". Such sign will be furnished by the Board.
 - V. That Respondent permit shall notify the Board office at least 10 days in advance of the commencement date of the active suspension of the permit.
 - VI. That each technician employed at the pharmacy be trained in how to comply with 21 NCAC 46.2504.
 - VII. That a Policy & Procedures manual be constructed which effectively addresses the technician's role in complying with 21 NCAC 46.2504.
 - VIII. That each technician must indicate successful completion of the training in these Policies & Procedures by his/her signature in the manual.
2. That the license issued to Respondent Foil is hereby suspended for 7 days, which suspension is stayed for a period of two years upon the following conditions:
- I. That the license be actively suspended for a period of three (3) business days beginning no later than 90 days of the Board's acceptance of this Order.
 - II. That during the stay period Respondent Foil shall violate no laws governing the practice of pharmacy.
 - III. That during the stay period Respondent Foil violate no rules of the Board of Pharmacy.
 - IV. That Respondent Foil shall notify the Board office at least 10 days in advance of the commencement date of the active suspension of his license. Such notification shall be in writing and directed to the North Carolina Board of Pharmacy, PO Box 459, Carrboro, NC 27510 or faxed to (919)967-5757. He shall surrender his license, the renewal certificate thereof, and his wallet card to the Board during the active suspension period.

3. That the license issued to Respondent RPh. Monroe is hereby suspended for 7 days, which suspension is stayed for a period of two years upon the following conditions:
- I. That the license be actively suspended for a period of three (3) business days beginning no later than 90 days of the Board's acceptance of this Order.
 - II. That during the stay period Respondent Monroe shall violate no laws governing the practice of pharmacy during this stayed period.
 - III. That during the stay period Respondent Monroe violate no rules of the Board of Pharmacy during the stayed period.
 - IV. Respondent Monroe shall notify the Board office at least 10 days in advance of the commencement date of the active suspension of his license. Such notification shall be in writing and directed to the North Carolina Board of Pharmacy, PO Box 459, Carrboro, NC, 27510 or faxed to (919)967-5757. He shall surrender his license, the renewal certificate thereof, and his wallet card to the Board during the active suspension period.

By order of the North Carolina Board of Pharmacy this the 21st day of April, 1999.

By: Albert F. Lockamy, Jr.
Albert F. Lockamy, Jr.
President

ATTEST:

David R. Work
David R. Work
Executive Director

RPh. Jason M. Foil has full knowledge that he has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly, and voluntarily waives such right by entering into this Consent Order. Jason M. Foil understands and agrees that by entering into this Consent Order, he voluntarily relinquished any right to judicial review of Board actions which may be taken concerning any related matters. Jason M. Foil understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Jason M. Foil admits there is a factual basis for the Finding of Fact set forth herein and that the Findings of Fact support the Conclusions of Law. Jason M. Foil consents to and accepts entry of this Consent Order for purposes of resolving this proceeding before the Board of Pharmacy. Jason M. Foil concurs with the foregoing Finding of Fact, Conclusion of Law, and Order of the Board and will not contest the Finding of Fact should further action be warranted in this matter.

CONSENTED TO BY

Jason M. Foil
Jason M. Foil

4/7/99
Date

State of NC
VANCE County

I, D. M. Edwards, a Notary Public for the above named County and State, do hereby certify that Jason M. Foil personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and official seal

This the 7th day of April, 1999.

D. M. Edwards
Notary Public

My Commission Expires: 02/04/2003

Jason M. Foil does not accept the proposed Consent Order in this matter.

Jason M. Foil

Date

13D

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 0231)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Promesa Health Pharmacy
 Physical Address: 10815 Old Mill Road
 Mailing Address: same
 City: Omaha State: NE Zip Code: 68154
 Telephone: 877-234-4409 Fax: 877-234-4429
 Toll Free Number: 877-234-4409 (Required per NAC 639.708)
 E-mail: mlwhite@promesahealth.com Website: NA
 Managing Pharmacist: Margie White License Number: 10750-NE

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: closed door

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeffrey Silver

11-19-2019

Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

Page 4

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeffrey Silver

Responsible Person of Promesa Health Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeffrey Silver

Print Name of Authorized Person

11-19-2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Nebraska)
) ss.
Douglas COUNTY)

I, Margie White, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC for Promesa Health Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2 I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Margie White, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name _____

SUBSCRIBED AND SWORN TO
before me, a notary public this
19 day of November, 2019.

NOTARY PUBLIC

State of Nebraska – General Notary
NICOLE MINZEL
My Commission Expires
August 17, 2022

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

PROMESA HEALTH, INC.

**incorporated on May 31, 2006 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

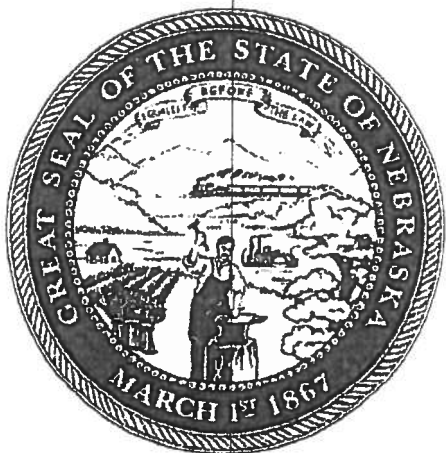
that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

November 20, 2019



Robert B. Evnen

Secretary of State

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

APPLIED UNDERWRITERS, INC.

incorporated on March 30, 2001 and is duly incorporated under the law of
Nebraska;

that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

November 20, 2019



Robert B. Evnen

Secretary of State

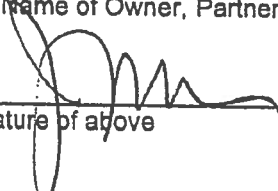
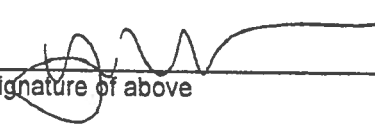
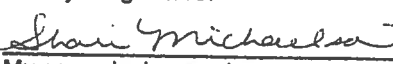
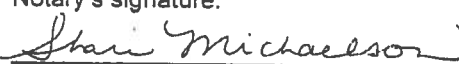
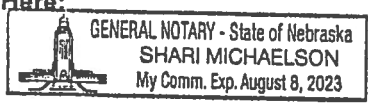
Affidavit

Promesa Health Pharmacy remains wholly owned by Promesa Health, Inc. Promesa Health, Inc. remains a wholly owned subsidiary of Applied Underwriters Inc.

The officers have changed from Steven Menzies, President; Sidney Ferenc, Vice President/Treasurer; Jeffrey Silver, Vice President/Secretary to Steven Menzies, President and Treasurer; Jeffrey Silver, Vice President/Secretary.

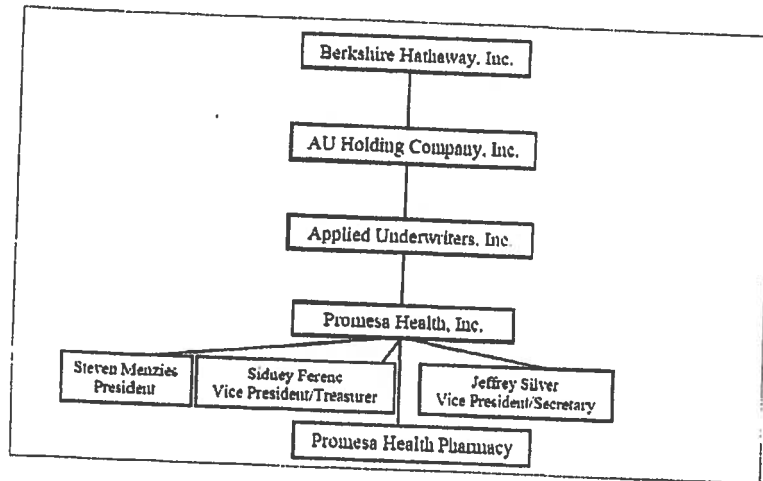
Affidavit A below, must be completed by the owner, partner or by the principal officer. If the person executing Affidavit "A" is not also the pharmacist-in-charge of the pharmacy, then the pharmacist-in-charge must complete Affidavit "B."

I do solemnly swear and affirm that the foregoing statements on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct.

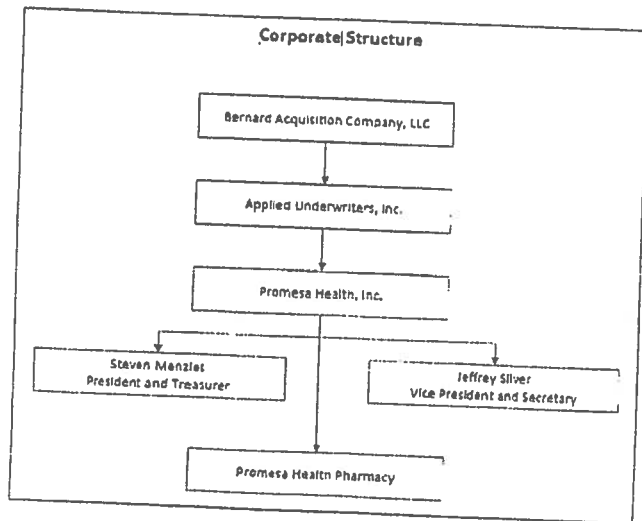
| Affidavit "A" | Affidavit "B" |
|--|---|
| <u>Jeffrey Silver</u>
Print Name of Owner, Partner or Officer | <u>Margie White</u>
Print Name of Owner, Partner or Officer |
| 
Signature of above | 
Signature of above |
| Subscribed and sworn to before me
this <u>5th</u> day of <u>November</u>
in the year <u>2019</u> | Subscribed and sworn to before me
this <u>5th</u> day of <u>November</u>
in the year <u>2019</u> |
| Print Notary's name:
<u>Shari Michaelson</u>
Notary's signature:

My commission expires:
<u>August 8, 2023</u> | Print Notary's name:
<u>Shari Michaelson</u>
Notary's signature:

My commission expires:
<u>August 8, 2023</u> |
| Affix Seal Here:
 | Affix Seal Here:
 |

In reference to N.J.A.C. 13:39-4.20, the following change in corporate officers has occurred:

Previous Corporate Structure:



Current Corporate Structure:



Previous List of Corporate Officers:

| Name | Address | Title |
|----------------|--|--------------------------|
| Steven Menzies | 10805 Old Mill Road
Omaha. NE 68154 | President/ Treasurer |
| Jeffrey Silver | 10805 Old Mill Road
Omaha. NE 68154 | Vice President/Secretary |
| Sidney Ferenc | 10805 Old Mill Road
Omaha. NE 68154 | Chairman Emeritus |

New List of Corporate Officers:

| Name | Address | Title |
|----------------|--|--------------------------|
| Steven Menzies | 10805 Old Mill Road
Omaha. NE 68154 | President/ Treasurer |
| Jeffrey Silver | 10805 Old Mill Road
Omaha. NE 68154 | Vice President/Secretary |

STATE OF NEBRASKA



SHARES

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APPLIED UNDERWRITERS, INC.

ONE THOUSAND (1,000)

Continuation of
the record of the Capt. Henry

From the perspective of working life, organizations by the culture of the organization and the management of the company are responsible for the health and safety of the employees.

IT DIFFERS WHEN

Harmonia, *Journal of the Harmonic Society of Omaha, Nebraska*

6-23
Date
6-23
Time
6-23
Time

2005

SIDNEY R. ROSEN, JR. 11-62-10630

WALTER A. SILVER, Secretary

Shares

2000

Each.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

CERTIFICATION OF LICENSE

Nevada Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

| | | | |
|-------------------------|-------------------------------------|------------------|------------|
| PROFESSION NAME: | Community Pharmacy License | | |
| Number: | 2748 | Status: | Active |
| Issuance Date: | 04/05/2007 | Expiration Date: | 07/01/2020 |
| Name: | Promesa Health Pharmacy | | |
| Address: | 10815 Old Mill Rd
Omaha NE 68154 | | |
| Credential Obtained by: | Application | | |
| Disciplinary Action: | | | |

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Jesse Cushman, Program Manager
Office of Medical & Specialized Health
Licensure Unit

November 25, 2019

**You may verify licenses under the following Internet Web Site
Address: <http://www.nebraska.gov/LISearch/search.cgi>**

(SEAL)

[illegible]

State of Nebraska

Department of Health and Human Services
Division of Public Health

Community Pharmacy License

This is to certify that **Promesa Health Pharmacy**
Is issued License No. 2748 to operate a Pharmacy at:
10815 Old Mill Rd Omaha NE 68154

Promesa Health, Inc

Margie Lynn White, RP In Charge

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health,
State of Nebraska, on 04/05/2007.
Expiration Date: 07/01/2020



Dear Pharmacy Board,

Promesa Health Pharmacy was issued a reprimand and fine of \$500 from the Illinois Pharmacy Board in response to the Maine complaint reported on our previous renewal form. Please let me know if you need any further information.

Respectfully,

Margie White, RPh

877-234-4409

mlwhite@promesahealth.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE)
ILLINOIS DEPARTMENT OF FINANCIAL AND)
PROFESSIONAL REGULATION,)

Complainant,)

Case No. 2016-08443

v.)

Promesa Health Pharmacy,
License No. 054.016217,

Respondent.)

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by its attorney Bonita Canavan and Respondent Promesa Health Pharmacy, by its authorized representative Vice President and Secretary Jeffrey Silver ("Respondent"), hereby agree to the following:

STIPULATIONS

Pursuant to the Illinois Pharmacy Practice Act ("Act") 85/et seq., Promesa Health Pharmacy holds non resident pharmacy license no. 054.016217, which is currently in active status.

The Department received a self report from Respondent's incoming pharmacist in charge ("PIC") Margie White that the Respondent non-resident pharmacy, whose home state is Nebraska, entered into a Consent Order with the Board of Pharmacy of the State of Maine in Case No. 2015-PHA-11742 for failing to timely file its application of change in PIC within seven (7) days of April 23, 2015. Respondent filed the Maine application on May 26, 2015, twenty-six (26) days after it was due on April 30, 2015. The Maine Consent Order "imposed a warning, and civil penalty of one thousand dollars (\$1,000.00)" on Respondent.

The Respondent's acts and/or omissions constitute grounds for disciplinary action against Respondent's license as a pharmacy on the authority of 225 ILCS 85/30(a)(8).

Pursuant to 68 IAC 1130.200(b), the following factors are considered in mitigation: (1) Respondent promptly self-reported the Maine discipline; and (2) has fully cooperated with the Department.

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to counsel, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person, and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent has been informed that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of Consent measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by its attorney Bonita Canavan and Respondent hereby agree to the following:

- A. Respondent's pharmacy license no. 054.016217 is reprimanded.
- B. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty (60) days of the effective date of this Order. The fine is to be paid by personal check, cashier's check, or personal money order. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
SSC – Accounts Receivable Section – Fines
PO Box 7086
Springfield, Illinois 62791-7086

In the notation portion of the check, Respondent shall write case no. 2016-08443 and license no. 054-016217.

- C. If Respondent fails to pay the five hundred dollar (\$500.00) fine, or any portion of the fine, and the Department initiates a collection effort to retrieve all or any portion of the fine, Respondent shall be responsible for all costs and fees incurred by the Department in said collection effort.
- D. Respondent agrees that any violation this Consent Order permits the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacy license. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. In the event Respondent contests in writing by the filing of a petition with the Department that complies with the Department's Rules of Practice in Administrative Hearings, and contests the factual basis underlying the suspension within thirty (30) days of

the effective date of the suspension, then Respondent shall be afforded a hearing on the merits.

- E. This Consent Order is a public disciplinary action and will be available to the public. It shall be reported to the National Practitioners Data Bank and other applicable reporting services.
- F. This Consent Order shall become effective upon approval by the Director, as signed and below.

Signatures on the following page.

8/14/2018
Date

[Signature]
Department attorney Bonita Canavan

8/25/2018
Date

[Signature]
Promesa Health Pharmacy by its Vice President
and Secretary Jeffrey Silver

9/14/18
Date

[Signature]
Illinois Board of Pharmacy Member

This Consent Order is hereby approved in full:

Dated this 15 day of October, 2018.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY BRYAN A. SCHNEIDER

[Signature]
Jessica A. Baer
Director of Professional Regulation

Case No. 2016-08443
License No. 054.016217

Dear Board of Pharmacy,

Promesa Health Pharmacy was issued a warning and \$1000 fine for not submitting the change of PIC application within 7 days for change of PIC in Maine. I have attached the Final Consent Agreement. Please let me know if I can provide any further information.

Respectfully,

Margie White, Rph

877-234-4409

mlwhite@promesahealth.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:

PROMESA HEALTH
PHARMACY

Complaint No. 2015-PHA-11742

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CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Promesa Health Pharmacy in the State of Maine. The parties to this Consent Agreement are: Promesa Health Pharmacy ("Promesa"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Promesa was licensed by the Board as a mail order pharmacy, license no. MO40001072, located at 10815 Old Mill Road in Omaha, Nebraska.
2. On April 23, 2015, Margie L. White replaced Nichole R. Wilson as the pharmacist in charge ("PIC") of Promesa, thereby requiring Promesa to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Promesa, however, did not file a change of PIC application with the Board until May 26, 2015.
4. On November 24, 2015, Board Investigator Thomas Avery filed a complaint with the Board alleging that Promesa had failed to file a timely Change of PIC application.

5. The Board docketed this complaint as complaint no. 2015-PHA-11742.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. On August 4, 2016, following a presentation of the complaint, the Board voted to offer Promesa this Consent Agreement in order to finally resolve Complaint No. 2015-PHA-11742.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Mary A. Lord, Paralegal, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by September 12, 2016, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Promesa admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the conduct admitted to in paragraph 9 above, Promesa agrees to accept the imposition of:
 - a. A WARNING; and
 - b. A CIVIL PENALTY in the amount of one thousand dollars (\$1,000.00). Payment of the civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Mary A. Lord, Paralegal, Department of Professional and Financial Regulation, 35 State House Station.

Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.
12. Violation of any of the terms or conditions of this Consent Agreement by Promesa shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.
15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
16. The Board and Promesa agree that no further agency or legal action will be initiated against Promesa by the Board based upon the specific violations admitted to herein, except or unless Promesa fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Promesa. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Promesa.
17. Promesa acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement.

that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

PROMESA HEALTH PHARMACY

DATED: 9/1/16

BY: [Signature]
Authorized Representative

Jeffrey Silver
Printed Name

DATED: 9/9/2016

[Signature]
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 9/13/2016

[Signature]
ANDREW L. BLACK
Assistant Attorney General

Form DEA-223 (9/2016)

| | | |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
| FP0138087 | 03-31-2022 | \$731 |
| SCHEDULES | | |
| 2,2N, 3,3N,4,5 | BUSINESS ACTIVITY | ISSUE DATE |
| | RETAIL PHARMACY | 02-11-2019 |
| PROMESA HEALTH PHARMACY
PROMESA HEALTH INC
10815 OLD MILL RD
OMAHA, NE 68154-2607 | | |

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

| | | |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
| FP0138087 | 03-31-2022 | \$731 |
| SCHEDULES | | |
| 2,2N, 3,3N,4,5 | BUSINESS ACTIVITY | ISSUE DATE |
| | RETAIL PHARMACY | 02-11-2019 |
| PROMESA HEALTH PHARMACY
PROMESA HEALTH INC
10815 OLD MILL RD
OMAHA, NE 68154-2607 | | |

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14

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Physical Address: 13825 Cerritos Corporate Drive, Ste A, Cerritos, CA 90703

Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895

City: Cerritos State: CA Zip Code: 90703

Telephone: 562-229-3500 Fax: 562-229-3590

Toll Free Number: 888-678-0505 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com

Website: _____

Managing Pharmacist: Katrina Nguyen License Number: RPH59998

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: LTC

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☐ ☒ Mail Service
- ☒ ☐ Long Term Care
- ☒ ☐ Sterile Compounding **
- ☒ ☐ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

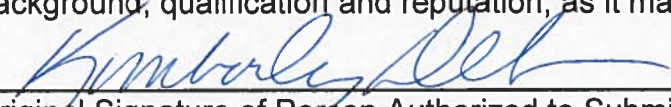
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley M. DeSousa

Print Name of Authorized Person

Date

10/16/19

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Omnicare Holding Company

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-770-6431 Fax: 401-216-0381

Contact Person: Kimberley Desousa

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - Omnicare Holding Company - 100% owner

| Name | Address |
|------|---------|
|------|---------|

[illegible]

c) _____

| Name | Address |
|------|---------|
|------|---------|

[illegible]

- 2) Provide the number of shares issued by the corporation. 100

- 3) What was the price paid per share? .01

- 4) What date did the corporation actually receive the cash assets? 1/27/1998

- 5) Provide a copy of the corporation's stock register evidencing the above information.

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday am pm 24 Hours x

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberley M. DeSousa

Responsible Person of Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley M. DeSousa, Assistant Secretary

Print Name of Authorized Person

10/16/15
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles) ss.
COUNTY)

I, Katrina Nguyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Omnicare of Cerritos (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Katrina Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
__ day of __, 20__.

NOTARY PUBLIC

Katrina
Name KATRINA NGUYEN

Please see attached for
CA Gov't Code 8202
compliant jurat.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 8th day of October,

20 19 by Katrina Nguyen

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature] (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit for out of state

(Title or description of attached document)

Pharmacy license

(Title or description of attached document continued)

Number of Pages 01 Document Date —

Unnicke of Certificates

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Retail Pharmacy Permit

LICENSE NO. PHY 54226
RECEIPT NO. 00159874

VALID UNTIL AUGUST 01, 2020

OMNICARE OF CERRITOS
13825 A & A2 CERRITOS CORP. DR
CERRITOS CA 90703

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

06/06/19
06/06/19

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (12/31/05) PHA

EVERGREEN PHARMACEUTICAL OF CALIFORNIA
13825 A & A2 CERRITOS CORP DR
CERRITOS, CA 90703-0000



| DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID |
|--|------------------------------|-------------|
| BE9471652 | 10-31-2021 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N,
3,3N,4,5 | CHAIN PHARMACY | 08-15-2017 |
| EVERGREEN PHARMACEUTICAL OF CALIFORNIA
OMNICARE OF CERRITOS
13825 A & A2 CERRITOS CORP DR
CERRITOS, CA 90703-0000 | | |

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID |
|--|------------------------------|-------------|
| BE9471652 | 10-31-2021 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N,
3,3N,4,5 | CHAIN PHARMACY | 08-15-2017 |
| EVERGREEN PHARMACEUTICAL OF CALIFORNIA
OMNICARE OF CERRITOS
13825 A & A2 CERRITOS CORP DR
CERRITOS, CA 90703-0000 | | |

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Entity Name Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Corporate Officers

| Management Name | Title | % of Ownership | Business Address | Telephone |
|-----------------------|---------------------|----------------|-------------------------------------|--------------|
| Moffatt, Thomas S. | President/Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| DeNale, Carol A. | SVP and Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Temple Cecilia | Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Beaulieu, Sheelagh | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Clark, Jeffrey E. | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Buchanan-Wood, Carrie | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Cimbron, Linda M. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| DeSousa, Kimberley M. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Luker, Melanie K. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |



BOARD OF PHARMACY

ISSUANCE DATE
AUGUST 5 2016
EXPIRATION DATE
AUGUST 1 2020
CURRENT DATE / TIME
OCTOBER 4 2019
7 24 26 AM

LICENSING DETAILS FOR: PHY 54226

NAME: OMNICARE OF CERRITOS
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR

ADDRESS
13825 A & A2 CERRITOS CORP DR
CERRITOS CA 90703
LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: OMNICARE OF CERRITOS
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 100935 PRIMARY STATUS: CLEAR

ADDRESS :
13825 A & A2 CERRITOS CORPORATE DR
CERRITOS CA 90703
LOS ANGELES COUNTY

NAME: NGUYEN, KATRINA KLEIN
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 99998 PRIMARY STATUS: CLEAR

ADDRESS NOT DISCLOSED

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

EVERGREEN PHARMACEUTICAL OF CALIFORNIA, INC.

FILE NUMBER: C2067811
FORMATION DATE: 01/27/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 03, 2019.

ALEX PADILLA
Secretary of State

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number
CI 2014 63230

Name, License No.
OMNICARE OF CERRITOS, PHY 46722 (Cancelled)

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMOUNT OF FINE |
|-----------------------------------|--|----------------|
| CCR, Title 16, § 1793.7 subd. (f) | Requirements for pharmacies employing pharmacy technicians; pharmacist to technician ratio | \$5,000.00 |

CONDUCT:

California Code of Regulations section 1793.7 subsection (f) states for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Omnicare of Cerritos, PHY 46722 was non-compliant. Specifically, during an inspection conducted on 5/2/2016, Omnicare of Cerritos, PHY 46722 located at 13825 A & A2 Cerritos Corp Dr., Cerritos CA, had nine technicians performing job duties of a technician under the supervision of three pharmacists as seen in highlighted portions of table below. The ratio was less than one pharmacist on duty for a total of two technicians on duty. This is a violation of pharmacy law.

Table showing employee location and activity as observed by Inspector Patell between 2 pm and 3.30 pm on 5/2/2016:

| NAME OF EMPLOYEE | LICENSE NUMBER | AREA OBSERVED IN | TASKS BEING PERFORMED |
|---------------------------|--------------------|------------------|---|
| Alvyda Bobineine | TCH83997 | PV2 | Pouring liquid into labeled bottle |
| Caridad Arrogante | TCH15507 | PV2 | Bubble packing |
| Christopher Cortez | TCH104873 | IV order entry | Stocking pumps |
| Dante Bautista | TCH59833 | PV2 | Placing order for drugs/supplies |
| Desiree Gutierrez | Externship trainee | PV2 | Putting away order |
| Gricelda Valencia Morales | TCH131814 | PV2 | Bubble packing |
| Hung Hsien Lin | TCH128081 | IV order entry | Inputting in computer |
| Juan C Carrillo | TCH37504 | IV preparation | Staging drugs and supplies for patient-specific compounding |
| Jung Kang | Externship trainee | PV2 | Putting away order |
| Lida Datamalchi | TCH58012 | PV2 | At computer, doing returns |
| Linh K Hua | TCH57651 | PV2 | Labeling e-kits and |

| | | | |
|----------------------|-----------|----------------|---|
| | | | logging them out to go to facilities |
| Manuel Santana Gijon | TCH143390 | IV order entry | Inputting in computer |
| Matthew L Mena | TCH143390 | IV preparation | Staging drugs and supplies for patient-specific compounding and later, in garbed and in ISO 7 IV room |
| Ngoc T Le | TCH89886 | PV2 | Bubble packing |
| Phoemsuk N To | TCH127767 | PV2 | Bubble packing |
| Saul Mendoza | TCH60126 | PV2 | Bubble packing |
| Shannon M Dunn | TCH44408 | PV2 | Labeling bubble packs- filling |

CITATION ISSUED ON: November 22, 2016

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: December 22, 2016

2068C

OMNICARE PHARMACY OF PUEBLO, L

Page 1 of 1

CHECK NO. 10884069

| PO VEND | INVOICE NO. | INV. DATE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|-------------|-------------|------------|--------------|----------|------------|
| 2068C | CI201570758 | 01-30-2018 | 3,000.00 | 0.00 | 3,000.00 |
| 20 TOTALS > | | | | | \$3,000.00 |

Remittance Advice

Checks cleared through Positive Pay

CVS
CORPORATION

OMNICARE PHARMACY OF PUEBLO, L
1 CVS Drive, Woonsocket, RI 02895

Three thousand and 00/100 Dollars

PAY TO THE
ORDER OF
KeyBank National Association
Portland, ME

CALIFORNIA STATE BOARD OF PHARMACY (L)

1825 N MARKET BLVD
STE N219
SACRAMENTO, CA
95834

Date
02-14-2018

Corp. Vendor
2068C

10884069
Check Amount
.....\$3,000.00
Not Valid Over 180 Days

Handwritten Signature

⑈10884069⑈ ⑆011200608⑆ 190991900456⑈

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| Citation Number | Name, License No |
|-----------------|---|
| CI 2015 70758 | OMNICARE OF CERRITOS, PHY 46722 (CANCELLED) |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---|---|-------------|
| CCR, Title 16, § 1714 subd. (b) | Operational Standards and Security; pharmacy responsible for pharmacy security | \$2,000.00 |
| Bus. & Prof. Code § 4081 subd. (a)/Bus. & Prof. Code § 4105 subd. (a) | Records of dangerous drugs kept open for inspection/Retaining Records of Dangerous Drugs and Devices on Licensed Premises | \$1,000.00 |

CONDUCT:

California Code of Regulations 1714(b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to the theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of California Code of Regulations 1714(b) for failing to maintain adequate security of controlled substances.

Business and Professions Code 4081(a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. Business and Professions Code 4105(a) states all records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of Business and Professions Codes 4105(a) and 4081(a) for failing to maintain a current inventory and records of disposition.

CITATION ISSUED ON: January 30, 2018**TOTAL AMOUNT OF FINE(S): \$3,000.00****PAYMENT OF FINE(S) DUE BY: March 01, 2018**

020002068C

CVS PHARMACY, INC

Page 1 of 1

CHECK NO. 50059005

| PO VEND | INVOICE NO. | INV. DATE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|------------|-------------|-----------|--------------|----------|------------|
| 02000206 | 201880991 | 10-16-18 | 500.00 | 0.00 | 500.00 |
| 1 TOTALS > | | | | | \$500.00 |

Remittance Advice

Checks cleared through Positive Pay



CVS 48211

62-20
311

Date Corp. Vendor
06-25-2019 020002068C

50059005

Check Amount
*****\$500.00

Not Valid Over 180 Days

CVS PHARMACY, INC
1 CVS Drive, Woonsocket, RI 02895

Five hundred and 00/100 Dollars

PAY TO THE
ORDER OFCITIBANK, N.A.
One Penn's Way
19720

CALIFORNIA STATE BOARD OF PHARMACY

1625 N MARKET BLVD
STE N219
SACRAMENTO, CA
95834

⑈ 50059005⑈ ⑆031100209⑆ 38258306⑈

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| | |
|------------------------|---------------------------------|
| Citation Number | Name, License No |
| CI 2018 80991 | OMNICARE OF CERRITOS, PHY 54226 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|------------------------------------|--|-------------------------|
| Bus. & Prof. Code § 4201 subd. (f) | Pharmacy license shall authorize the holder to conduct a pharmacy. Renewed annually and shall not be transferable | \$500.00 |
| Bus. & Prof. Code § 4201 subd. (j) | Any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board. | Citation without a fine |
| CCR, Title 16, § 1709 subd. (a) | Names of Owners and Pharmacist in Charge; Each permit to operate a pharmacy shall show the name and address of the pharmacy, the form of ownership, the pharmacist in charge and the names of all owners and the names of the corporate officers (if a corporation). Any changes must be reported to the Board in writing within 30 days | Citation without a fine |
| CCR, Title 16, § 1709 subd. (b) | Any transfer, in a single transaction or in a series of transactions, of 10 percent or more of the beneficial interest in a business entity... Shall require written notification to the board within 30 days | Citation without a fine |
| CCR, Title 16, § 1709 subd. (c) | The following shall constitute a transfer of permit and require application for a change of ownership: any transfer of beneficial interest in a business entity licensed by the board... | Citation without a fine |

CONDUCT:

Business and Professions Code section 4201(f) states that pharmacy licenses shall be renewed annually and are not transferable. Specifically, Evergreen Pharmaceutical of California, d/b/a Omnicare of Cerritos changed ownership and operated with a nontransferable license between August 18, 2015 and August 5, 2016 (approximately 353 days).

Business and Professions Code section 4201(j) requires pharmacy licenses to report any change in beneficial ownership within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(a) requires any changes in the pharmacist-in-charge, or owners, or corporate officers to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(b) requires any transfer of 10 percent or more of the beneficial interest in a business entity licensed by the Board, to a person or entity who did not have a beneficial interest at the time the original license was issued, to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(c) requires any transfer of ownership resulting in the transferee's holding 50% or more of the beneficial interest in the licensed entity to be reported to the Board on a change of ownership application. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

CITATION ISSUED ON: October 16, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: November 15, 2018

37152

RECEIVED

OCT 09 2019

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency of the State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Address: 13825 Cerritos Corporate Drive, Ste A

City: Cerritos State: CA Zip: 90703

I hereby authorize the California State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant *Kimberly Elson*

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

| License Number | License Status | Date License Issued | Date License Expires |
|----------------|----------------|---------------------|----------------------|
| | | | |

| | |
|--|--|
| Has this license been encumbered in any way?
☐ Yes ☐ No | Type of Encumbrance: (if any) |
| | ☐ Revoked ☐ Surrendered ☐ Limited
☐ Suspended ☐ Restricted ☐ Probation
Please attach copies of any pertinent legal documents |

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (If yes, please explain) ☐ Yes ☐ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☐ Yes ☐ No

| Signature of State Official | Title | State | Date | State Seal |
|-----------------------------|-------|-------|------|------------|
| | | | | |

671548

OCT - 9 2019

30-



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



November 19, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: OMNICARE OF CERRITOS

License Type: PHARMACY

License Number: PHY 54226

Status: ACTIVE

Issue Date: 08/05/16

Expiration Date: 08/01/20

Address of Record: 13825 A & A2 CERRITOS CORP. DR CERRITOS CA 90703

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Interim Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov

15

15A

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- ☒ New Outsourcing Facility
☐ Ownership Change (Provide current license number if making changes:) OUT _____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4 ☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5 ☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Central Admixture Pharmacy Services, Inc.

Physical Address: 2200 S 43rd Avenue

City: Phoenix State: AZ Zip Code: 85043

Telephone: 480-795-4100 Fax: _____

Toll Free Number: 833-465-2080 (Required per NAC 639.708)

E-mail: Peter.Nero@capspharmacy.com Website: www.capspharmacy.com

Supervising Pharmacist: Peter Nero Nevada License #: 20415 ✓ 12-16-19 Ch

SERVICES PROVIDED

Yes/No

- ☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**

FEl Number (From FDA application): 33-0439686

Please provide the name of the facility as registered with the FDA and the registration number:
Central Admixture Pharmacy Services, Inc. - 3014307835

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
 Name: Peter Nero Nevada License Number: 20415

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

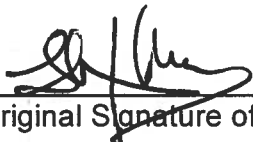
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas J. Wilverding

Print Name of Authorized Person

12/4/2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: DE

Parent Company if any: B. Braun of America Inc.

Address: 824 Twelfth Avenue

City: Bethlehem State: PA Zip: 18018

Telephone: 919-806-4448 Fax: None

Contact Person: Thomas J. Wilverding

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) See Attached

Name
Address
 - b) _____

Name
Address
 - c) _____

Name
Address
 - d) _____

Name
Address
- 2) Provide the number of shares issued by the corporation. 9,993,750
- 3) What was the price paid per share? \$.0010 par value per share
- 4) What date did the corporation actually receive the cash assets? December 5, 1990
- 5) Provide a copy of the corporation's stock register evidencing the above information

Company does not keep a stock register.

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
2200 SOUTH 43RD AVENUE
PHOENIX, AZ 85043

Central Admixture Pharmacy Services Inc. (CAPS) attests that medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL ADMIXTURE PHARMACY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTRAL ADMIXTURE PHARMACY SERVICES, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2248466 8300

SR# 20195310779

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202982085

Date: 06-07-19

Central Admixture Pharmacy Services, Inc. (“CAPS”)

B. Braun of America Inc. (“B. Braun”) is the parent company of Central Admixture Pharmacy Services, Inc. B. Braun has no domestic shareholders to disclose.

Central Admixture Pharmacy Services, Inc. (CAPS) - OFFICERS

Name and Title

Thomas J. Wilverding
President

Business Address and Phone:

2530 Meridian Parkway, Suite 200
Durham, NC 27713
919-806-4448
tom.wilverding@capspharmacy.com

Name and Title

Michael A. Koch
SR. Vice President, Professional Services

Business Address and Phone:

16800 Aston Street, Suite 150
Irvine, CA 92606
949-660-2701
mike.koch@capspharmacy.com

Name and Title

Bruce Heugel
Treasurer (Chief Financial Officer)

Business Address and Phone:

824 Twelfth Avenue
Bethlehem, PA 18018
610-997-4050
bruce.heugel@bbraunusa.com

Name and Title

Cathy L. Codrea
Secretary

Business Address and Phone:

824 Twelfth Avenue
Bethlehem, PA 18018
610-997-4581
cathy.codrea@bbraunusa.com

Central Admixture Pharmacy Services, Inc.

16800 Aston Street, Suite 150
Irvine, CA 92606
State of Incorporation: Delaware

C Corporation
33-0439686

B. Braun of America Inc.

824 12th Avenue
Bethlehem, PA 18108
State of Incorporation: Pennsylvania

Owns CAPS stock 100%
23-2115335

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
10 Year Citation History

Central Admixture Pharmacy Services, Inc.
55 Sixth Road
Woburn, MA 01801

7/22/2019 – Maine Board of Pharmacy

Pharmacy License citations: \$1,500 – Fined for failure to notify the Maine Board of Pharmacy of a change in Pharmacist-in-Charge within seven days of the change. \$1,500 fine paid. Matter closed.

Central Admixture Pharmacy Services, Inc.
10370 Slusher Drive, Unit 6
Santa Fe Springs, CA 90670

2/27/2015 – California Board of Pharmacy

Pharmacy License citation: \$2,500 – Fined for violation of Tech/Pharmacist Ratio. \$2,500 fine paid. Matter closed.

Sterile Compounding License citation: violation of Tech/Pharmacist Ratio. No fine. Matter closed.

Central Admixture Pharmacy Services, Inc.
160 W. Forrest Avenue
Englewood, NJ 07631

8/16/2016 (Current) -New Jersey Board of Pharmacy

Failed to submit Central Prescription Handling Agreements with New York hospital customers to the Board. Cooperation Agreements (as agreed upon by the NJ DAG, as an alternative to the Central Prescription Handling Agreement) have been submitted to the Board. Currently awaiting confirmation from Board of resolution of citation.

7/15/14 - New Jersey Board of Pharmacy

\$2,000 – Fined for exceeding the technician to pharmacist ratio of 2:1. \$2,000 fine was paid and corrective action letter was submitted to the Board. Matter closed.

\$5,000 – Fined for failure to submit Central Prescription Handling Agreements with New Jersey hospital customers to the Board. \$5,000 fine was paid and Central Prescription Handling Agreements were submitted to the Board. Matter closed.

Central Admixture Pharmacy Services, Inc.
9730 Martin Luther King Jr. Highway, Units C & D

Lanham, MD 20706

12/19/2011 Maryland Board of Pharmacy

\$2,000.00 - Fine for inspection finding of un-registered Technicians. \$2,000.00 fine paid. Matter closed.

Central Admixture Pharmacy Services, Inc.

1433 Sams, Suite A & C

Harahan, LA 70123

12/07/11 - Louisiana Board of Wholesale Distributors

\$750.00 – Fined for failure to secure front door of pharmacy allowing for unauthorized entry and access from outside. \$750.00 fine paid and front door secured. Matter closed.



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 09/05/2019
Receipt Number: 201964111
Receipt Amount \$: 1000.00

Manufacturer - 503B Outsourcer

503B

PERMIT NO
M001162

EXPIRES
10/31/2021

Issued to :

Central Admixture Pharmacy Services, Inc.
Central Admixture Pharmacy Services, Inc.
2200 SOUTH 43RD AVENUE
PHOENIX, AZ 85043

Central Admixture Pharmacy Services, Inc.
2200 SOUTH 43RD AVENUE
PHOENIX, AZ 85043

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



WALLET CARD

NAME : Central Admixture Pharmacy Services, Inc.
LICENSE NUMBER : M001162
EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

| | |
|--------------------------|---|
| Name : | Central Admixture Pharmacy Services, Inc. |
| Address : | 2200 South 43rd Avenue Phoenix AZ 85043 |
| License No : | M001162 |
| Permit Type : | Manufacturer |
| Sub Type : | 503B Outsourcer |
| Date Issued : | 09/28/2018 |
| Expiration Date : | 10/31/2021 |
| Status : | OPEN |
| Discipline : | No |

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/27/2019

Registered Outsourcing Facilities

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Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Content current as of:
10/29/2019

Updated as of 10/25/2019

- [Information Concerning Outsourcing Facility Registration](#)
- [Outsourcing Facility Product Reporting Information](#)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

| Facility Name | Contact Name and Phone Number | Initial Date of Registration as an Outsourcing Facility ¹ | Date of Most Recent Registration as an Outsourcing Facility ¹ | End Date of Last FDA Inspection Related to Compounding ² | Was a Form FDA-483 issued? ³ | Other Action, if Any, Based on Last Inspection ^{4,5} | Intends to Compound Sterile Drugs From Bulk Drug Substances ⁶ |
|--|---|--|--|---|---|---|--|
| Central Admixture Pharmacy Services, Inc., Allentown, PA | Wm. John Brandon
205-945-1955
Ext=106 | 2/28/2014 | 10/18/2019 | 8/22/2018 | Yes | Open ⁷ | Yes |
| Central Admixture Pharmacy Services, Phoenix, AZ | Wm. John Brandon
205-945-1955
Ext=106 | 3/29/2018 | 10/18/2019 | 4/26/2019 | No | N/A | Yes |
| Central Admixture Pharmacy Services, Inc., San Diego, CA | Wm. John Brandon
205-945-1955
Ext=106 | 6/4/2014 | 10/18/2019 | 9/11/2018 | Yes | Open ⁷ | No |



December 31, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 205
Reno, NV 89521

Dear Sir or Madam:

This letter is in regards to your notice of required attendance to the hearing scheduled on January 16, 2020.

As President of the corporation, I authorize Bill Jones, Regional Director of Pharmacy Operations to appear on behalf of Central Admixture Pharmacy Services, Inc. as designated representatives to answer any questions the board may have.

Please feel free to contact me at (919) 806-4412 if you have further questions.

Sincerely,

Thomas J. Wilverding
President
Central Admixture Pharmacy Services, Inc.

15B

8/19

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- ☒ New Outsourcing Facility
☐ Ownership Change (Provide current license number if making changes:) OUT _____
☒ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4 ☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5 ☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Complete Pharmacy and Medical Solutions, LLC

Physical Address: 5829 NW 158th Street

City: Miami Lakes State: FL Zip Code: 33014

Telephone: 305-397-2035 Fax: 888-843-2367

Toll Free Number: 305-397-2035 (Required per NAC 639.708)

E-mail: compliance.cpms@gmail.com Website: www.completepharm.com

Supervising Pharmacist: Gregory G. Gaiser Nevada License #: N/A

SERVICES PROVIDED

Yes/No

- ☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 260353814

Please provide the name of the facility as registered with the FDA and the registration number:

Complete Pharmacy and Medical Solutions, LLC Registration Number: 004417520

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Complete Pharmaceuticals

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Esan Forde Nevada License Number: 20050A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

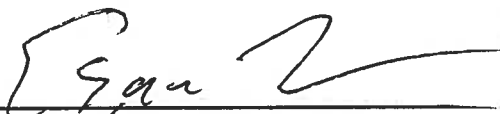
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Egan Forde

Print Name of Authorized Person

3/27/19

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: FloridaParent Company if any: N/AAddress: 5829 NW 158th StreetCity: Miami Lakes State: FL Zip: 33014Telephone: 305-397-2035 Fax: 888-843-2367Contact Person: Gregory G. Gaiser

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Gregory G. Gaiser (100%) 5829 NW 158th Street Miami Lakes, FL 33014
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors



Department of Health



License Verification

COMPLETE PHARMACY AND MEDICAL SOLUTIONS
COMPLETE PHARMACEUTICS

[Printer Friendly Version](#)

License Number: PH28339

Data As Of 11/6/2018

| License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners |
|-----------------------------|---|-------------------------|---------------------------|
| Profession | Pharmacy | | |
| License | PH28339 | | |
| License Status | OBLIGATIONS/ | | |
| Qualifications | Special Sterile Compounding | | |
| License Expiration Date | 2/28/2021 | | |
| License Original Issue Date | 07/22/2014 | | |
| Address of Record | 5829 NW 158 STREET
MIAMI LAKES, FL 33014 | | |
| Discipline on File | Yes - <i>Click on Discipline/Admin Action tab to see more details</i> | | |
| Public Complaint | Yes - <i>Click on Discipline/Admin Action tab to see more details</i> | | |

[Back](#)

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the [License Certifications web page](#).



[Privacy Statement](#) | [Disclaimer](#) | [Email Advisory](#) | [Accessibility](#)

© 2015 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

State of Florida

Department of State

I certify from the records of this office that COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 8, 2007.

The document number of this limited liability company is L07000060786.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 5, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fourth day of June,
2019*



Randy R.
Secretary of State

Tracking Number: 8596056939CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Law Office of R. Javier Guerra PLLC

Attorneys and Counselors at Law

111 W. Olmos Dr.

San Antonio, TX 78212

Phone: 210.829.7183

Facsimile: 210.910.6144

guerrallawfirm@hotmail.com

Re: Pharmacy Board Issues

S. Carolina Date of Incident: 2014

On or about December 10, 2015, the South Carolina Board of Pharmacy entered an Agreement to Relinquish Permit against the South Carolina non-resident pharmacy permit number 15515 held by Complete Pharmaceuticals LLC (licensed in South Carolina as Complete Pharmacy and Medical Solutions). The Agreement accepted the voluntary relinquishment of Complete Pharmaceuticals LLC's South Carolina pharmacy permit and provided that the pharmacy is ineligible to reapply for a non-resident permit in the future.

Florida Date of Incident: July 2014

On or about February 25, 2015, the Florida Board of Pharmacy entered a Final Order Approving Settlement Agreement against the Florida pharmacy license number PH 22993 held by Complete Pharmaceuticals LLC (licensed in Florida as Complete Pharmacy and Medical Solutions). The Order was based on allegations that the pharmacy engaged in sterile compounding without a Florida sterile compounding permit. The Order imposed a \$2,000 fine and directed the pharmacy to correct the deficiencies and violations identified in the Administrative Complaint.

Texas Date of Incident: September 2, 2014

From on or about September 2, 2014, through on or about November 9, 2015, Complete Pharmaceuticals LLC (previously licensed as Complete Pharmacy and Medical Solutions), 5829 Northwest 158th Street, Miami Lakes, Florida 33014, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license.

Date of Incident: September 2016 – January 2017

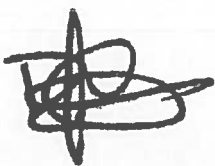
From on or about September 1, 2016, through on or about January 23, 2017, Complete Pharmaceuticals LLC, 5829 Northwest 158th Street, Miami Lakes, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. License was reprimanded and assessed a penalty of \$6,000 for both alleged violations.

Alabama: Date of Incident: 2015-2016

Alabama alleged that Complete Pharmacy and Medical Solutions, a non-resident pharmacy shipped sterile products to Alabama without possessing a permit required by the state. The pharmacy's permit as a non-resident pharmacy was placed on probation and administratively fined \$15,000.00.

| | |
|-----------|--|
| Oregon | Date of Incident: January 1, 2015 – March 29, 2016
The Oregon State Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions for failing to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. An administrative fine of \$50,000 (\$40,000 stayed pending no further licensing violations for 3 years). |
| Ohio | Date of Incident: 2014-2015
The State of Ohio Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions by imposing a \$1,000 fine for a negative answer to the legal question on their renewal application. |
| Minnesota | Date of Incident 2016
The Minnesota Board of Pharmacy reprimanded and imposed a \$3,500 fine on Complete Pharmacy and Medical Solutions for the prior disciplinary actions taken by other states as well as for violations of Minnesota's statutes concerning office stock. |
| Alabama | Date of Incident 2018
The Alabama State Board Denied a permit as a 503B wholesaler/distributor. |

Sincerely,



R. Javier Guerra

15C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Outsourcing Facility

☐ Ownership Change (Provide current license number if making changes:) OUT _____

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☐ Partnership - Pages 1-3 & 6

☒ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Leiter's

Physical Address: 17 Great Oaks Blvd

City: San Jose State: CA Zip Code: 95119

Telephone: 408-292-6772 Fax: 408-288-8252

Toll Free Number: 800-292-6772 (Required per NAC 639.708)

E-mail: CAlicensing@Leiters.com Website: www.Leiters.com

Supervising Pharmacist: Paul Yamamoto Nevada License #: 19734

SERVICES PROVIDED

Yes/No

☐ Parenteral

☒ Sterile Compounding

☒ Non Sterile Compounding

☐ Mail Service Sterile Compounding

☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3003434972Please provide the name of the facility as registered with the FDA and the registration number:
Leiter's Compounding, DUNS# 079215020Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Current DBA is only "Leiter's". Previous DBA was "Leiter's Compounding"

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Paul Yamamoto Nevada License Number: 19734

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☒ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Robin Hoke, President & CEO

Print Name of Authorized Person

9/22/18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: Leiter's Enterprises, Inc.Address: 17 Great Oaks Blvd.City: San Jose State: CA Zip: 95119Telephone: 408-292-6772 Fax: 408-288-8252Contact Person: Brian Rozema, Pharm.D. - Licensing Consultant

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) See attached corporate structure chart
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

changing to OUT



397703



1008



PH03891



0801R

DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY
For the period of November 1, 2018 to October 31, 2020

LICENSE: PH03891
LEI COMPOUNDING
6541-B VIA DEL ORO,
San Jose, CA 95119

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **Money Order** for \$550 (\$500 renewal fee plus \$50 paper-use fee)
3. Renewals submitted after 10/31/2018 will be charged A **LATE FEE** of \$250. A **Money Order** for \$800 (\$750 late renewal fee plus \$50 paper-use fee)
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$50 fee
5. Please allow **2-3 WEEKS** for processing by mail/in-person

<OR>

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to **REGISTER**, then follow the prompts (only required once)
3. Credit Cards **ONLY**: On time renewal fee - \$500/late renewal fee - \$750

***On-line fee of \$15 will be charged during submission.**

Licenses **renewed online** will update immediately once approved by board staff.

Section 1: Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation:
(Fill in completely) Yes ☒ No ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ ☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☐ ☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ ☒

If you marked **YES** to any of the questions above, include the following information & a letter of explanation:

| | | | | | |
|------------------------------|-------|-------|---------|---------|-------|
| Board Administrative Action: | | State | Date: | Case #: | |
| | | | / / | | |
| Criminal Action: | State | Date: | Case #: | County | Court |
| | | / / | | | |

Section 2: CAUTIONS

(A.) Nevada has **no grace period**. All applications postmarked by the US Postal Service after October 31, 2018 that are NOT accompanied by the late fee & the paper-use fee, will be returned and will be assessed the missing fees, delaying processing.

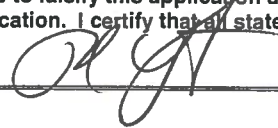
(B.) Any application that is not 100% complete will be returned and will not be considered to have been received.
Only completed applications will be processed.

NON-DISCIPLINARY STATE-MANDATED QUESTION

(1.) Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Original Signature:  Date: 10/4/18

Leiter's Enterprises, Inc. d/b/a Leiter's

17 Great Oaks Blvd, San Jose, CA 95119

Ph. 800-292-6772 FAX 408-288-8252

Corporate Officers

Robin S. Hoke - President & CEO

DOB

Home: Yorkshire Rd, Columbus, OH 43221; Ph

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph (800) 292-6772

Email: Robin.Hoke@Leiters.com

Dennis M. Potter - CFO, Secretary & Treasurer

DOB

Home: Arrowood Ct, Middletown, DE 19709; Ph#

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph. (800) 292-6772

Email: Dennis.Potter@Leiters.com

Business Description

Leiter's is a FDA-registered 503B outsourcing facility (FEI# 3003434972) that compounds sterile and non-sterile prescription human drug products to hospitals, outpatient clinics and licensed practitioners in the United States. All compounding is performed under the supervision of licensed pharmacists. *Leiter's* does not dispense patient-specific prescription drug orders.

Other Businesses

Along with *Leiter's*, **Leiter's Enterprises, Inc.** also owns and operates *LEI Compounding*, a retail and sterile compounding pharmacy located in San Jose, CA.

Leiter's has a sister facility in Englewood, Colorado. *Leiter's Health*, also a 503B outsourcing facility, is owned and operated by **Denver Solutions, LLC**.

Leiter's Enterprises, Inc. and **Denver Solutions, LLC** share the same parent company: **Leiters, Inc.** (a Delaware corporation)

Leiters Holdings, LLC
Organizational Structure
(v. 9-15-18)

| Entity | Board of Directors | Board Committees | Management | Members/Shareholders |
|---|--|-----------------------|--|--|
| Leiters Holdings, LLC
(DE LLC) | Robin Smith Hoke
Frank Leo
Nathan Every
Brian Morfitt
Alex Zisson
Michael Wasserman
Thomas Flynn
Daniel Burgess | Audit
Compensation | Robin Smith Hoke – CEO &
President
Dennis Potter – CFO, Secretary &
Treasurer | Frazier Healthcare VI, LP – 37.53%
SV Life Sciences Fund Investors – 26.72%
H.I.G. Bio - Leiters, LLC – 21.37%
Kaiser Permanente Ventures, LLC-Series C – 4.00%
Kaiser Permanente Ventures, LLC-Series D – 2.50%
The Permanente Federation, LLC-Series K – 0.63%
Leiter/Levine 1996 Living Trust – 1.71%
Mayo Clinic – 3.55%
Co-Investors/Management – 1.98%
[% based on Series A and Series B units
issued/outstanding; value units not included] |
| Leiters, Inc.
(DE C-Corp) | Robin Smith Hoke | N/A | Robin Smith Hoke – CEO &
President
Dennis Potter – CFO, Secretary &
Treasurer | Leiters Holdings, LLC – 100% |
| Leiter's Enterprises, Inc.
(CA C-Corp) | Robin Smith Hoke | N/A | Robin Smith Hoke – CEO &
President
Dennis Potter – CFO, Secretary &
Treasurer | Leiters, Inc. – 100% |
| Denver Solutions, LLC
(DE LLC) | Robin Smith Hoke | N/A | Robin Smith Hoke – CEO &
President
Dennis Potter – CFO, Secretary &
Treasurer | Leiters, Inc. – 100% |

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEITER'S ENTERPRISES, INC.

FILE NUMBER: C3520211
FORMATION DATE: 11/09/2012
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 04, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



LEITER'S

November 22, 2016

To Whom It May Concern,

On November 16, 2016, *Leiter's Enterprises, Inc. dba Leiter's* surrendered its non-resident Retail Pharmacy License to the Arkansas State Board of Pharmacy. Arkansas pharmacy law has a statute prohibiting non-profit and/or tax exempt hospitals from having a direct or indirect interest in holding a pharmacy permit in their state. According to their board, some of Leiter's parent company investment partners fit this criteria, making it ineligible to hold such a permit.

Leiter's was not subject to any discipline nor is it under any investigation due to this action.

Please feel free to contact me if any more information about this matter is required.

Respectfully,

Jim Cuniff
President & CEO
17 Great Oaks Blvd.
San Jose, CA 95119
408-292-6772

STATE OF CALIFORNIA
dca
 DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy



Outsourcing Facility License

LICENSE NO. OSF 107

ISSUE DATE OCTOBER 19, 2017

LEITERS

17 GREAT OAKS BLVD
 SAN JOSE CA 95119

The above is licensed with the California State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov



Outsourcing Facility License

BOARD OF PHARMACY
 1625 NORTH MARKET BLVD., SUITE N-219
 SACRAMENTO, CA 95834
 (916) 574-7900

LICENSE NO. OSF 107
 RECEIPT NO. 00152853

VALID UNTIL OCTOBER 01, 2019

LEITERS
 17 GREAT OAKS BLVD
 SAN JOSE CA 95119

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
 This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, or shareholder (more than 10 percent share change). This permit is valid only at the address shown.

09/19/18

09/19/18 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHOSF (02/28/17)

**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

May 18, 2018

LEITER'S
ATTN: BRIAN ROZEMA
17 GREAT OAKS DRIVE
SAN JOSE CA 95119

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: LEITER'S

License Type: OUTSOURCING FACILITY

License Number: OSF 107

Status: ACTIVE

Issue Date: 10/19/17

Expiration Date: 10/01/18

Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink, reading "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

Visit our website at www.pharmacy.ca.gov

15D

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- ☒ New Outsourcing Facility
☐ Ownership Change (Provide current license number if making changes:) OUT _____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4 ☒ Partnership - Pages 1-3 & 6
☐ Non Publicly Traded Corporation – Pages 1-3 & 5 ☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Pine Pharmaceuticals LLC

Physical Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone: 716-248-1025 Fax: 716-768-3948

Toll Free Number: 844-218-4138 (Required per NAC 639.708)

E-mail: ajmuto@pinepharmaceuticals.com Website: www.pinepharmaceuticals.com

Supervising Pharmacist: Adam Lindell Nevada License #: 20308

✓ nodisc
exp 21

SERVICES PROVIDED

Yes/No

- ☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding
☒ ☐ Other Services: Sterile Repackaging

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3010943533Please provide the name of the facility as registered with the FDA and the registration number:
Pine Pharmaceuticals LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Adam Lindell Nevada License Number: 20308

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☒ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

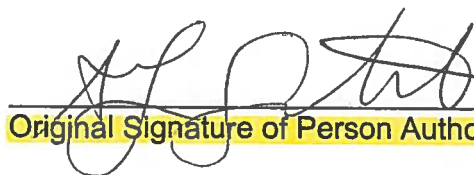
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Alfonse J. Muto

Print Name of Authorized Person

09/05/2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 6

OWNERSHIP IS A PARTNERSHIP

General _____

Limited _____

Partnership Name: Pine Pharmaceuticals LLCMailing Address: 355 Riverwalk PkwyCity: Tonawanda State: NY Zip Code: 14150Telephone Number: 716-248-1025 Fax Number: 716-768-3948Contact Person: Alfonse J. Muto

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| <u>Name</u> | <u>G or L</u> | <u>Percentage</u> |
|--------------------------------------|-------------------|-------------------|
| <u>Alfonse Muto, Managing Member</u> | <u> </u> | <u>1%</u> |
| <u>Alfonse J. Muto, Member</u> | <u> </u> | <u>1%</u> |

List names of 4 largest partners and percentage of ownership:

Name: Riverpoint LP %: 98

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

NAME OF SUPERVISOR
ALLISON GENTILE



THIS IS TO CERTIFY

PINE PHARMACEUTICALS LLC.
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2017.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2020.

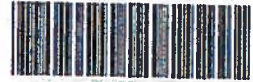
This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

033021



STATE BOARD OF
PHARMACY



1: 3 PINE PHARMACEUTICALS
2/640 355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000



10031793 2/000650-1/1-R

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|-------------------------|---------------------------|----------|
| RP0546018 | 03-31-2020 | \$3047 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|-------------------|-------------------|------------|
| 2,
3,3N,4,5,L1 | MANUFACTURER | 03-12-2019 |

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|-------------------------|---------------------------|----------|
| RP0546018 | 03-31-2020 | \$3047 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|-------------------|-------------------|------------|
| 2,
3,3N,4,5,L1 | MANUFACTURER | 03-12-2019 |

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION
NUMBER</th> <th style="text-align: left;">THIS REGISTRATION
EXPIRES</th> <th style="text-align: left;">FEE
PAID</th> </tr> <tr> <td>RP0546018</td> <td>03-31-2020</td> <td>\$3047</td> </tr> </table> | DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID | RP0546018 | 03-31-2020 | \$3047 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,
3.3N.4.5.L1</td> <td>MANUFACTURER</td> <td>03-12-2019</td> </tr> </table> | SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE | 2,
3.3N.4.5.L1 | MANUFACTURER | 03-12-2019 | <p style="text-align: center;">CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537</p> <p>Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p> |
|--|------------------------------|--|-------------|-----------|------------|--------|---|-----------|-------------------|------------|-------------------|--------------|------------|---|
| DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID | | | | | | | | | | | | |
| RP0546018 | 03-31-2020 | \$3047 | | | | | | | | | | | | |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE | | | | | | | | | | | | |
| 2,
3.3N.4.5.L1 | MANUFACTURER | 03-12-2019 | | | | | | | | | | | | |
| <p>PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000</p> | | <p style="text-align: center;">REPORT
CHANGES
PROMPTLY</p> | | | | | | | | | | | | |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Form DEA-223/511 (9/2016)</p> | | <p style="text-align: center;">REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE</p> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> 1. visit our web site at deadiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9539 - or 3. submit your change(s) in writing to:
Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639 <p>See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p> | | | | | | | | | | | | |

----- You have been registered to handle the following chemical/drug codes: -----

7285, 8113, 9150, 9300, 9739, 9801

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/04/2019

Amount:

License #: 20308

Adam C. Lindell

Sweet Rd

East Aurora NY 14052

(ID Card)

Trim ID Card to fit your wallet

| | |
|--|---------------------|
|  <p>NEVADA STATE
BOARD OF
PHARMACY</p> | Pharmacist |
| | Expires: 10/31/2021 |
| <p>Adam C. Lindell
Sweet Rd
East Aurora NY 14052</p> | |
| <p>License #
20308
Active</p> | |
| <p>IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS</p> | |

Cut Here

License Type: Pharmacist

License #: 20308

**NEVADA
STATE BOARD OF PHARMACY**
Pharmacist

Expires: 10/31/2021

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Adam C. Lindell

Sweet Rd

East Aurora NY 14052

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



Statement of Explanation

Question 5.

Similarly, to the case here in Nevada, as states create license categories for Outsourcing Facilities, Pine Pharmaceuticals will let lapse the previously required license categories (e.g. Wholesaler, manufacturer, pharmacy). Pine Pharmaceuticals has also surrendered licenses for its relocation on 03/12/2018 as required by individual states.

NEVADA STATE BOARD OF PHARMACY
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

STATEMENT OF EXPLANATION

Applicant: Pine Pharmaceuticals LLC (“Pine”)

Alabama. On February 4, 2016, the Alabama State Board of Pharmacy (ALBOP) approved Pine’s application for a Manufacturer/Wholesaler/Distributor permit (the “New Permit”) via a Final Order, a copy of which is attached here as Exhibit A (the “ALBOP Final Order”). Concurrent with its issuance of the New Permit, however, ALBOP placed Pine on probation for 24 months and assessed an administrative fine of \$2,000.

ALBOP’s decision to place Pine on probation and issue an administrative fine was difficult to understand or defend for several reasons:

1. ALBOP’s determination was based on alleged infractions of ALBOP rules that occurred *before* Pine was licensed to operate in Alabama;
2. ALBOP based its determination in part on FDA observations reported on an FDA Form 483 relating to a separate entity, “Pine Pharmacy and Home Care Products Center, Inc.”; and
3. ALBOP claimed that any “observation” reported on a FDA Form 483 constitutes a separate and independent violation of ALBOP rules.¹

FDA Warning Letter. On November 7, 2016, the FDA issued a warning letter to Pine in response to its October 2015 on-site inspection of Pine’s former facility located at 100 Colvin Woods Parkway, Suite 300, Tonawanda, New York (“Former Facility”); copies of the warning letter and Pine’s responses to the letter are attached here as Exhibit B. Effective March 12, 2018, Pine moved its operations from the Former Facility to a new facility located at 355 Riverwalk Parkway, Tonawanda, New York (“New Facility”).

Missouri. On October 13, 2017, the Missouri Board of Pharmacy (MOBOP) issued an administrative letter of warning to Pine but took no disciplinary action. MOBOP issued the letter in response to its review of the warning letter issued to Pine by the FDA. A copy of the MOBOP administrative letter of warning is attached here as Exhibit C.

Michigan. Pursuant to a Consent Order and Stipulation dated December 13, 2017 and effective January 12, 2018, the Michigan Board of Pharmacy imposed a \$250 fine on Pine’s Michigan Manufacturer/Wholesaler license (the “Michigan Order”). The Michigan Order may be fairly characterized as a “reciprocity fine” since there were no separate grounds for discipline specific to Pine’s activities in Michigan; rather, the Michigan Order was based on the ALBOP Final Order. A copy of the Michigan Order is attached here as Exhibit D.

By a letter dated March 20, 2018, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) notified Pine that its Michigan Manufacturer/Wholesaler license had been suspended for failure to timely pay the \$250 fine that was imposed under the Michigan Order (the “Michigan Notice”). A copy of the Michigan Notice is attached here as Exhibit E. Pine’s Michigan Manufacturer/Wholesaler license

¹ FDA observations on a Form 483 following an FDA inspection are routine and expected. Each observation represents preliminary thoughts of the FDA investigator on the subject of the observation. The Form 483, once completed, is shared by the FDA with the facility’s management with the understanding and expectation that the facility will voluntarily take action to address the noted concerns.

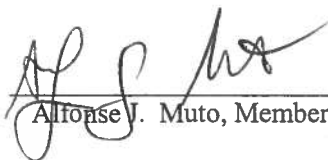
was inactive at the time of suspension. The license had been permanently closed at the Pine's request due to the voluntary closure of the Former Facility in connection with Pine's relocation to the New Facility.

Pine had timely forwarded the payment required by the Michigan Order by check dated November 6, 2017, but LARA never received the payment. Pine's records confirmed that the check had not been cashed. Upon receiving the Michigan Notice, Pine immediately arranged for a duplicate payment to be delivered to LARA via overnight delivery. Pine's compliance with the Michigan Order is effective as of April 3, 2018.

Maine. Pursuant to a Consent Agreement, effective November 1, 2018 ("Maine Consent Agreement"), executed by and among Pine, the Maine Board of Pharmacy ("Maine BOP"), and the Maine Office of the Attorney General, Pine accepted discipline against its Maine mail order pharmacy license consisting of: (i) a warning; and (ii) a \$250 fine. The parties entered into the Maine Consent Agreement to resolve a complaint filed by a Maine BOP representative alleging that Pine did not report out-of-state disciplinary action to Maine BOP within 10 days as required under Maine law (Case No: 2018-PHA-14448). A copy of the Maine Consent Agreement is attached here as Exhibit F.

Respectfully submitted,

PINE PHARMACEUTICALS LLC

By: 
Alfonse J. Muto, Member

Date: 09/12/2019

Exhibit A**ALBOP Final Order**

See attached.

| | | |
|--|---|--------------------------|
| IN THE MATTER OF: | } | BEFORE THE ALABAMA STATE |
| PINE PHARMACEUTICALS, LLC | } | BOARD OF PHARMACY |
| Manufacturer/Wholesaler/
Distributor Permit Applicant | } | |

FINAL ORDER

On January 19, 2016 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Pine Pharmaceuticals, LLC (hereinafter also referred to as the "Respondent"), in relation to its application for a manufacturer/wholesaler/ distributor permit. Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is an applicant for manufacturer/wholesaler/distributor permit in an application dated November 5, 2014 indicating Alphonse J. Muto as the owner and contact person. (Board's Exhibit One "2", Respondent's Exhibits One, Two and Three)

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. Thomas Kendrick, Esq. at the hearing. Corporate representative Mr. Alfonse J. Muto, Jr. attended and participated in the hearing. (Board's Exhibit One) The matter was initially set for June 16, 2015 and continued to August 25, 2015 on the request of the Respondent. The matter was continued to November 17, 2015 on the Motion of the Board then again continued to January 19, 2016 on the Motion of the Respondent.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. In its application for a permit, the Respondent answered "yes" to the question "Has

any applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic violations?" and the Respondent provided documentation of a 1979 arrest and conviction of Alphonse Muto for carrying a concealed weapon in Fort Lauderdale, Florida. (Respondent's Exhibit Three).

5. In its application for a permit, the Respondent answered "yes" to the question "Has any applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler or distributor?" Adding, "Pine Pharmacy." Alfonse J. Muto, Sr. was listed as owner.

6. From July 16, 2013 through July 19, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein seven deficiencies were observed including, but not limited to, lacking adequate environmental monitoring data, inappropriate personnel clothing, inadequate sterile product procedures and inadequate facility and equipment systems. (Board's Exhibit One "A", Respondent's Exhibit Three)

7. From December 10, 2013 through December 16, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein nine deficiencies were observed including, but not limited to, improper equipment for the use intended, inappropriate personnel clothing, inadequate sterile product procedures, deficient product separation areas, inadequate facility and equipment systems, improper laboratory testing procedures, insufficient batch numbers tested, personal training lacking and determination of expiration dates inadequate. (Board's Exhibit One "A") On February 13, 2015 the Food and Drug Administration issued Pine Pharmacy and Home Care Products a warning letter based on the July, 2013 inspection deficiencies, refusal to provide requested documentation and not receiving valid prescriptions observed in the December, 2013 inspection. (Board's Exhibit One "C")

8. From October 5, 2015 through October 9, 2015 the Respondent (Pine

Pharmaceuticals) in Towanda, New York was inspected by the Food and Drug Administration wherein five deficiencies were observed including, but not limited to, failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch had already been distributed, aseptic processing procedures, appropriate laboratory determinations, labeling content and inadequate submitted reports to FDA. One deficiency related to the injectable drugs vancomycin and bevacizumab. (Board's Exhibit One and Respondent's Exhibit Four) Alfonse J. Muto, Jr. was shown as co-owner of the Respondent.

9. The Respondent reported the Food and Drug Administration its response of the October 2015 inspection observed deficiencies, the corrective measures taken by the Respondent for each deficiency. (Respondent's Exhibit Four)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.

3. The Respondent made no objection to the timeliness of the Notice of Hearing

4. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Jr. as pharmacist, covering the period of July 16, 2013 through July 19, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

5. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Sr. as owner, covering the period of December 10, 2013 through December 16, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

6. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 based upon a Warning Letter issued by the FDA dated February 13, 2015 to Alfonse J. Muto, Sr. at Pine Pharmacy and Home Care Products Center, Inc. Each and every deficiency set out in the referenced Warning Letter is a separate and distinct violation.

7. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmaceuticals, LLC, listing Alfonse J. Muto, Jr. as co-owner, covering the period of October 5 – 7 and 9, 2015.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent's application for a permit as a manufacturer/wholesaler/distributor is GRANTED and placed on PROBATION for a period of twenty-four (24) months from the date

of this Final Order; and

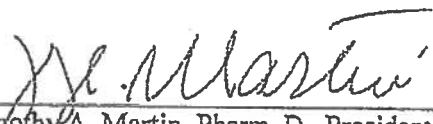
2. The Respondent shall provide the Board all copies of any and all reports of inspections made by the Food and Drug Administration and the New York Board of Pharmacy; and

3. The Respondent is found NOT GUILTY of Count Five of the Board's Amended Statement of Charges; and

4. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within ninety (90) days of the date of this ORDER; and

5. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 4th day of February 2016.


Timothy A. Martin, Pharm. D., President
Alabama State Board of Pharmacy

Copies to:
Mr. Thomas Kendrick, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

15E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY

☐ Ownership Change (Provide current license number if making changes:) OUT _____

☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☐ Partnership – Pages 1-3 & 6

☒ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: QuVa Pharma, Inc.

Physical Address: 519 State Route 173

City: Bloomsbury State: New Jersey Zip Code: 08804

Telephone: 888-339-0874 Fax: _____

Toll Free Number: 888-339-0874 (Required per NAC 639.708)

E-mail: michelle.kostroun@quvapharma.com Website: www.quvapharma.com

Supervising Pharmacist: Andrea Tremblay Nevada License #: 20316 ✓

no disc
exp 21

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral

☒ ☐ Sterile Compounding

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3013931875

Please provide the name of the facility as registered with the FDA and the registration number:

QuVa Pharma, Inc. /036662848

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Andrea TremblayNevada License Number: 20316

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

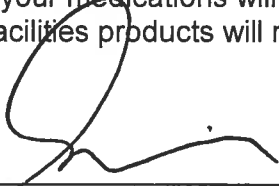
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott Weiss

Print Name of Authorized Person

10/20/19

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: QuVa Pharma Holdings, Inc.Address: 3 Sugar Creek Center Blvd. Ste. 250City: Sugar Land State: Texas Zip: 77478Telephone: 888-339-0874

Fax: _____

Contact Person: Scott Weiss

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) 100% of the shares are owned by QuVa Pharma Holdings

Name

Address

b) _____

Name

Address

c) _____

Name

Address

d) _____

Name

Address

2) Provide the number of shares issued by the corporation. 10003) What was the price paid per share? No par value4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information N/A**Include with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Stuart Hirschen CEO

Peter Jenkins CDO (Chief Development Officer)

State Of Delaware

Entity Details

9/6/2019 3:24:52PM

File Number: 5755668

Incorporation Date / Formation Date: 5/28/2015

Entity Name: QUVA PHARMA, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/18/2016

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Department of State: Division of Corporations

[Allowable Characters](#)**HOME**

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[Customer Service Survey](#)
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Entity Details

File Number: 5755668 **Incorporation Date / Formation Date:** 5/28/2015 (mm/dd/yyyy)
Entity Name: QUVA PHARMA, INC.
Entity Kind: Corporation **Entity Type:** General
Residency: Domestic **State:** State:
Status: **Good Standing** **Status Date:** 3/18/2016

TAX INFORMATION

Last Annual Report Filed: 2018 **Tax Due:** \$ 0
Annual Tax Assessment: \$ 175 **Total Authorized Shares:** 1000

REGISTERED AGENT INFORMATION

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON **County:** New Castle
State: DE **Postal Code:** 19808
Phone: 302-636-5401

FILING HISTORY (Last 5 Filings)

| Seq | Description | No. of pages | Filing Date
(mm/dd/yyyy) | Filing Time | Effective Date
(mm/dd/yyyy) |
|------------|-------------------------|---------------------|------------------------------------|--------------------|---------------------------------------|
| 1 | Amendment
QUVA, INC. | 1 | 7/13/2015 | 5:06 PM | 7/13/2015 |
| 2 | Stock Corporation | 2 | 5/28/2015 | 4:34 PM | 5/28/2015 |

[Back to Entity Search](#)[Email Status](#)

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New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/28/2019

Registration Number: 5004816 **Registered as:** Manufacturer and Wholesale

Parent Company Name: QUVA PHARMA, INC.

Trade Name:

Original Issue Date: 10/21/2015 **Expiration Date:** 01/31/2020

Current Issue Date: 12/24/2018

Disciplines: No



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0733881

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:
1075 W PARK ONE DRIVE, SUITE 100 SUGAR LAND, TX 77478-
5920 S GENERAL BRUCE DR TEMPLE, TX 76502-
519 ROUTE 173 BLOOMSBURY, NJ 08804-

Reg. No.
5004816

QUVA PHARMA, INC.
ATTN: VARSHA GAITONDE RPH
1075 W PARK ONE DRIVE, SUITE 100
SUGAR LAND, TX 77478-

ISSUED PURSUANT TO

N.J.S.A. 24:6B

EXPIRES: January 31, 2020

Establishment Copy

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| ☒ New MDEG | ☐ Ownership Change | ☐ Name Change | ☐ Location Change |
| (Please provide current license number if making changes: MP or MW _____) | | | |

| | |
|--|--|
| ☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b | ☐ Partnership - Pages 1,2,3,6
☒ Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: AMG Medical Supplies LLC

Physical Address: 1840 E. Calvada Blvd Ste 9 Pahrump, NV 89048
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4325 Dean Martin Drive Ste 340

City: Las Vegas State: NV Zip Code: 89130

Telephone: 702-908-5274 Fax: _____

E-mail: amadordonald86@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5PM Tue: 9am to 5PM Wed: 9am to 5PM Thu: 9am to 5PM

Fri: 9am to 5PM Sat: closed to _____ Sun: closed to _____ Holidays: closed to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christina Danielle Guerrero

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies | ☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosthesis
Other: <u>Incontinence</u> |
|---|--|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|----------------------|--|-------|
| <u>Donald Amador</u> | <u>Medicare & Medicaid pending</u> | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

| | |
|---|-------------------|
| ☐ Practitioner | Name: <u>none</u> |
| ☐ Advanced Practitioner of Nursing | Name: _____ |
| ☐ Physician's Assistant | Name: _____ |
| ☐ Physical Therapist | Name: _____ |
| ☐ Occupational Therapist | Name: _____ |
| ☐ Registered Nurse | Name: _____ |
| ☐ Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Donald Amador
Print Name of Authorized Person

11/4/19
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Donald Amador

Business Name: AMG Medical Supplies LLC

Current Business Address: 1840 E. Calvada Blvd Ste 9 #

City: Pahrump State: NV Zip: 89088

Telephone: 702-908-3274 Fax: _____

SOLE OWNER**Include with the application for a sole owner**

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|--------------------------|
| PRODUCER
CS&S/KRAFT LAKE INSURANCE AGCY INC
PO BOX 958489
LAKE MARY, FL 32746-8989
Phone - 877-724-2669
Fax - 877-763-5122 | CONTACT NAME: | |
| | PHONE
(A/C, No, Ext): | FAX
(A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED
AMG MEDICALGROUP
1840 E CALVADA BLVD STE 9
PAHRUMP Nevada 89048 | INSURER A : Continental Casualty Company | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | ☒ COMMERCIAL GENERAL LIABILITY
☐ CLAIMS-MADE ☒ OCCUR

GEN'L AGGREGATE LIMIT APPLIES PER
☐ POLICY ☐ PROJECT ☒ LOC
☐ OTHER | N | N | 6025283028 | 07/11/2019 | 07/11/2020 | EACH OCCURRENCE \$ 1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 | | | | | | |
| | MED EXP (Any one person) \$ 10,000 | | | | | | |
| | PERSONAL & ADV INJURY \$ 1,000,000 | | | | | | |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | |
| | AUTOMOBILE LIABILITY
☐ ANY AUTO
☐ OWNED AUTOS ONLY
☐ HIRED AUTOS ONLY
☐ SCHEDULED AUTOS
☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$
BODILY INJURY (Per person) \$
BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB ☐ OCCUR
EXCESS LIAB ☐ CLAIMS-MADE
DED ☐ RETENTION \$ | | | | | | EACH OCCURRENCE \$
AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N
If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE ☐ OTH-ER ☐
E.L. EACH ACCIDENT \$
E.L. DISEASE - EA EMPLOYEE \$
E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*****Proof of Insurance*****

CERTIFICATE HOLDER

AMG MEDICALGROUP
1840 E CALVADA BLVD STE 9
PAHRUMP Nevada 89048

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ryan M. Cernaughay

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

11/4/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Christina Danielle Guerrero

Nature of MDEG

AMG MEDICAL SUPPLIES L.L.C. 1840 E CALVADA Blvd Ste 9 Pahrump NV 89048

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Guerrero Christina Danielle
 Last Name First Name Middle Name

Tina, Hurley.
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Exultation Ct. LV, NV 89149.
 Present Residence Address-Street or RFD City State/Zip
4325 Dean Martin Drive Ste 340 LV NV 89103
 Present Business Address City State/Zip

Client Care Coordinator 02/04/19 - present.
 Present Position with the MDEG

Phone: 702) 701-2860 Fax: 702) 834-8490

Email address: tina.guerrero@amadormedical.com.

--- Rodchester PA.
 Date of Birth Place of Birth (City, County, State)

44 --- F
 Age Social Security Number Sex

Blue Brown 165 5'4"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics 4 tattoos Flower (arm)
heart (chest, kids names) (leg, turtle (ankle) (gallbladder Scar.

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

1566

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

| | | |
|---------------------------------|---|----------------------|
| 02/2019
<i>Present</i> | Amador Medical 4325 DEAN MARTIN BVD. #340
<i>customer service.</i> | LV NV 89108, 1,120 |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Client Care Coordinator | Process Paperwork. | Donald Amador. |
| Title | Description of Duties | Name of Supervisor |
| 07/2014
<i>PCA caregiver</i> | Ar Alon Home Care 525 S. Decatur Blvd
<i>Help Assist with ADLs</i> | LV NV 89108, 2,340 |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| PCA caregiver | Help Assist with ADLs | Rebekah Thompson. |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

- a) Board Administrative Action: State: _____
 b) Date: _____
 Case Number: _____
- c) Criminal Action: State: _____
 Date: _____
 Case Number: _____
 County: _____
 Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

.....

Date: _____



I, Christina Guerrero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Christina Guerrero
Original Signature of Applicant

16B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| ☒ New MDEG | ☐ Ownership Change | ☐ Name Change | ☐ Location Change |
| (Please provide current license number if making changes: MP or MW _____) | | | |

| | |
|---|--|
| ☐ Publicly Traded Corporation – Pages 1,2,3,4 | ☐ Partnership - Pages 1,2,3,6 |
| ☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b | ☐ Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MDRX, LLC

Physical Address: 118 Corporate Park Dr Ste#105

(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Henderson State: NV Zip Code: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

E-mail: f.malinis@mdrxdispense.com Website: www.mdrxdispense.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm

Fri: 9am to 6pm Sat: 9am to 3pm Sun: 9am to 3pm Holidays: varies

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Becky Zawacki

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

| | |
|--|---|
| ☒ Medical Gases**
☒ Respiratory Equipment**
☒ Life-sustaining equipment**
☒ Diabetic Supplies | ☒ Assistive Equipment
☒ Parenteral and Enteral Equipment**
☒ Orthotics and Prosthesis
Other: _____ |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Frances Malinis Telephone: 702-580-8794

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

pending licensure _____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

- ☐ Practitioner
☐ Advanced Practitioner of Nursing
☐ Physician's Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist

Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

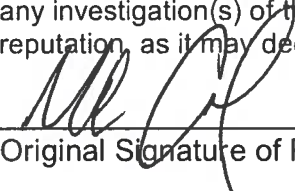
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Mark Casal
Print Name of Authorized Person

6/10/2019
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: MDRX, LLC

Mailing Address: 118 Corporate Park Dr Ste#105

City: Henderson State: NV Zip: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

Contact Person: Frances Malinis

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b)

| Name | Address |
|------|---------|
| N/A | |

c)

| Name | Address |
|------|---------|
| N/A | |

d)

| Name | Address |
|------|---------|
| N/A | |

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the “New Applications” tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MDRX, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 26, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 10, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190610-1702



List of Officers

Mark Casal, Officer

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/11/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
 Nature of License
MDRX LLC 118 Corporate Park Dr Ste#105 Henderson, NV 89074
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

| | | |
|--------------|-------------|----------------|
| <u>Casal</u> | <u>Mark</u> | <u>Anthony</u> |
| Last Name | First Name | Middle Name |

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Burclare Ct Sugarland TX, 77479

| | | |
|---|--------------------------|-------------------------------|
| Present Residence Address-Street or RFD
<u>118 Corporate Park Dr Ste#105</u> | City
<u>Henderson</u> | State/Zip
<u>NV, 89074</u> |
| Dates | | |

| | | |
|---|-----------------------------|-----------|
| Present Business Address
<u>Pharmacist</u> | City
<u>2006-Present</u> | State/Zip |
| Dates | | |

| | |
|---------------------------------|------------------------------|
| Occupation
<u>7</u> | Phone:
Residence |
| <u>Quezon City, Philippines</u> | Business <u>866-700-6379</u> |

| | |
|----------------------------|---|
| Date of Birth
<u>42</u> | Place of Birth (City, County, State)
<u>Male</u> |
|----------------------------|---|

| | | | | | |
|---------------------|--|--------------|---------------|--------------|--------------------|
| Age
<u>Brown</u> | Social Security Number
<u>Brown</u> | <u>White</u> | <u>215lbs</u> | <u>Large</u> | Sex
<u>6'2"</u> |
| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

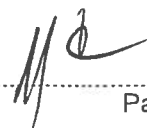
If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial



MARITAL INFORMATION-Continued

A. **Current Marriage** 3/19/2005 Houston, Harris, TX
Date City, Country and State
 Spouse's full name (Maiden) Roxana Yvonne Hidalgo S.S. No.
 Date of Birth Place of Birth Houston, TX
 Resident address 3 Burclare Ct Sugarland TX 77479
Street City State Zip
 Telephone: Residence Business 931-520-1001
 Spouse's employer Infinity Pharmacy, LLC Occupation Business Manager
 Address of employer 1080 Neal St Ste#100 Cookeville TN 38501
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

N/A

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

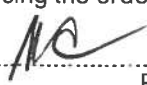
List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|--------------------|------------|----------------|---------------------------------|
| Bella Rose Casal | | Cookeville, TN | Burclare Ct Sugarland, TX 77479 |
| Khloe Grace Casal | | Cookeville, TN | Burclare Ct Sugarland, TX 77479 |
| Talan Manuel Casal | | Houston, TX | Burclare Ct Sugarland, TX 77479 |

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial 

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden) | Birth Date | Address | Occupation |
|------------------|------------|-----------------------------------|------------|
| Father | | | |
| Manuel Casal | | Union Gap Rd Las Vegas, NV 89125 | Deceased |
| Mother | | | |
| Belma Casal | | 3 Tyndrum Ave Henderson, NV 89044 | Retired |
| Father-in-Law | | | |
| Arturo Hidalgo | | Braewin Ct Houston, TX 77068 | Deceased |
| Mother-in-Law | | | |
| Rosario Sandoval | | Braewin Ct Houston, TX 77068 | Deceased |

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden) | Birth Date | Address | Occupation |
|-------------------|------------|--|--------------|
| Michael Casal | | Stonebridge Cir Cookeville, TN 38501 | Physician |
| Spouse | | | |
| Gladys Casal | | 1 Stonebridge Cir Cookeville, TN 38501 | Housewife |
| Max Casal | | 4 Brands Hatch Ct Henderson, NV 89052 | Entrepreneur |
| Spouse | | | |
| Delsa Casal | | Brands Hatch Ct Henderson, NV 89052 | Housewife |
| Marcelino Casal | | Tyndrum Ave Henderson, NV 89044 | Pharmacist |
| Spouse | | | |
| Mellonie Casal | | Tyndrum Ave Henderson, NV 89044 | Housewife |
| Melissa Maglalang | | Beardsley Cir Henderson, NV 89032 | Attorney |
| Spouse | | | |
| Francis Maglalang | | Beardsley Cir Henderson, NV 89032 | Entrepreneur |

4. EDUCATION:

| | Name of School | Location | Dates Attended | Graduate |
|----------------|-------------------------|---------------|----------------|---|
| Grammar School | Jordan Junior High | Burbank, CA | '83-'89 | Yes ☒ No ☐ |
| High School | John Borroughs H.S. | Sugarland, TX | '91-'93 | Yes ☒ No ☐ |
| School | John Foster Bolles H.S. | | '93-'95 | Yes ☒ No ☐ |
| College | | | | |
| University | University of Houston | Houston, TX | '95-'02 | Yes ☒ No ☐ |
| Other | N/A | | | Yes ☐ No ☐ |

Type of degree obtained, if any... Pharm DCollege or university where obtained... University of Houston

Applicant's initial



5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state N/A
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

N/A

Applicant's initial

Me

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or
Claimant/Respondent | Date Filed | Court and Case
Number | City, County and State | Disposition/Date |
|---|------------|--------------------------|------------------------|------------------|
|---|------------|--------------------------|------------------------|------------------|

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of
Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|----------------|----------------|--|

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year
(From-To) | Street and Number | City | State or County |
|-----------------------------|-------------------|------|-----------------|
|-----------------------------|-------------------|------|-----------------|

| | | | |
|---------------|-------------|-----------|----|
| 01/12-Present | Burclare Ct | Sugarland | TX |
|---------------|-------------|-----------|----|

| | | | |
|-------------|------------------|------------|----|
| 01/06-01/12 | 2116 Boxwood Cir | Cookeville | TN |
|-------------|------------------|------------|----|

| | | | |
|-------------|-----------------|----------|----|
| 06/03-01/06 | 8912 Sungate Dr | Pearland | TX |
|-------------|-----------------|----------|----|

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| | | |
|------------------|--|-----------------------------|
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| January 2006 | Infinity Pharmacy, LLC 1080 Neal St Ste#100 Cookeville, TN 38501 | |
| Title | Description of Duties | Name of Supervisor |
| Pharmacist/Owner | Manage Pharmacy | N/A |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| June 2003 | Texas Children's Hospital 6621 Fannin St Houston, TX 77030 | |
| Title | Description of Duties | Name of Supervisor |
| Pharmacist | Verify Prescriptions | Linh Nguyen |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| May 2002 | Walgreens Houston, TX | Resigned-better opportunity |
| Title | Description of Duties | Name of Supervisor |
| Pharmacist | Verify Prescriptions, Perform Consultations | Lattifany Sauls |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | | |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|--------------------------------------|----------|---|-------|--------------|-----------|-------------|
| Name Bamron Jonathan | Home | 3 Glenlock St Sugarland, TX 77479 | | | | 20 years |
| Employer University AmericanBusiness | | Houston, TX | | 832-226-2052 | | |
| Name Ray Kwan | Home | Pery St Sugarland, TX 77479 | | | | 23 years |
| Employer MD Anderson | Business | Houston, TX | | 832-423-2729 | | |
| Name Jimmy Lin | Home | Glistening Cloud Dr Henderson, NV 89012 | | | | 23 years |
| Employer Self | Business | Las Vegas, NV | | 702-947-0940 | | |
| Name Jim Promobol | Home | 3 N Wellington Ct Houston, TX 77055 | | | | 24 years |
| Employer Shell | Business | Houston, TX | | 832-265-0235 | | |
| Name Sara Smith | Home | 2 Idlewind Dr Richmond, TX 77406 | | | | 24 years |
| Employer FRISD | Business | Sugarland, TX | | 201-615-0242 | | |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒

If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
| N/A | | | |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes ☐ No ☒

If yes, state type, where and years held

Pharmacist, TN, 19 years

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Infinity Pharmacy, LLC

1080 Neal St Ste#100 Cookeville, TN 38501

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐

Marcelino Casal-Pharmacist



Date of photograph 06/11/2019

Applicant's initial

MC

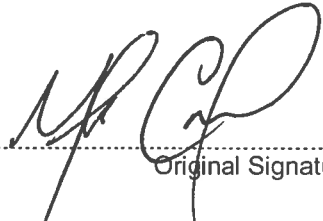
STATE OF Nevada

ss.

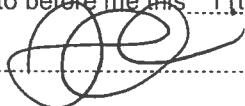
COUNTY OF Clark

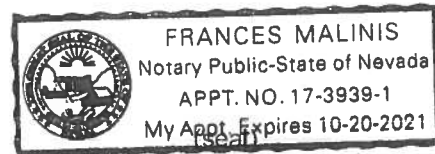
I, Mark Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

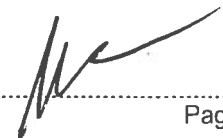

Original Signature of Applicant

Subscribed and Sworn to before me this 11th day of June 2019

Frances Malinis

Notary Public



Applicant's initial



ADDITIONAL INFORMATION

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Applicant's initial.


_____ Pac

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 6/10/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG Supplier

MDEX LLC 118 Corporate Park Dr. Ste #105 Henderson NV 89074

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Zawacki Becky Frances
 Last Name First Name Middle Name

Becky Frances Walton
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Athena Dr Las Vegas NV 89156
 Present Residence Address-Street or RFD City State/Zip

118 Corporate Park Dr. 8/1/05 Henderson NV 89074
 Present Business Address Dates City State/Zip

Designated Representative 2016 - present
 Present Position with the MDEG Dates

Phone: 866-700-6379 Fax: 702-802-2661

Email address: b.zawacki@mdrxdispense.com

40 Las Vegas, Clark, Nevada
 Date of Birth Place of Birth (City, County, State)

40 Female
 Age Social Security Number Sex

Hazel brown 252 5 ft 1 in
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Scar on center chest from
open heart surgery

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

1588

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

| | | |
|---------------------------|--|----------------------|
| 8/2016 - Present | MdRx, LLC | Approx 5400 |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Designated Representative | customer service, process orders
receive orders | mark Casal |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action:

State: N/A

b)

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a v

N/A



PH

T

Date of photograph 6/10/19

I, Becky Zawaeki, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Becky Zawaeki
Original Signature of Applicant

17

17A



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All



| | License# | License Type | First Name | Last Name | Submitted Date | Approved Date | Status | Action |
|--|----------|--------------|------------|--------------|----------------|---------------|-----------|--------|
| | 08715 | Pharmacist | Kimberly | Aksentijevic | 09/16/2019 | | Submitted | |

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 08715

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * Kimberly

Middle (initial only) : Briano

License # : 08715

Last Name : * Aksentijevic

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Premier Pharmacy Services

Military Address : ☐

Street : * 410 Cloverleaf Drive

Country : * United States

City : * Baldwin Park

State : * California

Zip : * 91706

Practice Phone : (840) 626-9400

Practice Fax : (626) 626-9840

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * BENEFIT ST #4

Country : * United States

City : * SHERMAN OAKS

State : * California

Zip : * 91423

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address : *

Fax :

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number.☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child.☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? *

☐ Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

☐ Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes ☐ No

Stipulated agreement with California BOP AC5987 for alleged "unprofessional conduct" for making a statement that the Board disputes as factual. Please be advised that only the Ninth cause on this case pertains to myself. All other causes for discipline were already in process at the time I became involved.

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|---|--------------------|------------|-------------|--------------|----------------------------------|--------|
| BOP signed Stipulated Agreement AC5987 part 1 & 2 | Legal - Question 3 | 09/16/2019 | (OL) | | Document Details | |
| BOP signed Stipulated Agreement AC5987 part 1 & 2 | Legal - Question 3 | 09/16/2019 | (OL) | | Document Details | |

Document Name : , Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : California Date : 07/25/2019

Case # AC5987

Criminal Action :

State : Select Date : MM/DD/YYYY

Case #

County : Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes * No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Kimberly Aksentijevic

Date Of Application * 09/16/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61915080006

Invoice Date : 09/16/2019

Paid

Approve

Close

| | | | | | | | |
|--|---------|----------------------|--------------|------------|------------|--------------------|-------------|
| | 05104 | Pharmacist | Janet | Balbutin | | Backoffice Pending | In Progress |
| | 19523 | Pharmacist | SHAWN | BJORNDAL | 09/26/2019 | Submitted | Verify |
| | 19543 | Pharmacist | CARL | BLACK | 10/08/2019 | Submitted | Verify |
| | 18371 | Pharmacist | DEBRA | BOWERSOX | 10/04/2019 | Submitted | Verify |
| | 13573 | Pharmacist | UDECHUKWUNDE | IBENWUKELU | | Backoffice Pending | In Progress |
| | 16966 | Pharmacist | Suzette | Crumley | | Backoffice Pending | In Progress |
| | CS18169 | Controlled Substance | ROGER | ESTEVEZ | | Backoffice Pending | In Progress |
| | 16283 | Pharmacist | JOSE | FERRAN | 10/12/2019 | Submitted | Verify |
| | 06324 | Pharmacist | Robert | Ferraro | | Backoffice Pending | In Progress |
| | 19237 | Pharmacist | ELLA | FRIDMAN | 09/11/2019 | Submitted | Verify |
| | 18609 | Pharmacist | GARRET | GARBER | 10/14/2019 | Submitted | Verify |
| | 10331 | Pharmacist | KELLY | GREEN | | Backoffice Pending | In Progress |
| | 11741 | Pharmacist | Albert | Hu | 10/09/2019 | Submitted | Verify |
| | 16028 | Pharmacist | Melanie | Kelly | 10/11/2019 | Submitted | Verify |
| | 08156 | Pharmacist | J. | Kim | 10/01/2019 | Submitted | Verify |
| | 13832 | Pharmacist | Linh | Le | 09/24/2019 | Submitted | Verify |
| | 08993 | Pharmacist | Mui | Lee | 10/14/2019 | Submitted | Verify |
| | 16064 | Pharmacist | LUCAS | MEYERS | 10/14/2019 | Submitted | Verify |

1 XAVIER BECERRA
 Attorney General of California
 2 SHAWN P. COOK
 Supervising Deputy Attorney General
 3 EMILY Y. WADA
 Deputy Attorney General
 4 State Bar No. 241845
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 269-6271
 6 Facsimile: (213) 897-2804
Attorneys for Complainant

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 5987

13 **ANATOMY RX LLC DBA ANATOMY**
 14 **PHARMACY, BERRY KABOV,**
 15 **MEMBER, DALIBOR DABO KABOV,**
 16 **MEMBER**
 1544 Purdue Avenue
 Los Angeles, CA 90025
 Permit No. PHY 50713
 Sterile Compounding Pharmacy No. LSC
 99715,

OAH No. 2018060116

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO
KIMBERLY BRIANO AKSENTIJEVIC,
ONLY

18 **MICHAEL PAUL LOWE**
 19 5414 Newcastle Ave, #42
 Encino, CA 91316
 Pharmacist License No. RPH 37609,

21 **HARSHAD H. GAJJAR**
 20608 Vercelli Way
 Porter Ranch, CA 91326
 Pharmacist License No. RPH 41722,

23 **KIMBERLY BRIANO AKSENTIJEVIC**
 24 14441 Benefit St., #4
 Sherman Oaks, CA 91423
 Pharmacist License No. RPH 38483,

26 **and**

1 **DALIBOR DABO KABOV**
2 **11693 San Vicente Blvd, #506**
3 **Los Angeles, CA 900549**
4 **Pharmacy Technician Registration No. TCH**
5 **114849,**

6 Respondents.

7 In the interest of a prompt and speedy settlement of this matter, consistent with the public
8 interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs,
9 the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will
10 be submitted to the Board for approval and adoption as the final disposition of the Accusation
11 solely with respect to Respondent Kimberly Briano Aksentijevic. It does not apply to Anatomy
12 Pharmacy, Michael Paul Lowe, Dalibor Dabo Kabov and Harshad H. Gajjar.

13 **PARTIES**

14 1. Anne Sodergren ("Complainant") is the Interim Executive Officer of the Board of
15 Pharmacy ("Board"). She brought this action solely in her official capacity and is represented in
16 this matter by Xavier Becerra, Attorney General of the State of California, by Emily Y. Wada,
17 Deputy Attorney General.

18 2. Respondent Kimberly Briano Aksentijevic ("Respondent") is represented in this
19 proceeding by attorney Noah E. Jussim Esq., whose address is: 633 West 5th Street, 47th Floor,
20 Los Angeles, California, 90071 (telephone (213) 614-7326).

21 3. On or about March 27, 1984, the Board issued Pharmacist License Number RPH
22 38483 to Respondent. The Pharmacist License was in full force and effect at all times relevant to
23 the charges brought in First Amended Accusation No. 5987 and will expire on July 31, 2019,
24 unless renewed. Respondent was a consultant for Anatomy Pharmacy.

25 **JURISDICTION**

26 4. First Amended Accusation No. 5987 was filed before the Board, and is currently
27 pending against Respondent. The First Amended Accusation and all other statutorily required
28

1 documents were properly served on Respondent on December 21, 2018. Respondent timely filed
2 her Notice of Defense contesting the First Amended Accusation.

3 5. A copy of the First Amended Accusation No. 5987 is attached as Exhibit A and
4 incorporated herein by reference.

5 **ADVISEMENT AND WAIVERS**

6 6. Respondent has carefully read, fully discussed with counsel, and understands the
7 charges and allegations in First Amended Accusation No. 5987. Respondent has also carefully
8 read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and
9 Disciplinary Order.

10 7. Respondent is fully aware of her legal rights in this matter, including the right to a
11 hearing on the charges and allegations in the First Amended Accusation; the right to confront and
12 cross-examine the witnesses against her; the right to present evidence and to testify on her own
13 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
14 production of documents; the right to reconsideration and court review of an adverse decision;
15 and all other rights accorded by the California Administrative Procedure Act and other applicable
16 laws.

17 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
18 every right set forth above.

19 **CULPABILITY**

20 9. Respondent understands and agrees that the charges and allegations in the First
21 Accusation No. 5987, if proven at a hearing, constitute cause for imposing discipline upon her
22 Pharmacist License.

23 10. For the purpose of resolving the First Amended Accusation without the expense and
24 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could
25 establish a factual basis for the charges in the First Amended Accusation, and that Respondent
26 hereby gives up her right to contest those charges.

27 ///

28 ///

11. Respondent agrees that her Pharmacist License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

III

///

///

///

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License Number RPH 38483 issued to Respondent Kimberly Briano Aksentijevic is revoked. However, the revocation is stayed and Respondent is placed on probation for two (2) years on the following terms and conditions.

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed,

1 probation shall be automatically extended until such time as the final report is made and accepted
2 by the board.

3 **3. Interview with the Board**

4 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
5 with the board or its designee, at such intervals and locations as are determined by the board or its
6 designee. Failure to appear for any scheduled interview without prior notification to board staff,
7 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
8 the period of probation, shall be considered a violation of probation.

9 **4. Cooperate with Board Staff**

10 Respondent shall timely cooperate with the board's inspection program and with the board's
11 monitoring and investigation of respondent's compliance with the terms and conditions of her
12 probation, including but not limited to: timely responses to requests for information by board
13 staff; timely compliance with directives from board staff regarding requirements of any term or
14 condition of probation; and timely completion of documentation pertaining to a term or condition
15 of probation. Failure to timely cooperate shall be considered a violation of probation.

16 **5. Continuing Education**

17 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
18 pharmacist as directed by the board or its designee.

19 **6. Reporting of Employment and Notice to Employers**

20 During the period of probation, respondent shall notify all present and prospective
21 employers of the decision in case number 5987 and the terms, conditions and restrictions imposed
22 on respondent by the decision, as follows:

23 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
24 undertaking any new employment, respondent shall report to the board in writing the name,
25 physical address, and mailing address of each of Entity employer(s), and the name(s) and
26 telephone number(s) of all of Entity direct supervisor(s), as well as any pharmacist(s)-in- charge,
27 designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s)
28 and the work schedule, if known. Respondent shall also include the reason(s) for leaving the

1 prior employment. Respondent shall sign and return to the board a written consent authorizing
2 the board or its designee to communicate with all of respondent's employer(s) and supervisor(s),
3 and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
4 concerning respondent's work status, performance, and monitoring. Failure to comply with the
5 requirements or deadlines of this condition shall be considered a violation of probation.

6 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
7 respondent undertaking any new employment, respondent shall cause (a) her direct supervisor, (b)
8 her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other
9 compliance supervisor, and (c) the owner or owner representative of her employer, to report to the
10 board in writing acknowledging that the listed individual(s) has/have read the decision in case
11 number 5987, and terms and conditions imposed thereby. If one person serves in more than one
12 role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's
13 responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the
14 event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term
15 of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in
16 writing within fifteen (15) days of the change acknowledging that he or she has read the decision
17 in case number 5987, and the terms and conditions imposed thereby.

18 If respondent works for or is employed by or through an employment service, respondent
19 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
20 of the decision in case number 5987, and the terms and conditions imposed thereby in advance of
21 respondent commencing work at such licensed entity. A record of this notification must be
22 provided to the board upon request.

23 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
24 (15) days of respondent undertaking any new employment by or through an employment service,
25 respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service
26 to report to the board in writing acknowledging that he or she has read the decision in case
27 number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to
28 ensure that these acknowledgment(s) are timely submitted to the board.

1 Failure to timely notify present or prospective employer(s) or failure to cause the identified
2 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
3 shall be considered a violation of probation.

4 "Employment" within the meaning of this provision includes any full-time, part-time,
5 temporary, relief, or employment/management service position as a pharmacist, or any position
6 for which a pharmacist is a requirement or criterion for employment, whether the respondent is an
7 employee, independent contractor or volunteer.

8 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

9 Respondent shall further notify the board in writing within ten (10) days of any change in
10 name, residence address, mailing address, e-mail address or phone number.

11 Failure to timely notify the board of any change in employer, name, address, or phone
12 number shall be considered a violation of probation.

13 **8. Restrictions on Supervision and Oversight of Licensed Facilities**

14 During the period of probation, respondent shall not supervise any intern pharmacist, be the
15 pharmacist-in-charge, designated representative-in-charge, responsible manager or other
16 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
17 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

18 **9. Reimbursement of Board Costs**

19 As a condition precedent to successful completion of probation, respondent shall pay to the
20 board its costs of investigation and prosecution in the amount of \$5,000.00. Respondent shall be
21 permitted to pay these costs in a payment plan approved by the board or its designee, so long as
22 full payment is completed no later than one (1) year prior to the end date of probation. There
23 shall be no deviation from this schedule absent prior written approval by the board or its designee.
24 Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

25 **10. Probation Monitoring Costs**

26 Respondent shall pay any costs associated with probation monitoring as determined by the
27 board each and every year of probation. Such costs shall be payable to the board on a schedule as
28

1 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
2 be considered a violation of probation.

3 **11. Status of License**

4 Respondent shall, at all times while on probation, maintain an active, current Permit with
5 the board, including any period during which suspension or probation is tolled. Failure to
6 maintain an active, current Permit shall be considered a violation of probation.

7 If respondent's Permit expires or is cancelled by operation of law or otherwise at any time
8 during the period of probation, including any extensions thereof due to tolling or otherwise, upon
9 renewal or reapplication respondent's license shall be subject to all terms and conditions of this
10 probation not previously satisfied.

11 **12. License Surrender While on Probation/Suspension**

12 Following the effective date of this decision, should respondent cease practice due to
13 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
14 respondent may relinquish her license, including any indicia of licensure issued by the board,
15 along with a request to surrender the license. The board or its designee shall have the discretion
16 whether to accept the surrender or take any other action it deems appropriate and reasonable.
17 Upon formal acceptance of the surrender of the license, respondent will no longer be subject to
18 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
19 become a part of the respondent's license history with the board.

20 Upon acceptance of the surrender, respondent shall relinquish her pocket and/or wall
21 license, including any indicia of licensure not previously provided to the board within ten (10)
22 days of notification by the board that the surrender is accepted if not already provided.

23 Respondent may not reapply for any license from the board for three (3) years from the effective
24 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
25 of the date the application for that license is submitted to the board, including any outstanding
26 costs.

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1 **13. Practice Requirement – Extension of Probation**

2 Except during periods of suspension, respondent shall, at all times while on probation, be
3 employed as a pharmacist in California for a minimum of eighty (80) hours per calendar month.
4 Any month during which this minimum is not met shall extend the period of probation by one
5 month. During any such period of insufficient employment, respondent must nonetheless comply
6 with all terms and conditions of probation, unless respondent receives a waiver in writing from
7 the board or its designee.

8 If respondent does not practice as a pharmacist in California for the minimum number of
9 hours in any calendar month, for any reason (including vacation), respondent shall notify the
10 board in writing within ten (10) days of the conclusion of that calendar month. This notification
11 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
12 interruption or reduction in practice; and the anticipated date(s) on which respondent will resume
13 practice at the required level. Respondent shall further notify the board in writing within ten (10)
14 days following the next calendar month during which respondent practices as a pharmacist in
15 California for the minimum number of hours. Any failure to timely provide such notification(s)
16 shall be considered a violation of probation.

17 It is a violation of probation for respondent's probation to be extended pursuant to the
18 provisions of this condition for a total period, counting consecutive and non-consecutive months,
19 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
20 probation period on its website.

21 **14. Violation of Probation**

22 If respondent has not complied with any term or condition of probation, the board shall
23 have continuing jurisdiction over respondent, and the board shall provide notice to respondent
24 that probation shall automatically be extended, until all terms and conditions have been satisfied
25 or the board has taken other action as deemed appropriate to treat the failure to comply as a
26 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
27 board or its designee may post a notice of the extended probation period on its website.
28

1 If respondent violates probation in any respect, the board, after giving respondent notice
2 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
3 was stayed. If a petition to revoke probation or an accusation is filed against respondent during
4 probation, or the preparation of an accusation or petition to revoke probation is requested from
5 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
6 probation shall be automatically extended until the petition to revoke probation or accusation is
7 heard and decided.

8 **15. Completion of Probation**

9 Upon written notice by the board or its designee indicating successful completion of
10 probation, respondent's license will be fully restored.

11 **16. Ethics Course**

12 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
13 in a course in ethics, at respondent's expense, approved in advance by the board or its designee
14 that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall
15 provide proof of enrollment upon request. Within five (5) days of completion, respondent shall
16 submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll
17 in an approved ethics course, to initiate the course during the first year of probation, to
18 successfully complete it before the end of the second year of probation, or to timely submit proof
19 of completion to the board or its designee, shall be considered a violation of probation.

20 **17. No Ownership or Management of Licensed Premises**

21 Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager,
22 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
23 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
24 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
25 days following the effective date of this decision and shall immediately thereafter provide written
26 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
27 documentation thereof shall be considered a violation of probation.

28 ///

ACCEPTANCE

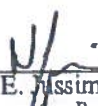
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Noah E. Jussim, Esq. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 4-19-19


KIMBERLY BRIANO AKSENTIJEVIC
Respondent

I have read and fully discussed with Kimberly Briano Aksentijevic the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 4/23/19


Noah E. Jussim, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

EMILY Y. WADA
Deputy Attorney General
Attorneys for Complainant

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Noah E. Jussim, Esq. I understand the stipulation and the effect it
4 will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary
5 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
6 of the Board of Pharmacy.

7
8 DATED: _____

9 KIMBERLY BRIANO AKSENTIJEVIC
10 *Respondent*

11 I have read and fully discussed with Kimberly Briano Aksentijevic the terms and conditions
12 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
13 its form and content.

14 DATED: _____

15 Noah E. Jussim, Esq.
16 *Attorney for Respondent*

17 ENDORSEMENT

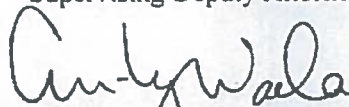
18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Board of Pharmacy.

20 Dated:

21 April 23, 2019

22 Respectfully submitted,

23 XAVIER BECERRA
24 Attorney General of California
25 SHAWN P. COOK
26 Supervising Deputy Attorney General

27 
28 EMILY Y. WADA
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 5987

1 XAVIER BECERRA
 Attorney General of California
 2 THOMAS L. RINALDI
 Supervising Deputy Attorney General
 3 EMILY Y. WADA
 Deputy Attorney General
 4 State Bar No. 241845
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-8944
 6 Facsimile: (213) 897-2804
 E-mail: Emily.Wada@doj.ca.gov
 7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10
 11 In the Matter of the Accusation Against:

Case No. 5987

12 **ANATOMY RX LLC DBA ANATOMY**
PHARMACY, BERRY KABOV,
 13 **MEMBER, DALIBOR DABO KABOV,**
MEMBER
 14 1544 Purdue Avenue
 Los Angeles, CA 90025
 15 Permit No. PHY 50713
 Sterile Compounding Pharmacy No. LSC
 16 99715,

FIRST AMENDED ACCUSATION

17 **MICHAEL PAUL LOWE**
 5414 Newcastle Ave, #42
 18 Encino, CA 91316
 Pharmacist License No. RPH 37609,

19 **HARSHAD H. GAJJAR**
 20 20608 Vercelli Way
 Porter Ranch, CA 91326
 21 Pharmacist License No. RPH 41722,

22 **KIMBERLY BIRANO AKSENTIJEVIC**
 14441 Benefit St., #4
 23 Sherman Oaks, CA 91423
 Pharmacist License No. RPH 38483,

24 **and**
 25
 26
 27
 28

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
 MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and
 DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 **DALIBOR DABO KABOV**
 2 **11693 San Vicente Blvd, #506**
 3 **Los Angeles, CA 900549**
 4 **Pharmacy Technician Registration No. TCH**
 5 **114849,**

6 Respondents.

7 Complainant alleges:

8 **PARTIES**

9 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
 10 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

11 2. On or about February 3, 2012, the Board of Pharmacy issued Permit Number PHY
 12 50713 to Global Compounding Pharmacy LLC, Berry Kabov, Member, Dalibor Dabo Kabov,
 13 Member, which subsequently changed its name on or around October 30, 2015, to Anatomy RX
 14 LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member ("Anatomy
 15 Pharmacy"). The Permit was in full force and effect at all times relevant to the charges brought
 16 herein and expired on February 1, 2017.

17 3. On or about February 6, 2012, the Board of Pharmacy issued Sterile Compounding
 18 Pharmacy Number LSC 99715 to Anatomy Pharmacy. The Sterile Compounding Pharmacy was
 19 in full force and effect at all times relevant to the charges brought herein and expired on February
 20 1, 2016.

21 4. On or about March 30, 1983, the Board of Pharmacy issued Pharmacist License
 22 Number RPH 37609 to Michael Paul Lowe ("Pharmacist Lowe"). The Pharmacist License was in
 23 full force and effect at all times relevant to the charges brought herein and will expire on October
 24 31, 2020, unless renewed. Pharmacist Lowe was the Pharmacist-in-Charge at Anatomy Pharmacy
 25 from approximately February 3, 2012, to November 15, 2015.

26 5. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License
 27 Number RPH 41722 to Harshad H. Gajjar ("Pharmacist Gajjar"). The Pharmacist License was in
 28 full force and effect at all times relevant to the charges brought herein and was voluntarily
 surrendered, which was accepted by the Board by a decision that became effective on or about

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
 MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and
 DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 August 2, 2018. Pharmacist Gajjar was the Pharmacist-in-Charge at Anatomy Pharmacy from
2 approximately November 16, 2015, to February 12, 2016.

3 6. On or about March 27, 1984, the Board of Pharmacy issued Pharmacist License
4 Number RPH 38483 to Kimberly Briano Aksentijevic ("Pharmacist Aksentijevic"). The
5 Pharmacist License was in full force and effect at all times relevant to the charges brought herein
6 and will expire on July 31, 2019, unless renewed. Pharmacist Aksentijevic was a consultant for
7 Anatomy Pharmacy.

8 7. On or about October 10, 2011, the Board of Pharmacy issued Pharmacy Technician
9 Registration Number TCH 114849 to Dalibor Dabo Kabov ("Tech. Kabov"). The Pharmacy
10 Technician Registration was in full force and effect at all times relevant to the charges brought
11 herein and expired on September 30, 2017. Tech. Kabov is an owner of Anatomy Pharmacy.

12 JURISDICTION

13 8. This Accusation is brought before the Board of Pharmacy ("Board"), Department of
14 Consumer Affairs, under the authority of the following laws. All section references are to the
15 Business and Professions Code ("Code") unless otherwise indicated.

16 9. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
17 surrender, or cancellation of a license shall not deprive the Board, Registrar, or Director of
18 jurisdiction to proceed with a disciplinary action during the period within which the license may be
19 renewed, restored, reissued or reinstated.

20 10. Section 4011 of the Code provides that the Board shall administer and enforce both
21 the Pharmacy Law, Business and Professions Code, § 4000, *et seq.*, and the Uniform Controlled
22 Substances Act, Health and Safety Code, § 11000, *et seq.*

23 11. Section 4300.1 of the Business and Professions Code ("Code") states:

24 The expiration, cancellation, forfeiture, or suspension of a board-
25 issued license by operation of law or by order or decision of the
26 board or a court of law, the placement of a license on a retired
27 status, or the voluntary surrender of a license by a licensee shall not
deprive the board of jurisdiction to commence or proceed with any
investigation of, or action or disciplinary proceeding against, the
licensee or to render a decision suspending or revoking the license.

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STATUTORY PROVISIONS¹

12. Section 4081 of the Code provides, in pertinent part, that:

(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. . . .

13. Section 4127.7 of the Code provides that:

On and after July 1, 2005, a pharmacy shall compound sterile injectable products from one or more nonsterile ingredients in one of the following environments:

(a) An ISO class 5 laminar airflow hood within an ISO class 7 cleanroom. The cleanroom must have a positive air pressure differential relative to adjacent areas.

(b) An ISO class 5 cleanroom.

(c) A barrier isolator that provides an ISO class 5 environment for compounding.

14. Section 4169 of the Code provides, in pertinent part, that:

(a) A person or entity shall not do any of the following:

(1) Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy. . . .

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¹ All statutory references included in the First Amended Accusation are to the 2016 version of the codes referenced herein.

15. Section 4301 of the Code provides, in pertinent part, that:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

....
(g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

....
(i) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

....
(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. . . .

16. Section 4304 of the Code provides that, "The board may deny, revoke, or suspend any license issued pursuant to Section 4161 for any violation of this chapter or for any violation of Park 5 (commencing with Section 109875) of Division 4 of the Health and Safety Code."

17. Section 4307 provides, in relevant part, that:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee. . . .

1 18. Section 4332 of the Code provides that, "Any person who fails, neglects, or refuses to
2 maintain the records required by Section 4081 or who, when called upon by an authorized officer
3 or a member of the board, fails, neglects, or refuses to produce or provide the records within a
4 reasonable time, or who willfully produces or furnishes records that are false, is guilty of a
5 misdemeanor."

6 19. Health and Safety Code section 111250 provides that, "Any drug or device is
7 adulterated if it consists, in whole or in part, of any filthy, putrid, or decomposed substance."

8 20. Health and Safety Code section 111295 provides that, "It is unlawful for any person to
9 manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated."

10 21. Health and Safety Code section 111397, subdivision (a), provides that, "Any foreign
11 dangerous drug that is not approved by the United States Food and Drug Administration or that is
12 obtained outside of the licensed supply chain regulated by the United States Food and Drug
13 Administration, California State Board of Pharmacy, or State Department of Public Health is
14 misbranded."

15 22. Health and Safety Code section 111440 provides that, "It is unlawful for any person to
16 manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded."

17 REGULATORY PROVISIONS²

18 23. California Code of Regulations, title 16, section 1714, subdivision (c), provides, in
19 pertinent part, that: "The pharmacy and fixtures and equipment shall be maintained in a clean and
20 orderly condition."

21 24. California Code of Regulations, title 16, section 1718, provides that:

22 "Current Inventory" as used in Sections 4081 and 4332 of the
23 Business and Professions Code shall be considered to include
24 complete accountability for all dangerous drugs handled by every
licensee enumerated in Sections 4081 and 4332.

25 The controlled substances inventories required by Title 21, CFR,
26 Section 1304 shall be available for inspection upon request for at
least 3 years after the date of the inventory.

27 ² All regulatory references included in the First Amended Accusation are to the 2016
28 version of the regulations referenced herein.

1 25. California Code of Regulations, title 16, section 1735.1, subdivision (d), provides that,
 2 "Quality' means the absence of harmful levels of contaminants, including filth, putrid, or
 3 decomposed substances, and absence of active ingredients other than those noted on the label."

4 26. California Code of Regulations, title 16, section 1735.2, provides, in pertinent part,
 5 that:

6

7 (d) A drug product shall not be compounded until the pharmacy has
 8 first prepared a written master formula record that includes at least
 9 the following elements:

- 10 (1) Active ingredients to be used.
- 11 (2) Equipment to be used.
- 12 (3) Expiration dating requirements.
- 13 (4) Inactive ingredients to be used.
- 14 (5) Process and/or procedure used to prepare the drug.
- 15 (6) Quality reviews required at each step in preparation of the
 16 drug.
- 17 (7) Post-compounding process or procedures required, if any.

18

19 (f) The pharmacist performing or supervising compounding is
 20 responsible for the integrity, potency, quality, and labeled strength
 21 of a compounded drug product until it is dispensed.

22

23 (h) Every compounded drug product shall be given an expiration
 24 date representing the date beyond which, in the professional
 25 judgment of the pharmacist performing or supervising the
 26 compounding, it should not be used. This "beyond use date" of the
 27 compounded drug product shall not exceed 180 days from
 28 preparation or the shortest expiration date of any component in the
 compounded drug product, unless a longer date is supported by
 stability studies of finished drugs or compounded drug products
 using the same components and packaging. Shorter dating than set
 forth in this subsection may be used if it is deemed appropriate in
 the professional judgment of the responsible pharmacist. . . .

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26 ///

27 27. California Code of Regulations, title 16, section 1735.3, subdivision (a), provides that:

(a) For each compounded drug product, the pharmacy records shall include:

- (1) The master formula record.
- (2) The date the drug product was compounded.
- (3) The identity of the pharmacy personnel who compounded the drug product.
- (4) The identity of the pharmacist reviewing the final drug product.
- (5) The quantity of each component used in compounding the drug product.
- (6) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. Exempt from the requirements in this paragraph are sterile products compounded on a one-time basis for administration within seventy-two (72) hours and stored in accordance with standards for "Redispensed CSPS" found in Chapter 797 of the United States Pharmacopeia--National Formulary (USP-NF) (35th Revision, Effective May 1, 2012), hereby incorporated by reference, to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code.
- (7) A pharmacy assigned reference or lot number for the compounded drug product.
- (8) The expiration date of the final compounded drug product.
- (9) The quantity or amount of drug product compounded. . . .

28. California Code of Regulations, title 16, section 1735.6, subdivision (b), provides that, "Any equipment used to compound drug products shall be stored, used, and maintained in accordance with manufacturers' specifications."

29. California Code of Regulations, title 16, section 1735.7, subdivision (a), provides that, "Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding."

30. California Code of Regulations, title 16, section 1751.4, subdivision (a), provides that: No sterile injectable product shall be compounded if it is known, or reasonably should be known, that the compounding environment fails to meet criteria specified in the pharmacy's written policies and procedures for the safe compounding of sterile injectable drug products.

31. California Code of Regulations, title 16, section 1751.6, subdivision (a), provides that, "Consultation shall be available to the patient and/or primary caregiver concerning proper use of sterile injectable products and related supplies furnished by the pharmacy."

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32. California Code of Regulations, title 16, section 1751.7, subdivision (c), provides that: Batch-produced sterile injectable drug products compounded from one or more non-sterile ingredients shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens.

COST RECOVERY

33. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

COMMON ALLEGATIONS

34. The Board conducted inspections at Anatomy Pharmacy on January 11, 2016, and April 26, 2016. Both inspections revealed multiple violations of Pharmacy Law as described herein.

The First Inspection, January 11, 2016

35. During the first inspection on January 11, 2016, the inspector observed three different sections of the pharmacy, one of which was designated for compounding medications. Tech. Kabov informed the inspector that Anatomy Pharmacy specialized in both sterile and non-sterile (general) compounding of numerous commercially unavailable products. However, in preparing compounded sterile preparations ("CSPs"), including injectable CSPs, Tech. Kabov admitted to the inspector that initial preparation steps (e.g., weighing, dissolving, and mixing of non-sterile ingredients, adjusting solutions to proper pH levels, and bringing solutions to an appropriate final volume) took place in the general compounding area outside the ISO ("International Organization for Standardization") Class 5 Compounding Aseptic Isolator ("CAI"), and that once these steps were completed the final product was subjected to terminal sterilization.

36. The inspector reviewed Anatomy Pharmacy's sterile compounding policies and procedures, including, but not limited to, Chapter II titled "Operational Procedures for Sterile

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Compounding.” The inspector found that the pharmacy was not in compliance with said policies and procedures in a number of aspects. For example, according to the inspector’s observations and discussions with Pharmacist Gajjar and Tech. Kabov, the inspector found that the pharmacy did not comply with policies and procedures concerning the clearing and cleaning of the buffer areas near the ISO Barrier Unit, verifying that all CSP equipment was in good working order and sterilized to an ISO 5 level, verifying master formulas before compounding occurred, complying with various checklists before compounding occurred, ensuring that end-product sterility testing occurred, assigning appropriate beyond use dates (“BUDs”) according to drug stability information and/or sterility considerations, and ensuring that all required personnel become familiar with and acquire competency in CSP processing steps and procedures.

37. The inspector examined the pharmacy’s Fischer Scientific dry heat oven and observed that it had dark yellow-brown sticky stains on the inside and did not look clean. There were no cleaning records available for inspection.

38. The inspector observed a cabinet in the pharmacy’s compounding area marked “Quarantine Compounds.” Pharmacist Gajjar informed the inspector that he did not know the purpose of storing CSPs in that area, and he did not know whether the pharmacy was waiting to receive test results back before releasing CSP lots from the quarantine area. Pharmacist Gajjar further admitted that CSPs from the quarantine area were actually dispensed to patients.

39. The inspector examined Anatomy Pharmacy’s compounding area and all CSP lots and CRs. A broad range of deficiencies were discovered, including, but not limited to, missing compounding records (“CRs”), missing documentation of testing for sterility and pyrogens, missing or incomplete documentation of master formulas, missing or incomplete documentation of quality assurance, and unsubstantiated BUDs. The following chart summarizes the inspector’s findings:

Table 1: CSP Lots at Anatomy Pharmacy on January 11, 2016

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|-------------------------------|---------|-------------------------------|----------------|-----------------------------|
|---|-------------------------------|---------|-------------------------------|----------------|-----------------------------|

10

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| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|---|---------|--|----------------|--|
| 1 | Alprostadil Injection 60 mcg/ml
Exp.: 08/16
(found inside refrigerator) | 2013 | Not available. | Not available. | Date prepared: 01/06/16.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 03/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared).
Active ingredients listed in CR expired: mannitol on 06/14, bacteriostatic on 03/16.
No method of terminal sterilization indicated.
<i>Dispensed on 2/22/16 by RX No. 500111.</i> |
| 2 | Ascorbic Acid Injection 500 mg/ml
Exp.: 09/16 | 2007 | Not available. | Not available. | CR not available. |
| 3 | DHEA Injection 50 mg/ml
Exp.: 09/16 | 2003 | Passed sterility via ARL on 12/17/15.
Pyrogen test not available. | Not available. | Date prepared: 12/01/15.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared).
Active ingredients listed in CR expired on 05/16.
Two active ingredients have no manufacturer listed.
No method of terminal sterilization indicated. |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/ Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|---|---------|--|----------------|---|
| 4 | Estradiol Injection 20 mg/ml
Exp.: 09/16 | 2004 | Passed sterility via ARL on 12/17/15.

Pyrogen test not available. | Not available. | Date prepared: 12/01/15.

No identity of compounding personnel and reviewing pharmacist.

BUD listed in CR: 90 days, which should be 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared).

Four active ingredients have no manufacturer, expiration date, and lot number listed.

No method of terminal sterilization indicated. |
| 5 | FBA (Fat Burning Accelerator) Injection
Exp.: 08/16
(found inside refrigerator) | 2002 | Not available. | Available. | CR not available. |
| 6 | Fat Shredder Injection
Exp.: 09/16 | 2017 | Not available. | Not available. | CR not available.

<i>Dispensed</i> on 12/16/15 by RX No. 500065.
<i>Dispensed</i> on 01/15/16 by RX No. 500088. |
| 7 | Glutathione Injection 200 mg/ml
Exp.: 09/16 | 2012 | Not available. | Not available. | CR not available. |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|----|---|---------|--|----------------|---|
| 8 | Methyl-cobalamine (vit. B12) Injection 1000 mcg/ml
Exp.: 09/16 | 2006 | 55 | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Active ingredient listed in CR: (i) B12 powder had no expiration date; (ii) pyridoxine expired on 04/16; (iii) bacteriostatic water expired on 03/16.
No method of terminal sterilization indicated. |
| 9 | Oxytocin Injection 10iu/ml
Exp.: 01/16 (found inside refrigerator) | 2001 | Not available. | Not available. | CR not available.
<i>Dispensed</i> on 12/16/15 by RX No. 500040. |
| 10 | Progesterone Injection 50 mg/ml
Exp.: 09/16 | 2005 | Passed sterility via ARL on 12/17/15.
Pyrogen test not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Four active ingredients have no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated. |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|----|---|---------|-------------------------------|----------------|---|
| 11 | Pyridoxine (vit. B6) Injection 100 mg/ml
Exp.: 09/16 | 2004 | Not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Active ingredient has no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated. |
| 12 | Quad Mix Injection (Lyophilized)
Exp.: 03/16 | 1014 | Not available. | Not available. | Date prepared: 07/22/15.
Prepared by Tech. Kabov.
Checked by PIC Lowe.
BUD listed in CR: 180 days, which should be 01/16. However, BUD listed on bottle was 03/16 (more than 180 days from the date prepared).
Active ingredients have no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated.
<i>Dispensed</i> on 09/30/15 by RX No. 0153.
<i>Dispensed</i> on 12/16/15 by RX No. 500064. |
| 13 | Semoreline Injection 6 mg – 3 ml
Exp.: 07/16 | 898 | Not available. | Not available. | CR not available. |
| 14 | Semoreline/ GHRP2/ GHRP6 9mg/3mg
Exp.: 05/16 | 983 | Not available. | Not available. | CR not available. |

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| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|----|---|---------|-------------------------------|----------------|---|
| 15 | Super Shot Injection 30 ml
Exp.: 08/16 | 2000 | Not available. | Not available. | <p>Date prepared: 11/13/15.</p> <p>Prepared by Tech. Kabov.</p> <p>Checked by PIC Gajjar.</p> <p>BUD listed in CR: 90 days, which should be 02/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared).</p> <p>Active ingredients listed in CR: (i) choline chloride expired on 3/11/16; (ii) dexpantenol expired on 02/28/16; (iii) bacteriostatic water expired on 02/01/16; (iv) thiamine expired on 03/30/15; (v) l-carnitine expired on 05/31/16; and (vi) methylcobalamine had no lot number and expiration date listed.</p> <p>No method of terminal sterilization indicated.</p> <p><i>Dispensed</i> on 11/16/15 by RX No. 500003 and 500004.</p> <p><i>Dispensed</i> on 11/17/15 by RX No. 500006.</p> <p><i>Dispensed</i> on 12/17/15 by RX No. 500067.</p> |

40. The inspector asked to review Pharmacist Gajjar's training records. The records identified thirteen different procedures or tasks upon which training had been purportedly completed in December 2015. However, during the inspector's review, Pharmacist Gajjar admitted that he never actually completed the training for the "glove fingertip test," which was listed on his records as having been "done" on December 15, 2015, "OK for CSP" on December 18, 2015, and "Recert OK" on December 30, 2015. Pharmacist Gajjar further admitted to the inspector that he could not remember which of the other training sessions listed he actually completed. Nevertheless, Pharmacist Gajjar participated in compounding sessions at Anatomy

1 Pharmacy from the date of hire on November 16, 2015, through the date of the first inspection, as
2 identified in Table 1, without having records of training and demonstrated competence.

3 41. The inspector asked to review Tech. Kabov's training records. The records identified
4 thirteen different procedures or tasks upon which training had been purportedly completed in
5 December 2015. However, during the inspector's review, Tech. Kabov admitted that he never
6 actually completed the training for the "glove fingertip test," which was listed on his records as
7 having been "done" on December 8, 2015, "OK for CSP" on December 11, 2015, and "Recert
8 OK" on December 11, 2015. Nevertheless, Tech. Kabov participated in compounding sessions at
9 Anatomy Pharmacy up until the date of the first inspection, as identified in Table 1, without having
10 records of training and demonstrated competence.

11 42. The inspector found that Anatomy Pharmacy produced CSPs when they did not have
12 competent personnel on staff. For example, Pharmacist Gajjar began working at Anatomy
13 Pharmacy as its sole pharmacist on November 16, 2015, and, according to the training records,
14 Pharmacist Gajjar first began to complete his employee training on CSPs on December 15, 2015.
15 Notwithstanding, Anatomy Pharmacy produced multiple CSP lots on December 1, 2015, that were
16 verified by Pharmacist Gajjar, as identified in Table 1.

17 43. The inspector asked Pharmacist Gajjar if consultation was made available to Anatomy
18 Pharmacy's patients and/or primary caregivers concerning the proper use, storage, handling and
19 disposal of CSPs and related supplies furnished by the pharmacy. Pharmacist Gajjar admitted that
20 no such consultations were made available to patients receiving CSPs by mail.

21 44. After the first inspection was concluded, the Board received a letter from Anatomy
22 Pharmacy's sterile compounding consultant, Pharmacist Aksentijevic, dated February 1, 2016. In
23 that letter, Pharmacist Aksentijevic made several statements of fact that were not accurate or
24 truthful when compared against the inspector's findings on January 11, 2016, as identified in Table
25 1. For example, Pharmacist Aksentijevic wrote that each batch of the pharmacy's CSPs are
26 "quarantined until sterility results are confirmed by an outside laboratory." She also wrote that the
27 pharmacy performed "end product testing – endotoxin results were observed on file." She further
28 wrote that she reviewed all "BUD determination with reference materials."

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The Second Inspection, April 26, 2016

45. During the second inspection on April 26, 2016, the inspector examined a cabinet in the pharmacy's compounding area marked "Quarantine Compounds." The inspector asked the then pharmacist-in-charge, Sheila Damaris Colon ("Pharmacist Colon" or "PIC Colon") whether the CSP lots therein were in fact quarantined or whether they were being dispensed to patients. Pharmacist Colon informed the inspector that all CSP lots found therein were ready to be dispensed, and she admitted that several vials had already been dispensed from these lots.

46. The inspector examined Anatomy Pharmacy's compounding area and all CSP lots and CRs. A broad range of continuing and new deficiencies were discovered. The following chart summarizes the inspector's findings:

Table 2: CSP Lots at Anatomy Pharmacy on April 26, 2016

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|---|---------|-------------------------------|----------------|--|
| 1 | Alprostadil Injection 60 mcg/ml
Exp.: 08/16
(found inside refrigerator) | 2013 | Not available. | Not available. | Date prepared: 01/06/16.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 03/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared).
Active ingredients listed in CR expired: mannitol on 06/14, bacteriostatic on 03/16.
No method of terminal sterilization indicated.
<i>Dispensed on 2/22/16 by RX No. 500111.</i> |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|--|---------|--|----------------|---|
| 2 | DHEA Injection 50 mg/ml
Exp.: 09/16 | 2003 | Passed sterility via ARL on 12/17/15.

Pyrogen test not available. | Not available. | Date prepared: 12/01/15.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared).
Active ingredients listed in CR expired on 05/16.
No method of terminal sterilization indicated. |
| 3 | Energy Cocktail Injection
Exp.: 05/16 (found inside refrigerator) | 2025 | Not available. | Not available. | Date prepared: 01/30/16.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 04/16. However, BUD listed on bottle was 05/16.
Dry oven listed for terminal sterilization, however, no records of sterilization temperature and duration.
Under storage requirements – room temp was circled, however, this product was found inside the refrigerator.
<i>Dispensed</i> on 03/07/16 by RX No. 500123. |
| 4 | Fat Shredder Injection
Exp.: 09/16 | 2017 | Not available. | Not available. | CR not available.
<i>Dispensed</i> on 12/16/15 by RX No. 500065.
<i>Dispensed</i> on 01/15/16 by RX No. 500088. |
| 5 | Glutathione Injection 200 mg/ml
Exp.: 09/16 | 2012 | Not available. | Not available. | CR not available. |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|--|---------|-------------------------------|----------------|---|
| 6 | Methyl-cobalamine (vit. B12) Injection 1000 mcg/ml
Exp.: 09/16 | 2006 | Not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Active ingredient listed in CR: (i) B12 powder had no expiration date; (ii) pyridoxine expired on 04/16; (iii) bacteriostatic water expired on 03/16.
No method of terminal sterilization indicated. |
| 7 | Methyl-cobalamine Injection 25 mg/ml
Exp.: 09/16 | 2013 | Not available. | Not available. | CR not available. |
| 8 | Methyl-cobalamine Injection 5 mcg/ml
Exp.: 10/16 | 2014 | Not available. | Not available. | CR not available. |
| 9 | Oxytocin Injection 10iu/ml
Exp.: 04/16
(found inside refrigerator) | 2022 | Not available. | Not available. | Date prepared: 01/24/16.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 90 days.
Dry oven listed for terminal sterilization, however, no records of sterilization temperature and duration.
<i>Dispensed on 02/29/16 by RX No. 500116.</i> |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|---|--|---------|--|----------------|---|
| 10 | Oxytocin Injection 10iu/ml
Exp.: 01/16
(found inside refrigerator) | 2001 | Not available. | Not available. | CR not available.
<i>Dispensed</i> on 12/16/15 by RX No. 500040. |
| 11 | Progesterone Injection 50 mg/ml
Exp.: 09/16 | 2005 | Passed sterility via ARL on 12/17/15.

Pyrogen test not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Four active ingredients have no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated. |
| 12 | Pyridoxine (vit. B6) Injection 100 mg/ml
Exp.: 09/16 | 2004 | Not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD listed in CR: 09/16 (more than 180 days from the date prepared).
Active ingredient has no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated.
No lot number for the compounded product available (this CR submitted by PIC Colon in response to inspector's request for lot 2004) |
| 20 | | | | | |
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| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|----|---|---------|---|----------------|---|
| 13 | Quad Mix Injection (Lyophilized)
Exp.: 03/16 | 1014 | Not available. | Not available. | Date prepared: 07/22/15.
Prepared by Tech. Kabov.
Checked by PIC Lowe.
BUD listed in CR: 180 days, which should be 01/16. However, BUD listed on bottle was 03/16 (more than 180 days from the date prepared).
Active ingredients have no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated.
<i>Dispensed</i> on 09/30/15 by RX No. 0153.
<i>Dispensed</i> on 12/16/15 by RX No. 500064. |
| 14 | Semoreline Injection 6 mg - 3 ml
Exp.: 07/16 | 898 | Not available. | Not available. | CR not available. |
| 15 | Semoreline/ GHRP2/ GHRP6 9mg/3ml
Exp.: 05/16 | 981 | Passed sterility and pyrogens testing via ARL on 01/18/16 and 01/26/16. | Not available. | CR not available. |

| # | CSP Name and Listed Exp. Date | Lot No. | Lot Sterility/Pyrogen Testing | Master Formula | CR Review/ Dispensing Dates |
|--|--|---------|-------------------------------|----------------|--|
| 16 | Super B Complex Injection
Exp.: 09/16 | 2011 | Not available. | Not available. | Date prepared: 12/01/15.
No identity of compounding personnel and reviewing pharmacist.
BUD not listed in CR. BUD listed on vials: 09/16 (more than 180 days from the date prepared).
Active ingredients have no manufacturer, expiration date, and lot number listed.
No method of terminal sterilization indicated.
No lot number for the compounded product available (this CR submitted by PIC Colon in response to inspector's request for lot 2011) |
| 17 | Super Shot Injection
Exp.: 04/16 | 2020 | Not available. | Not available. | Date prepared: 01/24/16.
Prepared by Tech. Kabov.
Checked by PIC Gajjar.
BUD listed in CR: 90 days.
No method of terminal sterilization indicated.
<i>Dispensed</i> on 02/26/16 by RX No. 50011.
<i>Dispensed</i> on 03/18/16 by RX No. 500138.
<i>Dispensed</i> on 04/01/16 by RX No. 500147.
<i>Dispensed</i> on 04/05/16 by RX No. 500155.
<i>Dispensed</i> on 04/08/16 by RX No. 500159. |
| <p>47. With respect to the CSP lots identified in Table 2, Pharmacist Colon admitted to the inspector that Anatomy Pharmacy continued to dispense injectable CSPs to patients without having performed sterility or pyrogens tests on all lots, without having first preparing all master</p> <p>(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV, MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION</p> | | | | | |

1 formulas, without having validation studies or references to justify the BUDs exceeding 180 days,
2 and without having complete CRs for all CSPs.

3 The DEA Investigation

4 48. In or around August 2013, Anatomy Pharmacy became the subject of an investigation
5 by the United States Drug Enforcement Administration ("DEA"), which culminated in a criminal
6 proceeding entitled *United States of America v. Kabov, et al.* (USDC, C.D. Cal., No. 2:15cr511,
7 filed Sept. 22, 2015). During the DEA investigation, the Board learned that Berry Kabov and
8 Tech. Kabov were using Anatomy Pharmacy to unlawfully obtain, compound, and traffic large
9 amounts of dangerous drugs and/or controlled substances.

10 49. As a result of the DEA investigation, a Board inspector conducted a zero based audit
11 for all oxycodone 30mg tablets in the pharmacy, but which were not compounded by Anatomy
12 Pharmacy, as of October 1, 2015. The inspector determined that the pharmacy had an inventory
13 shortage of approximately 1,618 tablets of oxycodone 30mg. Concomitantly, the inspector also
14 found that the pharmacy failed to maintain adequate records of acquisition and disposition to
15 account for the shortage and its current inventory of oxycodone.

16 50. In conjunction with the DEA investigation, the Board inspector learned that Anatomy
17 Pharmacy purchased dangerous drugs at wholesale from foreign entities that were not licensed
18 with the Board as authorized wholesalers. For example, in May 2013, the pharmacy purchased
19 sermorelin acetate (a discontinued drug in the United States), GHRP-2 acetate, and GHRP-6
20 acetate from Attix Pharmaceuticals, an unlicensed entity with the Board, located in Canada. As
21 another example, between 2012 and 2014, the pharmacy purchased and/or received quantities of
22 anabolic steroids from wholesale drug distributors located in China.

23 51. In conjunction with the DEA investigation, the Board inspector asked the pharmacy to
24 produce all records for the dangerous drugs that were compounded at Anatomy Pharmacy,
25 including, but not limited to, oxycodone 30mg. Records provided by Pharmacist Colon on or
26 around April 26, 2016, revealed a number of deficiencies. For example, the pharmacy's
27 compounding records were missing the date of compounding, the identity of the pharmacist
28 reviewing the final drug product, the identity of the pharmacy personnel who compounded the

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DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 drug product, the manufacture, expiration date, and lot number of each component, and the
2 expiration date of the final compounded drug product.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **Compounding Area for Parenteral Solutions**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 52. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
7 action under Code sections 4127.7 and 4301, subdivision (o), on the grounds that they
8 compounded sterile injectable productions from one or more non-sterile ingredients in an
9 unauthorized environment. Complainant refers to and expressly incorporates the allegations
10 contained within paragraph 35 above as though set forth fully herein.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **Facility and Equipment Standards for Sterile Injectable Compounding**

13 **(Against Respondent Anatomy Pharmacy)**

14 53. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
15 4301, subdivision (o), and California Code of Regulations, title 16, section 1751.4, subdivision (a),
16 on the grounds that Respondent Anatomy Pharmacy knew, or reasonably should have known, that
17 Respondent Anatomy Pharmacy prepared injectable CSPs in an environment that failed to meet
18 criteria specified in the pharmacy's written policies and procedures for the safe compounding of
19 sterile injectable drug products. Complainant refers to and expressly incorporates the allegations
20 contained within paragraphs 36 and 37 above as though set forth fully herein.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **Compounding Facilities and Equipment**

23 **(Against Respondent Anatomy Pharmacy)**

24 54. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
25 4301, subdivision (o), and California Code of Regulations, title 16, section 1714, subdivision (c),
26 on the grounds that the dry heat oven that Respondent Anatomy Pharmacy used in the
27 compounding of injectable CSPs was found to be an unclean and disorderly condition.

1 Complainant refers to and expressly incorporates the allegations contained within paragraph 37
2 above as though set forth fully herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **Sterile Injectable Compounding Quality Assurance and Process Validation**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 55. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
7 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
8 section 1751.7, subdivision (c), on the grounds that Respondents failed to subject batch-produced
9 injectable CSPs, which were compounded from one or more non-sterile ingredients, to
10 documented end product testing for sterility and pyrogens and/or Respondents failed to properly
11 quarantine those batch-produced injectable CSPs until end product testing confirmed sterility and
12 acceptable levels of pyrogens. Complainant refers to and expressly incorporates the allegations
13 contained within paragraphs 38, 39, 45, 46, 47, and Table 1 and Table 2 above as though set forth
14 fully herein.

15 **FIFTH CAUSE FOR DISCIPLINE**

16 **Compounding Master Formulas Requirements**

17 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

18 56. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
19 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
20 section 1735.2, subdivision (d), on the grounds that complete master formulas for injectable CSPs
21 were not available for review upon request by Board inspectors. Complainant refers to and
22 expressly incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and
23 Table 2 above as though set forth fully herein.

24 **SIXTH CAUSE FOR DISCIPLINE**

25 **Compounding Limitations and Requirements**

26 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

27 57. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
28 action under Code section 4301, subdivision (o),²⁵ and California Code of Regulations, title 16,

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTUEVIC, and
DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 section 1735.2, subdivision (h), on the grounds that they maintained CSP lots with BUDs that
 2 exceeded 180 days from the date of preparation, or the shortest expiration date of any component
 3 in the CSP, without any support from stability and/or sterility studies. In doing so, Respondents
 4 failed to exercise the appropriate professional judgment of a responsible pharmacist. Complainant
 5 refers to and expressly incorporates the allegations contained within paragraphs 36 and 47, and
 6 Table 1 and Table 2 above as though set forth fully herein.

7 **SEVENTH CAUSE FOR DISCIPLINE**

8 **Records of Compounded Drug Products**

9 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

10 58. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
 11 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
 12 section 1735.3, subdivision (a), on the grounds that multiple CSPs had CRs that were missing
 13 statutorily required information, such as the master formula record, the date the drug was
 14 compounded, the identity of the personnel who compounded the product, the identity of the
 15 pharmacist reviewing the final product, the quantity of each component used in the product, the
 16 manufacturer and lot number of each component, the equipment used in compounding, a product
 17 lot number, an expiration date, and/or the quantity of product compounded. Complainant refers to
 18 and expressly incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and
 19 Table 2 above as though set forth fully herein.

20 **EIGHTH CAUSE FOR DISCIPLINE**

21 **Training of Compounding Staff**

22 **(Against Respondent Anatomy Pharmacy)**

23 59. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
 24 4301, subdivision (o), and California Code of Regulations, title 16, section 1735.7, subdivision (a),
 25 on the grounds that Respondent Anatomy Pharmacy did not maintain written documentation
 26 sufficient to demonstrate that pharmacy personnel had the skills and training required to properly
 27 and accurately perform their assigned responsibilities relating to compounding. Complainant refers
 28

1 to and expressly incorporates the allegations contained within paragraphs 40 through 42 above as
2 though set forth fully herein.

3 **NINTH CAUSE FOR DISCIPLINE**

4 **Unprofessional Conduct**

5 **(Against Respondents Anatomy Pharmacy, Pharmacist Aksentijevic, and Tech. Kabov)**

6 60. Respondents Anatomy Pharmacy, Pharmacist Aksentijevic, and Tech. Kabov are
7 subject to disciplinary action under Code section 4301, subdivision (g), for committing acts of
8 unprofessional conduct in that they falsely represented the existence or nonexistence of a state of
9 facts. Complainant refers to and expressly incorporates the allegations contained within
10 paragraphs 40, 41, and 44 above as though set forth fully herein.

11 **TENTH CAUSE FOR DISCIPLINE**

12 **Training of Sterile Injectable Compounding Staff, Patient, and Caregiver**

13 **(Against Respondent Anatomy Pharmacy)**

14 61. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
15 4301, subdivision (o), and California Code of Regulations, title 16, section 1751.6, subdivision (a),
16 on the grounds that Respondent Anatomy Pharmacy failed to make consultations available to their
17 patients and/or primary caregivers concerning the proper use of injectable CSPs furnished by
18 Anatomy Pharmacy. Complainant refers to and expressly incorporates the allegations contained
19 within paragraph 43 above as though set forth fully herein.

20 **ELEVENTH CAUSE FOR DISCIPLINE**

21 **Adulterated Medications**

22 **(Against Respondents Anatomy Pharmacy)**

23 62. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
24 4301, subdivision (j), and Health and Safety Code sections 111250 and 111295 on the grounds
25 that Respondent Anatomy Pharmacy maintained expired CSP lots and CSP lots compounded with
26 expired ingredients in the pharmacy's active drug inventory. Complainant refers to and expressly
27 incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and Table 2 above
28 as though set forth fully herein.

TWELFTH CAUSE FOR DISCIPLINE

Failure to Maintain Records

(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)

63. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary action under Code section 4301, subdivision (o), in conjunction with Code sections 4081 and 4332, and California Code of Regulations, title 16, section 1718, on the grounds that they failed to maintain a current inventory and all records of manufacture, sale, acquisition, receipt, shipment, or disposition of dangerous drugs for a period of three years from the date of making. Complainant refers to and expressly incorporates the allegations contained within paragraph 49 above as though set forth fully herein.

THIRTEENTH CAUSE FOR DISCIPLINE

Prohibited Acts

(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)

64. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary action under Code section 4301, subdivision (o), in conjunction with Code section 4169, subdivision (a)(1), on the grounds that they engaged in prohibited acts by purchasing, trading, and/or transferring dangerous drugs at wholesale with entities in Canada and China that were not licensed with the Board as a wholesaler, third-party logistics provider, or pharmacy. Complainant refers to and expressly incorporates the allegations contained within paragraph 50 above as though set forth fully herein.

FOURTEENTH CAUSE FOR DISCIPLINE

Misbranded Drugs

(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)

65. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary action under Code section 4301, subdivision (o), in conjunction with Health and Safety Code sections 111397, subdivision (a), and 111440, on the grounds that they manufactured, sold, delivered, held, or offered to sell drugs that were misbranded because they were obtained outside

1 of the licensed supply chain regulated by the Board. Complainant refers to and expressly
 2 incorporates the allegations contained within paragraph 50 above as though set forth fully herein.

3 FIFTEENTH CAUSE FOR DISCIPLINE

4 **Records of Compounded Drug Products**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 66. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
 7 action under Code section 4301, subdivision (o), in conjunction with California Code of
 8 Regulations, title 16, section 1735.3, subdivision (a), on the grounds that compounding records
 9 produced on April 26, 2016, for oxycodone 30mg were incomplete in that they were missing the
 10 date of compounding, the identity of the pharmacist reviewing the final drug product, the identity
 11 of the pharmacy personnel who compounded the drug product, the manufacture, expiration date,
 12 and lot number of each component, and the expiration date of the final compounded drug product.
 13 Complainant refers to and expressly incorporates the allegations contained within paragraph 51
 14 above as though set forth fully herein.

15 OTHER MATTERS

16 67. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number
 17 PHY 50713 issued to Respondent Anatomy Pharmacy, then Respondent Anatomy Pharmacy shall
 18 be prohibited from serving as a manager, administrator, owner, member, officer, director,
 19 associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed
 20 on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked.

21 68. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number
 22 PHY 50713 issued to Respondent Anatomy Pharmacy while Berry Kabov and/or Dalibor Dabo
 23 Kabov, Pharmacy Technician Registration Number TCH 114849, have been officers and/or
 24 owners and had knowledge or knowingly participated in any conduct for which the licensee was
 25 disciplined, then Berry Kabov and/or Dalibor Dabo Kabov shall be prohibited from serving as
 26 managers, administrators, owners, members, officers, directors, associates, or partners of a
 27 licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until
 28 Pharmacy Permit Number PHY 50713 is reinstated if it is revoked.

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
 MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and
 DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 50713, issued to Anatomy RX LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member;

2. Revoking or suspending Sterile Compounding Pharmacy Number LSC 99715, issued to Anatomy RX LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member;

3. Revoking or suspending Pharmacist License Number RPH 37609, issued to Michael Paul Lowe;

4. Revoking or suspending Pharmacist License Number RPH 38483, issued to Kimberly Birano Aksentijevic;

5. Revoking or suspending Pharmacy Technician Registration Number TCH 114849, issued to Dalibor Dabo Kabov;

6. Prohibiting Berry Kabov from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked;

7. Prohibiting Dalibor Dabo Kabov, Pharmacy Technician Registration Number TCH 114849, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked;

8. Ordering Anatomy Pharmacy, Michael Paul Lowe, Dalibor Dabo Kabov, and Kimberly Briano Aksentijevic to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

///

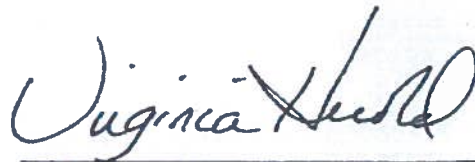
9. Taking such other and further action as deemed necessary and proper.

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV, MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

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DATED: _____

12/11/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2016602481
63043555.doc

17B

985 Damonte Ranch Pkwy #206, Reno, NV 89521

For the period of November 1, 2019 to October 31, 2021

Credit/Debit Card (print at bottom), Money Order, Cashier's Check, Business or Personal Check: Payable to NSBP

NO CASH

LICENSE: 09414

DONALD COWLES
COPPER CACTUS DR,
LAS VEGAS, NV 89129

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **FEF** for **\$205 (on-time)** (\$180 renewal fee plus \$25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINSTATEMENT FEE of \$190. (\$180 renewal, \$90 late fee, \$100 reinstatement fee plus \$25 paper-use fee) **TOTAL DUE: \$395**
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$25 paper fee
5. Please allow **2-3 WEEKS** for processing by mail/in-person

<OR>

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to REGISTER, then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - \$180

Late renewal fee - \$370

***On-line fee of \$10 will be charged during submission.**

Licenses renewed online will update immediately once approved by board staff. Please allow 2-3 DAYS

Section 1: Since your **last renewal** or recent licensure have you: (Please fill in completely)
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?Yes ☐ No ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state?☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state?☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?☐ ☒**If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:**

Board Administrative Action:

State

Date

Case #: 18-104-RPH-S

Nevada 2/12/19

Criminal
Action:

State

Date

Case #:

County

Court

Section 2:

Are you the subject of a court order for the support of a child?

Yes ☐ No ☒**If you marked YES to the question above, are you in compliance with the court order?**☐ ☐**Section 3: NON-DISCIPLINARY STATE-MANDATED QUESTIONS:**1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide # _____
Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired

Yes ☒ No ☐

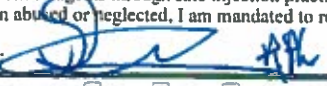
Branch: Army

Military occupation specialty: Pharmacist

Dates of service: 8/20/56 - 8/1/1962

Section 4: (Fees apply to either status) (see insert for details)By signing below, you certify that you have completed **ALL** required CE Hours due for the 19/21 Renewal period.(Dated from Nov. 1, 17 - Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.**OR you may check the box for inactive if you did NOT complete CE**Inactive ☐ By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.**Section 5:**

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: 

Date: 12/14/19

Card Type: ☐ Visa ☐ M/C ☐ Discover ☐ Amex

Exp Date: ____/____/____ (MM/YY)

Amount of Charge:

Card #: _____

CVV (3 digits back of card): _____

\$205 on-time/\$395 late

Billing Zip: _____

17C



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :



License # :

SS # : XXX-XX-XXXX

Last Name : garber

First Name : garret

Email :

Status : Select

Search

Cancel

Show All



| | License# | License Type | First Name | Last Name | Submitted Date | Approved Date | Status | Action |
|--|----------|--------------|------------|-----------|----------------|---------------|-----------|--------|
| | 18609 | Pharmacist | GARRET | GARBER | 10/14/2019 | | Submitted | |

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 18609

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * GARRET

Middle (initial only) : EUGENE

License # : 18609

Last Name : * GARBER

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Newe Medical Clinic

Military Address :

Street : * 400 A Newe View

Country : * United States

City : * Ely

State : * Nevada

Zip : * 89301

Practice Phone : (775) 289-2134

Practice Fax : (775) 289-4728

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * 3 Clark Street #2

Country : * United States

City : * ELY

State : * Nevada

Zip : * 89301

Home Phone :

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? * ☒ Yes ☐ No

I answered yes here because after my September 2018 DUI arrest I asked my Health Director for help and that I had developed a problem with alcohol. They were gracious enough to help me through this and assisted me in attending a 30 day treatment program. The records are on file with the Board.

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|------------------------|--------------------|------------|-------------|--------------|----------------------------------|--------|
| Completion Certificate | Legal - Question 1 | 10/14/2019 | (OL) | | Document Details | |

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * ☒ Yes ☐ No

I was charged of a DUI in September 2018 and plead guilty and was convicted in February 2019. My records for this conviction as well as description of events and assessments are on file with the board.

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|----------------|--------------------|------------|-------------|--------------|----------------------------------|---|
| DUI Conviction | Legal - Question 2 | 10/14/2019 | (OL) | | Document Details |  |

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

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Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Nevada

Date : 02/19/2019

Case # : 2018-DU-445

County : White Pine

Court : Ely Municipal Court

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * ☐ Yes ☒ No

This past year I applied to reciprocate my license to Oregon. In doing so I was granted my license however due to my DUI arrests a stipulation was for me to participate in their Health Professionals Service Program with Reliant Behavioral Health. I have consented to participate in this program and have been in compliance with this program as well. The particulars consist of being monitored by Reliant

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|----------------|--------------------|------------|-------------|--------------|----------------------------------|---|
| Oregon consent | Legal - Question 3 | 10/14/2019 | (OL) | | Document Details |  |

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Oregon

Date : 08/22/2019

Case # : 2019-2016

Criminal Action :

State :

Select

Date :

MM/DD/YYYY

Case #

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

Yes No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : *

Garret Garber

Date Of Application : *

10/14/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |

Save

Fee and Payment

Payment Method : *

Credit / Debit Card

Override :

Application Fees : *

180

Convenience Fee : *

10

Late Fees : *

0

Total Fees : *

190

Reference Number :

61968196235

InvoiceDate :

10/14/2019

Paid

Approve Close

FILED

Case No. 2018-DU-445

2019 FEB 19 AM 8:39

ELY MUNICIPAL COURT

BY

D. Duffy

IN THE MUNICIPAL COURT OF THE CITY OF ELY,
COUNTY OF WHITE PINE, STATE OF NEVADA

THE CITY OF ELY,

Plaintiff,

vs.

GARRETT GARBER,

Defendant.

JUDGMENT AND SENTENCE

The matter of the SENTENCING of Defendant above-named having come before the above-entitled Court, the Honorable JUDGE MICHAEL COSTER, Municipal Court Judge presiding on the 12th, February, 2019 and the City of Ely appearing by and through its attorney, CHARLES H. ODGERS, ESQ., Ely City Attorney, White Pine County, State of Nevada, and the Defendant appearing, having waived his right to Counsel. The Defendant enters a GUILTY plea to the charge of:

COUNT II: DRIVING UNDER THE INFLUENCE (2nd OFFENSE) a Misdemeanor in violation of NRS 484C.110; and the Court having been presented recommendations by both the prosecution and the defense, and the Court having orally entered judgment and conviction of GUILTY of said crime; and good cause appearing,

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Defendant GUILTY OF DRIVING UNDER THE INFLUENCE (2ND OFFENSE) a misdemeanor in violation of NRS 484C.110.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED, the Defendant is sentenced to:

SEVEN HUNDRED FIFTY DOLLAR (\$750.00) FINE; ONE HUNDRED TWENTY THREE DOLLAR (\$123.00) ADMINISTRATIVE ASSESSMENT FEE; TEN DOLLAR (\$10.00) COURT FACILITY FEE; SEVEN DOLLAR (\$7.00) SPECIAL COURT PROGRAM FEE; AND, ONE HUNDRED DOLLAR (\$100.00) DUI ASSESSMENT AND A SIXTY DOLLAR (\$60.00) FORENSIC FEE.

1 DEFENDANT IS ORDERED TO ATTEND A DUI EDUCATIONAL COURSE AT HIS
2 OWN EXPENSE TO BE COMPLETED WITHIN NINETY (90) DAYS OF SENTENCING.

3 DEFENDANT IS ORDERED TO ATTEND THE VICTIM'S IMPACT PANEL AT HIS
4 OWN EXPENSE TO BE COMPLETED WITHIN NINETY (90) DAYS OF SENTENCING.

5 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is
6 ORDERED TO ATTEND SUBSTANCE ABUSE COUNSELING WITH MONTHLY REPORTS
7 TO BE FILED WITH COURT AT THE RATE OF ONE (1) TIME PER WEEK FOR SIX (6)
8 MONTHS.

9 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is
10 ORDERED TO ATTEND A TWELVE STEP PROGRAM FOR A PERIOD OF TWELVE
11 MONTHS.

12 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** THAT THE
13 DEFENDANT IS ORDERED TO TEN (10) DAYS IN CUSTODY AND GIVEN CREDIT FOR
14 TWO (2) DAYS SERVED, THE REMAINING NINE (9) DAYS TO BE CONVERTED TO
15 EIGHTEEN (18) DAYS HOUSE ARREST WITH THE ANKLE MONITOR, TO BE
16 COMPLETED WITHIN THIRTY (30) DAYS.

17 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is to
18 return to Court on March 27, 2019, May 22, 2019, and August 28, 2019 at 8:30 for Status check.

19 **IT IS FURTHER ORDERED THAT THE DEFENDANT** will be allowed to make
20 monthly payments for the fees with arrangements being made with the Clerk of the Court. Failure to
21 comply with the orders of this court may result in the issuance of a BENCH WARRANT with
22 additional penalties imposed.

23 **IT IS HEREBY FURTHER ORDERED AND THE COURT ADVISES DEFENDANT**
24 that pursuant to NRS 176.063, all administrative assessment fees, all other fees, and all fines
25 constitute a lien pursuant to NRS 176.275; and that should the Defendant fail to satisfy said lien(s),
26 collection efforts may be undertaken against the Defendant pursuant to the laws of this State.
27


MUNICIPAL COURT JUDGE



This Certificate is presented to

Garret Garber

For successfully completing the Crossroads Right Track Program

30 Day Intensive Residential Treatment

96 Hours of Intensive Addiction and Substance Abuse Education

TRAVIS KULPA PEER MENTOR, PSS

DATE: 11/23/2018

17D

• 381831 •

• 1007 •

• 18188 •

• 0701 r •

DO NOT FOLD OR STAPLE ABOVE THIS LINE.

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • nvbop.com

For the period of November 1, 2017 to October 31, 2019

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2017) OR \$320.00 (postmarked after 10/31/2017)

LICENSE: 18188

GREGORY GERARD GAISER RPH

MINOLA DR,

Miami, FL 33166

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☒ ☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☒ ☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

| | | | | | |
|------------------------------|-------|-------|---------|--------------|-------|
| Board Administrative Action: | | State | Date: | Case #: | |
| | | | / / | See attached | |
| Criminal Action: | State | Date: | Case #: | County | Court |
| | | / / | | | |

Section 2: Are you the subject of a court order for the support of a child?..... Yes No ☐ ☒

If you marked YES to the question above, are you in compliance with the court order?..... ☐ ☒**Section 3: (Fees apply to either status) (see colored insert for details)**

By signing below, you certify that you have completed ALL required CE Hours due for the 17/19 Renewal period.
(Dated from Nov. 1, 15 – Oct. 31, 17; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for inactive if you did NOT complete CE You cannot renew online if you change to Inactive
Inactive - ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____

Date: 6 / 25 / 2018



Department of Health

GREGORY G GAISER

License Number: PS39659

Data As Of 9/11/2018

Profession

Pharmacist

License

PS39659

License Status

OBLIGATIONS/ACTIVE

License Expiration Date

9/30/2019

License Original Issue Date

01/19/2005

Address of Record

1 NW 158TH
STREET
MIAMI LAKES, FL 33014
UNITED STATES

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

No

Discipline on File

Yes

Public Complaint

Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Final Order No. DOH-15-0307- **S** - MQAFILED DATE **FEB 26 2015**

Department of Health

By


Deputy Agency Clerk**STATE OF FLORIDA
BOARD OF PHARMACY**DEPARTMENT OF HEALTH,
PETITIONER,

CASE NO.: 2014-11951

GREGORY G. GAISER, RPH,
RESPONDENT.

LICENSE NO.: PS 39659

FINAL ORDER
APPROVING SETTLEMENT AGREEMENT

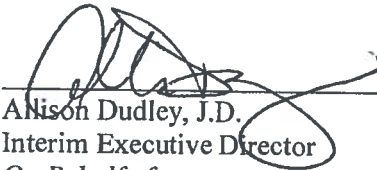
THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 877.45.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25th day of February, 2015.

BOARD OF PHARMACY


 Anison Dudley, J.D.
 Interim Executive Director
 On Behalf of
 Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.


 DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license numbers PS 39659. Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND EIGHT HUNDRED THREE DOLLARS AND SEVENTY-ONE CENTS (\$1,803.71)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order is filed with the Department Clerk.

4. **CE Course-** Respondent shall successfully complete a Continuing Education Course on the subject of **LAWS AND RULES OF PHARMACY** consisting of **TWELVE (12) HOURS** of credit, which has been approved by the Florida Board of Pharmacy, within **one (1) year** of the filing of a Final Order accepting and Incorporating this Settlement Agreement. These continuing education hours shall be in addition to the

hours required for license renewal. Within ten (10) days of completion of the course and/or receipt of the certificate of completion, Respondent shall mail a copy of the continuing education certificate of completion to the Pharmacy Compliance Officer at the address listed in paragraph two (2) above.

5. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all Investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

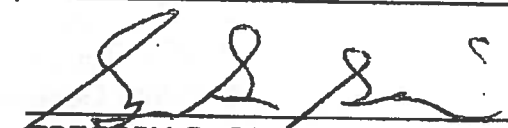
11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

13. **Time of the Essence:** Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.



GREGORY G. GAISER, R.Ph.
CASE NO. 2014-11951

STATE OF Florida
COUNTY OF Miami-Dade

Before me personally appeared Mr. Gaiser, whose identity is known to me or by FL drivers license (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of Dec., 2014.



[Signature]
Notary Public
My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health

[Signature]
Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner
Marc D. Taupier
Assistant General Counsel

Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

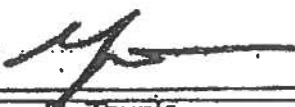
10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@fihealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Wlizer + Philip

Department of Health v. Gregory G. Galser, R.Ph.
DOH Case No. 2014-11951

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

Final Order No. DOH-18-1360-S -MQA

FILED DATE AUG 18 2018

Department of Health

**STATE OF FLORIDA
BOARD OF PHARMACY**

By: Amber Greene
Deputy Agency Clerk

DEPARTMENT OF HEALTH,
PETITIONER,

v.

GREGORY G. GAISER, RPH,
RESPONDENT.

CASE NO.: 2017-22550

LICENSE NO.: PS 39659

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on August 8, 2018, in Orlando, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered and Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.

2. Costs of investigation and prosecution are \$596.51.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 16th day of August, 2018.

BOARD OF PHARMACY

C. Erica White, J.D., Executive Director
On Behalf of
Jeenu Philip, BPharm, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166 and 5829 NW 158th Street, Miami Lakes, Florida 33014; and via electronic mail to **Christopher Jurich**, Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 11th day of August, 2018.


DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

PRACTITIONER REGULATION
LEGAL

2018 JUL 23 PM 3:05

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license number PS39659.

Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **ninety (90) days** from the date the Final Order approving and incorporating this Settlement Agreement ("Final Order") is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND FIVE HUNDRED THIRTY-ONE DOLLARS AND TEN CENTS (\$1,531.10)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **ninety (90) days** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute

a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, It is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice

the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

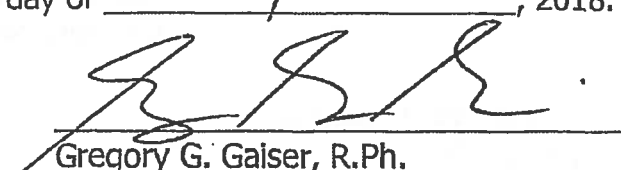
10. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

12. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 20 day of July, 2018.



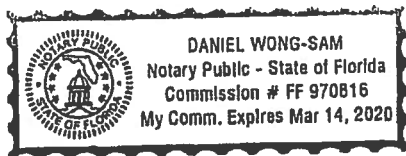
Gregory G. Gaiser, R.Ph.
Case No. 2017-22550

STATE OF Florida

COUNTY OF Miami Dade

Before me personally appeared Gregory G. Gaiser, whose identity is known to me or by FL DL (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 20 day of July, 2018.





Notary Public
My Commission Expires: March 14, 2020

APPROVED this 26th day of July, 2018.

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillips

Hannah Phillips
Assistant General Counsel

Counsel for Petitioner

Hannah Phillips
Florida Bar No. 1003347
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 558-9824
Fax: (850) 245-4662

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.



3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158th Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of April, 2018.

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillip, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel

Fla. Bar No. 108907

Florida Department of Health

Office of the General Counsel

4052 Bald Cypress Way, Bln C-65

Tallahassee, FL 32399-3265

Telephone: (850) 558-9875

Facsimile: (850) 245-4662

Email: raj.misra@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: APR 19 2018

PCP Meeting: April 19, 2018

PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
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Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Whizer + Philip

Department of Health v. Gregory G. Gaiser, R.Ph.
DOH Case No. 2014-11951

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158th Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th **day of** April, **2018.**

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillips, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel
Fla. Bar No. 108907
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Telephone: (850) 558-9875
Facsimile: (850) 245-4662
Email: raj.misra@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: **APR 19 2018**

PCP Meeting: April 19, 2018
PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

FILED DATE FEB 26 2015

Department of Health

By:

Angel Sanders
Deputy Agency Clerk**STATE OF FLORIDA
BOARD OF PHARMACY**

| | |
|---|-----------------------|
| DEPARTMENT OF HEALTH,
PETITIONER, | CASE NO.: 2014-11950 |
| COMPLETE PHARMACY & MEDICAL SOLUTIONS,
RESPONDENT. | LICENSE NO.: PH 22993 |

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 1,161.26. ✓

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25th day of February, 2015.

BOARD OF PHARMACY



Allison Dudley, J.D.
Interim Executive Director
On Behalf of
Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Complete Pharmacy & Medical Solutions**, 5829 North West 158th Street, Miami Lakes, Florida 33014 ; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.



DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **COMPLETE PHARMACY & MEDICAL SOLUTIONS** was a permitted community pharmacy in the state of Florida, having been issued license number PH 22993. Respondent's mailing address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that Respondent is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **TWO THOUSAND DOLLARS (\$2,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bln C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **TWO THOUSAND ONE HUNDRED NINETEEN DOLLARS AND TWELVE CENTS (\$2,119.12)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **90 days** from the date the Final Order is filed with the Department Clerk.

4. **Correction of Alleged Deficiencies-** At its sole expense, but without admitting any specific deficiency or violation, Respondent shall immediately, or at least forthwith, correct and address all deficiencies and violations listed or alleged in the Administrative Complaint, to the extent necessary to comply with Florida law.

5. **Future Conduct-** Respondent shall not violate Chapters 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto;

or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or

contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses-** Respondent shall keep current his mailing address and his practice address with the Board of Pharmacy and

the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

13. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.

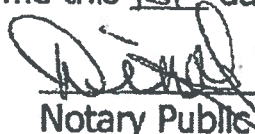

Institutional Representative for
Complete Pharmacy & Medical Solutions
Case No. 2014-11950

STATE OF Florida
COUNTY OF Miami-Dade

Before me personally appeared Gregory Gaiser whose identity is known to me or by Florida Drivers License (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of December, 2014.




Dina Marie Joyner
Notary Public
My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner

Marc D. Taupier
Assistant General Counsel
Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444 ext. 8228
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Complete Pharmacy and Medical Solutions, and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a permitted community pharmacy within the state of Florida, having been issued permit number PH 22993.

3. Respondent's address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

COUNT I

6. Petitioner realleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.

7. Section 456.072(1)(o), Florida Statutes (2013, 2014), provides that practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform is grounds for disciplinary action.

8. As set forth above, Respondent engaged in sterile compounding without first obtaining a special sterile compounding permit.

9. Based on the foregoing, Respondent violated Section 456.072(1)(o), Florida Statutes (2013, 2014), by practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

COUNT II

10. Petitioner realleges and Incorporates paragraphs one (1) through five (5) as if fully set forth herein.

11. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

12. Section 465.023(1)(c), Florida Statutes (2013, 2014), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

13. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

14. As set forth above, Respondent was engaging in sterile compounding without first having been issued a special sterile compounding permit.

15. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014), by violating Section 465.023(1)(c), Florida Statutes (2013, 2014), through a violation of Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Weizer, Philip

Department of Health v. Complete Pharmacy & Medical Solutions
DOH Case No. 2014-11950

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

AC# 7585229

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 02/17/2017 | PH 28339 | 99946 |

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

The **PHARMACY** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY AND MEDICAL SOLUTIONS
COMPLETE PHARMACEUTICS
5829 NW 158 STREET
MIAMI LAKES, FL 33014

| | |
|---|-------------------------|
| STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE | AC#
7585229 |
| DATE
02/17/2017 | LICENSE NO.
PH 28339 |
| | CONTROL NO.
99946 |

The **PHARMACY** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**

COMPLETE PHARMACY AND MEDICAL SOLUTIONS


Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Special Sterile Compounding

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 28339. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

- Go to www.FLHealthSource.gov.
- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Registered in Our New Online Service System?" will display.
 - Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

C# 7586725

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 02/17/2017 | PH 22993 | 99945 |

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED

PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY & MEDICAL SOLUTIONS
Complete Pharmaceuticals
129 NW 158TH STREET
MIAMI LAKES, FL 33014

| | | | |
|---|-------------|-------------------------|----------------------|
| STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE | AC# 7586725 | LICENSE NO.
PH 22993 | CONTROL NO.
99945 |
| | | DATE
02/17/2017 | |

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**

COMPLETE PHARMACY & MEDICAL SOLUTIONS


Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Schedule II & III
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 22993. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

| DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID |
|----------------------------|------------------------------|-------------|
| FC0713520 | 08-31-2019 | \$731 |

| SCHEDULES | BUSINESS ACTIVITY | DATE ISSUED |
|------------------|-------------------|-------------|
| 2,2N,3
3N,4,5 | RETAIL PHARMACY | 08-25-2016 |

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

| DEA REGISTRATION
NUMBER | THIS REGISTRATION
EXPIRES | FEE
PAID |
|----------------------------|------------------------------|-------------|
| FC0713520 | 08-31-2019 | \$731 |

| SCHEDULES | BUSINESS ACTIVITY | DATE ISSUED |
|------------------|-------------------|-------------|
| 2,2N,3
3N,4,5 | RETAIL PHARMACY | 08-25-2016 |

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

| | | |
|---------------------------------|---|--------------------------|
| IN THE MATTER OF: |) | BEFORE THE ALABAMA STATE |
| |) | |
| COMPLETE PHARMACY AND |) | BOARD OF PHARMACY |
| MEDICAL SOLUTIONS |) | |
| |) | |
| Non-Resident Pharmacy |) | Case Number 17-L-0001 |
| Permit Number 113324 |) | |
| |) | |
| and |) | |
| |) | |
| GREGORY GAISER |) | |
| |) | |
| Pharmacist License Number 19151 |) | |

FINAL ORDER

On October 10, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Complete Pharmacy and Medical Solutions (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy") and Mr. Gregory Gaiser (hereinafter referred to as "Respondent" or "Respondent Pharmacist"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent Pharmacy is a non-resident pharmacy located at 5859 NW 158 Street, Miami Lakes, Florida 33014 to which the Board issued permit number 113324 and Respondent Pharmacist is a licensed pharmacist license who holds license number 19151, issued by the Board. The Respondent Pharmacist is the supervising pharmacist for the Respondent Pharmacy. (Board's Exhibit One)

2. The Respondents were notified of the charges; the Respondent Pharmacist attended the administrative hearing and the Respondents were represented at the administrative hearing by counsel, Mr. John Hutto, Esq. (Board's Exhibits One and Two)

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. As of December 31, 2014 the Respondent Pharmacy's permit as a non-resident pharmacy for the State of Alabama expired and the Respondent failed to timely renew its non-resident pharmacy permit for the years 2015-2016, submitting a renewal application for that period received by the Board on December 14, 2016. The Respondents continued to dispense prescription into the State of Alabama while it did not possess a valid, current non-pharmacy permit. (Board's Exhibits Two and Three)

5. The Respondent Pharmacy failed to renew its 2017-2018 non-resident pharmacy in a timely manner and shipped prescriptions into the State of Alabama without a valid permit in 2015, 2016 and 2017. (Board's Exhibits Two and Three)

6. Based on the Administrative Complaint dated October 30, 2014 by the State of Florida Department of Public Health against the Respondent Pharmacist for the failure to obtain a special sterile compounding permit, the State of Florida Board of Pharmacy on February 25, 2015 issued a Final Order Approving Settlement Agreement wherein the Responding Pharmacist, among other things, was fined and required to complete twelve hours of continuing education on laws and rules of pharmacy. (Board's Exhibits One "A" and Four)

7. On August 4, 2014 through August 12, 2014 the Respondent Pharmacy was inspected by the Department of Health and Human Services, Food and Drug Administration during which twelve violations concerning sterile product processing were observed as shown on the Form FDA 483. (Board's Exhibits One "B" and Five; Respondents' Exhibit One)

8. On January 23, 2017 the Respondent Pharmacy was again inspected by the Department of Health and Human Services Food and Drug Administration during which two

violations concerning labeling and beyond use dates were observed as shown on the Form FDA 483. (Board's Exhibits One "C" and Seven)

9. The Public Health Service, Food and Drug Administration on March 10, 2016 issued a Warning Letter to the Respondents regarding the failure of the Respondents' practices in producing sterile drug products thus failing to meet the conditions required under Section 503B of the Food, Drug and Cosmetic Act. (Board's Exhibits One "B", One "C", One "D" and Six)

10. The Respondents' submitted responses to the August 4, 2014 through August 12, 2014 and January 23, 2017 inspections by the Department of Health and Human Services Food and Drug Administration and the Warning Letter of March 10, 2016 including standard operating procedures and other actions to correct violations observed during the inspections. (Respondents' Exhibits Two through Six, Nine through Fourteen)

11. The Oregon State Board of Pharmacy disciplined the Respondent Pharmacy in an order dated November 7, 2016 for the failure of the Respondent Pharmacy to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. (Board's Exhibit Eight)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12), and § 41-22-12.

2. The Respondents were properly notified of the charges; the Respondent Pharmacist attended and the Respondents were represented at the administrative hearing by counsel.

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges at the administrative hearing.

4. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that it operated as a pharmacy and dispensed medication to citizens of the State of Alabama during 2015, 2016 and/or 2017 without a valid permit in violation of Code of Alabama (1975), § 34-23-30 and/or § 34-23-31.

The Board finds that each day it operated is a separate and distinct offense.

5. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of the preceding paragraphs of this Final Order.

8. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon engaging in sterile compounding in the State of Florida without having been issued a special sterile compounding permit as set forth and

reflected in the Administrative Complaint dated October 30, 2014, the Settlement Agreement dated December 1, 2014 and the Final Order referenced in the Settlement Agreement.

9. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph eight above of this Final Order.

10. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eight and/or nine above of this Final Order.

11. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that they operated and/or conducted business activities in this State during 2014, 2015, 2016 and/or 2017 without possessing the permit required by Code of Alabama (1975), § 34-23-32.

The Board finds that each day it operated and/or conducted the above referenced business activities is a separate and distinct offense.

12. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed

on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form 483 dated August 12, 2014 resulting from an inspection by the FDA.

13. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated the statutory provisions based upon the deficiencies and/or violations set out and described in a Warning Letter issued by the FDA dated March 10, 2016.

14. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form FDA 483 dated February 13, 2017 resulting from an inspection by the FDA.

15. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

16. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the

Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (a) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

17. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (b) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

18. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

19. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon discipline entered by the Oregon State Board of Pharmacy on or about November 7, 2016 in connection with him dispensing prescriptions and compounding patient specific prescriptions into Oregon from on or about January 1, 2015 until on or about March 29, 2016 without registering with the Oregon Board of Pharmacy.

20. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph nineteen above of this Final Order.

21. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph nineteen above of this Final Order.

22. The Respondent Pharmacy's controlled permit in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's controlled substance permit in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the violations contained in the preceding paragraphs above of the Final Order.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondents shall not ship or otherwise distribute into the State of Alabama any human growth hormone preparations for off label uses; and

2. The Respondent Pharmacist's license to practice pharmacy and controlled

substance permit in the State of Alabama are placed on PROBATION for a period of three (3) years from the date of this Final Order; and

3. The Respondent Pharmacist is ORDERED to pay to the Board an administrative fine of Fourteen Thousand (\$14,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

4. The Respondent Pharmacy's controlled substance permit and permit as a non-resident pharmacy in the State of Alabama are SUSPENDED, said SUSPENSION immediately revert to PROBATION for a period of three (3) years from the date of this Final Order; and

5. The Respondent Pharmacy is ORDERED to pay to the Board an administrative fine of Fifteen Thousand (\$15,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

6. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this _____ day of October 2017.
10/20/2017

Buddy Bunch

Mr. Buddy Bunch, President
Alabama State Board of Pharmacy

Copies to:

Mr. John Hutto, Esq.

Mr. James S. Ward, Esq.

Dr. Susan Alverson, Executive Secretary

Mr. Vance L. Alexander, Esq.

17E



Nevada State Board of Pharmacy

Home

Individual

Renewal

Reports

Administration

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Inspection

Compliance

License Renewal

Add

Search By Name :



License # : 09579

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All



| | License# | License Type | First Name | Last Name | Submitted Date | Approved Date | Status | Action |
|--|----------|--------------|------------|-----------|----------------|---------------|-----------|--------|
| | 09579 | Pharmacist | David | Makhani | 10/22/2019 | | Submitted | |

Renewal Application Pharmacist

Application Fee : \$180.00
 Convenience Fee : \$10.00
 License Number : 09579
 License Type : Pharmacist
 New Expiration Date : 10/31/2021

Personal Information

First Name : * David

Middle (initial only) :

Last Name : * Makhani

License # : 09579

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : * PO BOX

Country : * United States

City : * SANTA MONICA

State : * California

Zip : * 90406

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * PO BOX

Country : * United States

City : * SANTA MONICA

State : * California

Zip : * 90406

Home Phone :

Cell Phone :

Email Address : * n

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Military Service Information

Have you ever served in the military : * ☒ Yes ☐ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? * ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * ☒ Yes ☐ No

see attached

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|-----------------------|--------------------|------------|-------------|--------------|----------------------------------|--------|
| Letter of Explanation | Legal - Question 3 | 10/22/2019 | (OL) | | Document Details | |

Document Name :

Document Type : [Select DocumentType](#)

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

☐ Yes ☒ No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * David Makhani

Date Of Application * 10/22/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are **NON REFUNDABLE**. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number : 61982136462

InvoiceDate 10/22/2019

Paid

Approve

Close

First () Previous () 1 () Next () Last ()

October 22, 2019

To: Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206. Reno, NV 89521

From: David Makhani, CA RPH 41572
P.O. Box Santa Monica, CA 90406

1

Re: History of California State Board of Pharmacy Citations & Fines

Dear Nevada Board of Pharmacy,

This letter is to explain two prior California State Board of Pharmacy Citations & Fines issued against my pharmacist license, RPH 41572 - on April 22, 2019 and July 25, 2019. A copy of each of these non-disciplinary enforcement actions have been enclosed for your reference. In the one issued on April 22, 2019, the California State Board of Pharmacy cited a violation of California Code of Regulations § 1714(b) and California Business & Professions Code § 4081(a):

CCR § 1714(b):

Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

B&P § 4081(a):

All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

This matter has been fully resolved through my payment of the \$750.00 fine, payable to the California State Board of Pharmacy.

In the Citation & Fine issued on July 25, 2019, the California Board of Pharmacy cited a violation of California Code of Regulations § 1735.2(i)(3):

CCR § 1735.2(i)(3):

For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies.

This matter has also been fully resolved through my payment of the \$500.00 fine, payable to the California State Board of Pharmacy and 4 hours of remedial education in "sterile compounding."

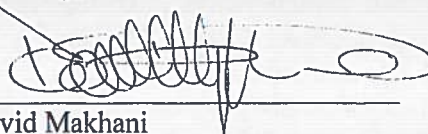
Please note that a Citation & Fine is NOT considered a disciplinary action – rather, it is merely an administrative action, the payment for which constitutes "... a substantiated

resolution of a complaint and/or investigation . . . a payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure" [Citation & Fine, Page two].

Attached for your reference you will find my since then renewed pharmacist license from the California State Board of Pharmacy.

As always, please contact me at your convenience for any further questions or discussions on this matter. Thank you in advance for your consideration and the opportunity to explain this California State Board of Pharmacy Citation & Fine against my pharmacist licensure.

Sincerely,

X 

David Makhani

Remove your new Pocket License
from the receipt portion and keep
on your person.

Board of Pharmacy
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
916 574-7900

13/19
13/19

CUT HERE

CUT HERE



Board of Pharmacy
1625 North Market Blvd.,
Suite N-219
Sacramento, CA 95834
916 574-7900



CUT HERE

IMPORTANT

REGISTERED PHARMACIST

LICENSE NO. RPH 41572

EXPIRATION 10/31/21

DAVID MAKHANI
PO BOX

SANTA MONICA CA 90406

1. Please include your License Number with any correspondence to this office.
2. Notify the Board of Pharmacy of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the Pocket License with you.
DAVID MAKHANI

Signature

[Handwritten Signature]

RECEIPT NO.
92540597

LICENSE NO.
RPH 41572

EXPIRATION
10/31/21

RECEIPT NO.
92540597

Please retain this receipt in a safe location.
PPHRPH 10/31/07

June 05, 2019

California State Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA 95834

Re: Citation & Fine CI 2018 83499
David Makhani, RPH 41572

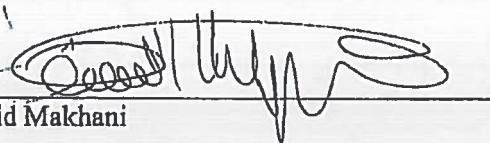
Dear California State Board of Pharmacy,

Please receive the enclosed check in the amount of \$750.00, in full payment for the Citation & Fine against my licensure. I have enclosed a copy of my Citation & Fine for your reference. I just now received my Citation & Fine document, and I apologize for my delayed response and payment. I am not sure why it took so long for me to get it, but I wish to simply pay the fine in full resolution of the matter.

Thank you, and please contact me at your convenience for any further questions or discussions on this matter.

X

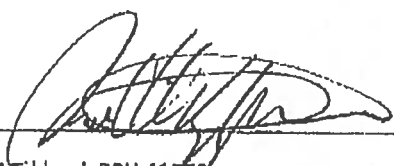
David Makhani

A handwritten signature in black ink, appearing to read "David Makhani", written over a horizontal line.

To: California State Board of Pharmacy

I, David Makhani, choose option (2) of the attached Order of Abatement which states: "Payment in the amount of \$500 and proof of completion of four (4) hours of remedial education in Sterile Compounding within (6) months of the date of this citation." I am completing my hours through CriticalPoint's Simplifi and will send the proof of completion immediately following completion.

Thank you,



David Makhani, RPH 41572

8/20/19

9/24/2019

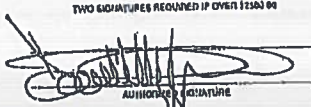
about:blank

Print

Check/Serial#: 3562

Account #: 268309231

Amount: 750.00

| | | | |
|---|--|--|------------------|
| ENCINO PHARMACY
OCEAN DRUG, INC.
17071 VENTURA BLVD., STE. 100
ENCINO, CA 91316
818-788-8850 | | CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com
00-71027222 | 3562
8/5/2019 |
| 102140 | | | |
| CALIFORNIA BOARD OF PHARMACY | | \$ **760.00 | |
| Seven Hundred Fifty and 00/100 | | DOLLARS | |
| PAY TO THE ORDER OF | CALIFORNIA BOARD OF PHARMACY
1625 NORTH MARKET BLVD, STE N219
SACRAMENTO, CA 95834 | | |
| | | TWO SIGNATURES REQUIRED IF OVER \$1500.00

AUTHORIZING SIGNATURE | |
| *003562* 1222716271 | | 268309231 823457 | |
| 20100810 010002013 010030002
FOR DEPOSIT ONLY ACCOUNT 171
CAST TREASURER, CONSUMER AFFAIRS | | | |
| DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
FEDERAL RESERVE NOTE | | | |

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1/1

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

| | |
|------------------------|--------------------------|
| Citation Number | Name, License No |
| CI 2018 83499 | DAVID MAKHANI, RPH 41572 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|--|---|-------------|
| CCR, Title 16, § 1714 subd. (b)/Bus. & Prof. Code § 4081 subd. (a) | Operational Standards and Security; pharmacy responsible for pharmacy security/Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory | \$750.00 |

CONDUCT:

California Code of Regulations, Section 1714 (b) states, in pertinent part, each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs were safely and properly prepared, maintained, secured and distributed. Business and Professions Code Section 4081(a) states, in pertinent part, all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. California Code of Regulations Section 1718 states, in pertinent part, "current inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

Specifically, an audit of the period between 05/06/2015 and 11/28/2018 at Encino Pharmacy_Aka Mdr Pharmaceutical Care, PHY34818, located at 17059-17071 Ventura Blvd Ste #100, Encino, CA 91316 revealed the following:

Overage of (negative Variance):

- 43 tablets of alprazolam 0.5 mg
- 368 tablets of diazepam 10 mg

Shortage of (positive Variance). This could be due to either employee theft or other unknown reasons:

- 30 tablets of alprazolam 0.25 mg
- 168 tablets of alprazolam 1 mg
- 210 tablets of alprazolam 2 mg
- 106 tablets of diazepam 5 mg

David Makhani, RPH41572, was acting as the Pharmacist-in-Charge at Encino Pharmacy_Aka Mdr Pharmaceutical Care, PHY34818, between 03/01/1991 and present. This was a violation of Business and Professions Code 4081(a) and California Code of Regulations, Section 1714 (b) for failing to maintain a current inventory and records of acquisition and disposition of dangerous drugs and for failing to maintain dangerous drugs in a safe and secure manner.

CITATION ISSUED ON APRIL 22, 2019

TOTAL AMOUNT OF FINE(S) \$750.00

PAYMENT OF FINE(S) DUE BY May 22, 2019

COPY

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**CITATION AND FINE
ORDER OF ABATEMENT**

COPIES

| | |
|------------------------|---------------------------|
| Citation Number | Name, License No |
| CI 2018 83946 | DAVID MAKHANI , RPH 41572 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---|--|--------------------|
| CCR, Title 16, § 1735.2
subd. (l)(3) | Compounding Limitations & Requirements-
Every compounded drug preparation shall be
given beyond use date representing the date or
date and time beyond which the compounded
drug preparation should not be used, stored,
transported or administered, and determined
based on the professional judgment of the
pharmacist performing or supervising the
compounding; extension of a beyond use date
is only allowable when... | \$1,000.00 |

CONDUCT:

Compounding Limitations and Requirements: California Code of Regulations section 1735.2, subsection (l)(3) states, "For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies." Specifically on 12/01/2017, Pharmacist-In-Charge and owner David Makhani (RPH 41572) at Encino Pharmacy, PHY 34818, located at 17059-17071 Ventura Blvd., Encino, CA 91316 compounded 400 sterile compounded preparations of Leuprolide Acetate 4mg/1 ml (1 ml) and assigned extended beyond use date of 90 days without meeting the necessary requirements. There was no record of Method Suitability Test completed for Leuprolide Acetate 4mg/1ml. Additionally, there was no record of Container Closure Integrity Test completed prior to assigning 90-day BUD on 12/01/2017. Container Closure Integrity Test provided by the pharmacy was completed on 10/31/2018. Extension of beyond use date for sterile compounded drug preparations without support of all three necessary requirements is a violation of California Code of Regulations 1735.2 (l)(3).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of \$1,000, or (2) payment in the amount of \$500.00 and proof of completion of four (4) hours of remedial education in "Sterile Compounding" as specified below.

If David Makhani chooses option (2), David Makhani shall submit

proof of completion of four (4) hours of remedial education in Sterile Compounding within (6) months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If David Makhani timely enrolls in, initiates, and successfully completes 6 hours of remedial education in Sterile Compounding within (6) months, the fine(s) levied by this citation shall be reduced to \$500.00, and completion of 6 hours of remedial education in Sterile Compounding shall be considered satisfactory abatement of the citation.

If David Makhani fails to successfully complete the 6 hours of remedial education in Sterile Compounding, the stay shall be lifted and the fine(s) shall be due and owing from David Makhani within thirty (30) days of any such failure.

CITATION ISSUED ON: July 25, 2019

TOTAL AMOUNT OF FINE(S): \$1,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: August 24, 2019

9/24/2019

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Print

Check/Serial#: 3843

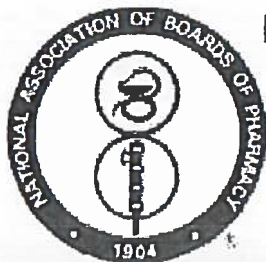
Account#: 268309231

Amount: 500.00

| | | | | |
|---|--|---|--|-------------------|
| ENCINO PHARMACY
OCEAN DRUG, INC.
17071 VENTURA BLVD., STE. 100
ENCINO, CA 91316
818-700-8858 | | CHASE
JPMorgan Chase Bank, N.A.
1000 CHASE DR
90-7182222 | | 3843
8/43/2018 |
| BOARD OF PHARMACY | | \$ 500.00 | | |
| Five Hundred and 00/100 DOLLARS | | | | |
| PAY
TO THE
ORDER
OF | BOARD OF PHARMACY
2720 GATEWAY OAKS DR. SUITE 100
SACRAMENTO, CA 95833 | | | |
| | | TWO SIGNATURES REQUIRED IF OVER \$500.00

AUTHORIZED SIGNATURE | | |
| ⑈003843⑈ ⑈322271627⑈ 268309231⑈ 823000 | | | | |
| 20100827 010001011 010020004
FOR DEPOSIT ONLY ACCOUNT 171
OAST TREASURER, CONSUMER AFFAIRS | | | | |
| <p>DO NOT WRITE STAMP OR SIGN BELOW THIS LINE</p> <p>ENDORSE HERE</p> <p>PAY TO THE ORDER OF</p> <p>14 BANK OF AMERICA, NA</p> <p>15 BUSINESS</p> <p>16 ACCOUNT 171</p> <p>18 CHASE STATE STREET</p> <p>19 1000 CHASE DR</p> <p>20 90-7182222</p> <p>21 90-7182222</p> <p>22 90-7182222</p> <p>23 90-7182222</p> <p>24 90-7182222</p> <p>25 90-7182222</p> <p>26 90-7182222</p> <p>27 90-7182222</p> <p>28 90-7182222</p> <p>29 90-7182222</p> <p>30 90-7182222</p> <p>31 90-7182222</p> <p>32 90-7182222</p> <p>33 90-7182222</p> <p>34 90-7182222</p> <p>35 90-7182222</p> <p>36 90-7182222</p> <p>37 90-7182222</p> <p>38 90-7182222</p> <p>39 90-7182222</p> <p>40 90-7182222</p> <p>41 90-7182222</p> <p>42 90-7182222</p> <p>43 90-7182222</p> <p>44 90-7182222</p> <p>45 90-7182222</p> <p>46 90-7182222</p> <p>47 90-7182222</p> <p>48 90-7182222</p> <p>49 90-7182222</p> <p>50 90-7182222</p> <p>51 90-7182222</p> <p>52 90-7182222</p> <p>53 90-7182222</p> <p>54 90-7182222</p> <p>55 90-7182222</p> <p>56 90-7182222</p> <p>57 90-7182222</p> <p>58 90-7182222</p> <p>59 90-7182222</p> <p>60 90-7182222</p> <p>61 90-7182222</p> <p>62 90-7182222</p> <p>63 90-7182222</p> <p>64 90-7182222</p> <p>65 90-7182222</p> <p>66 90-7182222</p> <p>67 90-7182222</p> <p>68 90-7182222</p> <p>69 90-7182222</p> <p>70 90-7182222</p> <p>71 90-7182222</p> <p>72 90-7182222</p> <p>73 90-7182222</p> <p>74 90-7182222</p> <p>75 90-7182222</p> <p>76 90-7182222</p> <p>77 90-7182222</p> <p>78 90-7182222</p> <p>79 90-7182222</p> <p>80 90-7182222</p> <p>81 90-7182222</p> <p>82 90-7182222</p> <p>83 90-7182222</p> <p>84 90-7182222</p> <p>85 90-7182222</p> <p>86 90-7182222</p> <p>87 90-7182222</p> <p>88 90-7182222</p> <p>89 90-7182222</p> <p>90 90-7182222</p> <p>91 90-7182222</p> <p>92 90-7182222</p> <p>93 90-7182222</p> <p>94 90-7182222</p> <p>95 90-7182222</p> <p>96 90-7182222</p> <p>97 90-7182222</p> <p>98 90-7182222</p> <p>99 90-7182222</p> <p>00 90-7182222</p> | | | | |

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National Association of Boards of Pharmacy

Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <797> Pharmaceutical Compounding—Sterile Preparations

Program Date: 9/25/2019

ACPE Universal

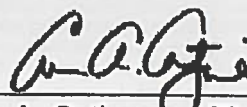
Program Number: ACPE #0205-9999-19-045-L07-P

CEUs: 0.650

Contact Hours: 6.5

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 797 Pharmaceutical Compounding — Sterile Preparations (Live Webcast)

September 25, 2019

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer



National Association of Boards of Pharmacy

Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <800> Hazardous Drugs—Handling in Healthcare Settings

Program Date: 9/26/2019

ACPE Universal

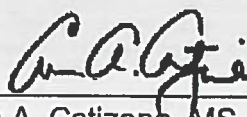
Program Number: ACPE #0205-9999-19-046-L07-P

CEUs: 0.650

Contact Hours: 6.5

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 800 Hazardous Drugs—Handling in Healthcare Settings (Live Webcast)

September 26, 2019

A handwritten signature in black ink, appearing to read 'Ron T. Piervincenzi'.

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer



National Association of Boards of Pharmacy

Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <795> Pharmaceutical Compounding—Nonsterile Preparations

Program Date: 9/27/2019

ACPE Universal

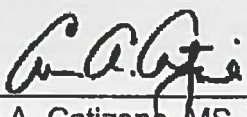
Program Number: ACPE #0205-9999-19-047-L07-P

CEUs: 0.375

Contact Hours: 3.75

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 795 Pharmaceutical Compounding — Nonsterile Preparations (Live Webcast)

September 27, 2019

A handwritten signature in black ink, appearing to read "Ron T. Piervincenzi", is written over a faint, horizontal, wavy line.

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer

17F



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :



License # : SS # : XXX-XX-XXXX

Last Name : nguyen First Name : tung

Email : Status : Select

Search

Cancel



Show All

| | License# | License Type | First Name | Last Name | Submitted Date | Approved Date | Status | Action |
|--|----------|--------------|------------|-----------|----------------|---------------|-----------|--------|
| | 17096 | Pharmacist | Tung | Nguyen | 10/06/2019 | | Submitted | |

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 17096

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * Tung

Middle (initial only) : Khoa Last Name : * Nguyen

License # : 17096

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : CVS Pharamcy #05884

Military Address : ☐

Street : * 12260 Bellaire Blvd

Country : * United States

City : * Houston State : * Texas Zip : * 77072

Practice Phone : (XXX) XXX-XXXX Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * Pine Brook Dr

Country : * United States

City : * Stafford

State : * Texas

Zip : * 77477

Home Phone : (

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? *

Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes ☐ No

On April 17, 2017, I was on the phone with the Doctor office. One of my technician checked out the patient's prescription and failed to bring the patient to counseling window for counseling without my knowledge. As a result of this incident, I was charged for failing to provide verbal counseling. I had a conversation with all pharmacy members to make sure that they understand verbal counseling is a mandatory. My Texas

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|-------------------------------|--------------------|------------|-------------|--------------|----------------------------------|--------|
| Agree Board Order #C-17-021-A | Legal - Question 3 | 10/06/2019 | (OL) | | Document Details | |

Document Name

Document Type Select DocumentType

Document

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#)

Cancel

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * ☐ Yes ☒ No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Tung Nguyen

Date Of Application * 10/06/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number 61950027992

Invoice Date 10/06/2019

Paid

Approve Close

AGREED BOARD ORDER #C-17-021-A

RE: IN THE MATTER OF
TUNG KHOA NGUYEN
(PHARMACIST LICENSE #45037)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 45037 issued to Tung Khoa Nguyen (Respondent).

By letter dated September 12, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(26); and 565.001(a)(1), (2), (8), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 281.7(a)(12) and (13); 291.31(32); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.32(c)(2)(E); 291.33(c)(1)(A), (B) and (D); 291.34(a)(1); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

- (1) On or about April 17, 2017, Tung Khoa Nguyen, while acting as an employee (pharmacist-in-charge) of CVS/pharmacy #5884, 12260 Bellaire Boulevard, Houston, Texas 77072, failed to provide verbal patient counseling to patient J.C. on a new written prescription for 24 clindamycin HCL 150 mg capsules. The prescription was assigned prescription number 707146.
- (2) On or about April 17, 2017, Tung Khoa Nguyen, while acting as an employee (pharmacist-in-charge) of CVS/pharmacy #5884, 12260 Bellaire Boulevard, Houston, Texas 77072, failed to maintain complete and accurate records regarding counseling in the pharmacy's prescription dispensing records for the prescription described above in Count (1), in that the record does not reflect the initials or identification code of the pharmacist providing the counseling or receiving the refusal of such consultation.

By letter dated September 12, 2017, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

Agreed Board Order #C-17-021-A
Tung Khoa Nguyen
Page 2

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

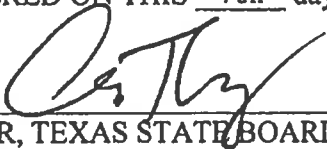
- (1) Respondent shall pay an administrative penalty of one thousand five hundred dollars (\$1,500) due one hundred twenty (120) days after the entry of this Order.
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

Agreed Board Order #C-17-021-A
Tung Khoa Nguyen
Page 3

And it is so ORDERED.

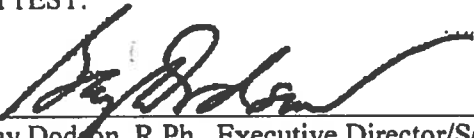
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2017.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Tung Khoa Nguyen, R.Ph.

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

17G

I HAD PROBLEM

UPLOADING TO WEBSITE

SO HERE'S ALL MY DISCIPLINARY INFO.

Renewal Application

Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 13759

License Type : Pharmacist

New Expiration Date : 10/31/2021

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active

☐ Inactive

Proceed to Renew

Personal Information

First Name : MOHAMMAD

Middle (initial only) :

Last Name : POURTEYMAUR

License # : 13759

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Total Infusion Care

Military Address :

Street : 3041 West Horizon Ridge Parkway Suite 100

Country : United States

City : Henderson

State : Nevada

Zip : 89052

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (702) 778-8882

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : Casey Drive Unit

Country : United States

City : Las Vegas

State : Nevada

Zip : 89120

Home Phone :

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number.

☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

- ☒ I am **NOT SUBJECT** to a court order for the support of a child.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : ☐ Yes ☒ No

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?

☐ Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?

☐ Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?

☒ Yes ☐ No

Admonishment by the state of Colorado

| Document Name | Document Type | Date | Link | Action |
|---------------|---------------|------|------|--------|
|---------------|---------------|------|------|--------|

No Record Found

Document Name :

Document Type : Legal - Question 3

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : Select

Date : 09/27/2017

Case # : 2016-3681

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

☒ Yes ☐ No

admonishment by the State of Colorado Board of Pharmacy

| Document Name | Document Type | Date | Link | Action |
|---------------|---------------|------|------|--------|
|---------------|---------------|------|------|--------|

No Record Found

Document Name :

Document Type : Legal - Question 4

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : Select

Date : 09/25/2017

Case # : 2016-3681

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Mohammad Pourteymaur

Date Of Application : 10/04/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |
| | | |

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 180

Convenience Fee : 10

Late Fees : 0

Reference Number : 61947420508

InvoiceDate : 10/04/2019

Paid

Pay & Submit



Client Focused. Results Driven.

25521 E. Smoky Hill Road
Suite #120, Aurora, Co 80016
720.222.1276
john@baerlaw.com
baerlaw.com

October 10, 2017

Dane Ishihara
Bureau Manager, Division of Occupational and Professional Licensing
PO Box 146741
Salt Lake City, UT 84114-6741

RE: Mohammad Pourteymaur (7105842-1701 / 7105842-8911)

Dear **Utah Board of Pharmacy** (Board),

My client, Mohammad Pourteymaur (Pourteymaur), received notification on December 31, 2016, that the Colorado Board of Pharmacy (Colorado Board) disciplined his Colorado pharmacist license after the Colorado Board deemed he did not attest, on his initial May 2014 Colorado Pharmacist Application, that he had disciplinary action taken against his Nevada Pharmacist License in 2008. (Attachment One).

Pourteymaur requested a motion for reconsideration of Colorado Case 2016-3681 and provided the Colorado Board with additional, relevant documentation as there was much confusion as to whether the 2008 Nevada action was reportable since Pourteymaur's Nevada Board of Pharmacy (Nevada Board) license profile listed no discipline and Nevada Board representative, Shirley Hunting, confirmed as much with both Pourteymaur and myself on August 11, 2017. (Attachment Two).

Unbeknownst to Pourteymaur and the Nevada Board, however, the action was reported to the National Practitioner Data Base (NPDB) as disciplinary action in late 2008, but the Nevada Board never updated their own website to reflect that the 2008 Order was, in fact, a reportable disciplinary action.

Shortly after our discussions with the Nevada Board, they admitted their error and promptly updated Pourteymaur's Nevada profile, which now reflects the 2008 disciplinary action. (Attachment Three)

Most recently, on September 25, 2017, the Colorado Board notified Pourteymaur that they 'decided to let the Letter of Admonition stand as originally issued.' (Attachment Four).

Pourteymaur is self-reporting this action to the Board.

Please do not hesitate to contact me directly with any and all questions.

Thanks in advance,


John Paul Baer, PharmD, JD
Baer Law Firm, LLC
25521 E. Smoky Hill Rd., Suite #120
Aurora, CO 80016

Office: 720-222-1276
Email: john@baerlaw.com

**COLORADO**Department of
Regulatory Agencies

Division of Professions and Occupations

State Board of Pharmacy

September 25, 2017

Mohammad Ali Pourteymaur, R.Ph.
Casey Dr Unit
Las Vegas, NV 89120-5114

RE: Reconsideration of Case 2016-3681

Dear Mr. Pourteymaur:

At its September 21, 2017 meeting, the Colorado State Board of Pharmacy ("Board") reviewed your request to reconsider the Letter of Admonition issued by the Board in this case.

After careful consideration of the information provided in this matter, the Board decided to let the Letter of Admonition stand as originally issued.

Very truly yours,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy Anderson
Program Director

cc: John Baer, Esq. john@baerlaw.com

Attachment One


COLORADO

 Department of
Regulatory Agencies

Division of Professions and Occupations

 Healthcare Branch
State Board of Pharmacy

December 27, 2016

Mohammad A. Pourteymaur

CERTIFIED AND FIRST CLASS MAIL
RE: Case 2016-3681

Dear Mr. Pourteymaur:

At its November 17, 2016 meeting, the Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration of all the evidence before the Board, the Board determined that upon your initial application for pharmacist licensure in the State of Colorado, you did not attest that you had disciplinary action taken against your license or pending against you in any state when you should have attested to this fact.

The Board hereby admonishes the pharmacy for violation of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

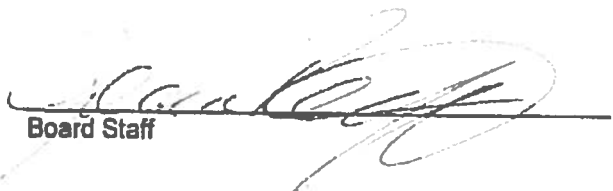
FOR THE COLORADO STATE BOARD OF PHARMACY

 Chris Gassen, R.Ph.
Pharmaceutical Inspector
Acting Program Director


CERTIFICATE OF SERVICE

This is to certify that I have duly served the within Letter of Admonition upon all parties herein by depositing copies of same in the United States first-class, certified mail and postage prepaid at Denver, Colorado, this 27th day of December, 2016, addressed as follows:

Mohammad A. Pourteymaur


Board Staff



UNDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article

1234

Mohammad A. Pourteymaur



9590 9403 0913 5223 8335 35

Article Number (Transfer from service label)

01 0360 0001 5999 2024

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x m a d y

☐ Agent

☐ Address

B. Received by (Printed Name)

Mohammad Pourteymaur

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No



3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation®

☐ Signature Confirmation Restricted Delivery

Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

National Association of Boards of Pharmacy
 1600 Feehanville Drive, Mt. Prospect, IL 60056
 847/391-4400 ~ clearinghouse@nabp.net

Name: Mohammad Ali Pourteymaur
 e-ProfileID:
 Process Date: 7/20/16
 DCN:
 Page: 1 of 2

DISCIPLINARY AND ADMINISTRATIVE ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE. FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED JURISDICTION AS TO THE ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPI
 Executive Director/Secretary

Mohammad Ali Pourteymaur

Reporting Entity: Nevada State Board of Pharmacy

| | |
|---|-----------------------------------|
| Transaction Type: Initial Report | Date of Action: 11/25/2008 |
|---|-----------------------------------|

| Action | Basis for Action |
|---|---|
| - 1173 - Publicly Available Fine/Monetary Penalty | - A2 - Failure to Comply with Continuing Education or Competency Requirements |

A. REPORTING ENTITY

Entity Name: Nevada State Board of Pharmacy
 Address: 555 Double Eagle Court, Suite 1100,
 City, State, Zip: Reno, NV 89511-8991
 Country: US
 Name of Certifier: Barry Boudreaux
 Title or Department: President
 Telephone: 7758501440
 Type of Report: Initial
 Related Report Number:

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: Mohammad Ali Pourteymaur
 e-Profile ID:
 Other Name(s) Used:
 Gender:
 Date of Birth:
 Work Address:
 City, State, ZIP:
 Deceased: NO
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN):
 Individual Taxpayer Identification Number (ITIN):
 National Provider Identifiers (NPI):
 Professional School & Year of Graduation: University of the Pacific - CA (1997)
 Occupation/Field of Licensure (Code): Pharmacist
 State License Number, State of Licensure: 13759 , NV

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Association of Boards of Pharmacy
1600 Feehanville Drive, Mt Prospect, IL 60056
847/391-4400 ~ clearinghouse@nabp.net

Name: Mohammad Ali Pourteymaui
e-ProfileID:
Process Date: 7/20/16
DCN:
Page: 2 of 2

DISCIPLINARY AND ADMINISTRATIVE ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE. FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED JURISDICTION AS TO THE ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPT
Executive Director/Secretary



Type of Action: Initial
Basis for Action: - A2 - Failure to Comply with Continuing Education or Competency Requirements
Reporting Entity: NV
Action Classification Code(s): - 1173 - Publicly Available Fine/Monetary Penalty
Date Action Was Taken: 11/25/2008
Date Action Became Effective: 11/25/2008
Length of Action: Indefinite
Monetary Penalty: \$ 1000
Auto Reinstate?: No
Description: On his Nevada license renewal application, the pharmacist stated he had completed the required 30 hours of CE. An audit showed he had not completed any CE. Board ordered him to complete 30 hours of CE for the 11/1/05 through 10/31/07 renewal period and 60 hours of CE for the 11/1/07 through 10/31/09 renewal period. He will be audited to verify he has completed the 60 hours of CE. In addition, the Board levied a fine of \$1,000.00 and ordered the pharmacist to take and pass a written law exam provided by Board staff.

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**MOHAMMAD A. POURTEYMAUR, R.Ph.,
Certificate of Registration #13759,**

Respondent.

**FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER**

Case No. 08-032-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 29, 2008, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Respondent Mohammad A. Pourteymaur appeared and represented himself. Based on the presentation of Mr. Pourteymaur, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Mr. Pourteymaur admitted the facts as plead in the Notice of Intended Action and Accusation were true and correct. At hearing, Mr. Pourteymaur testified by way of explanation and mitigation. Based upon the Respondent's admissions and the evidence presented at hearing, the following are found to be the facts of this matter.

2. Mr. Pourteymaur timely submitted the application for renewal of his pharmacist's license. On his renewal application he indicated that he had completed 30 hours of continuing education. Mr. Pourteymaur's renewal application was included in a random sample to be audited. The audit revealed that Mr. Pourteymaur had completed

zero hours of continuing education between November 1, 2005 and October 31, 2007.

3. At hearing, Mr. Pourteymaur testified that he has been in medical school since August of 2002 and has been taking some pharmacy related courses, but that the classes were not ACPE accredited classes. Additionally, Mr. Pourteymaur testified he had personal matters over the time in question such as deaths and births in his family that took his time. Mr. Pourteymaur also expressed regret that he had answered the question affirmatively stating that he had completed the course work when he knew that he had not and offered classes he took after the renewal period in mitigation to the Board.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and this respondent because Mr. Pourteymaur is a pharmacist licensed by the Board.

2. In indicating on his renewal application that he had completed 30 hours of continuing education on his renewal application when he had taken zero hours of course work, Mr. Pourteymaur violated NRS 639.210(4) and (9) and 639.2174(2) and NAC 639.330 and 639.390.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. For the renewal period of November 1, 2005 through October 31, 2007, Mr. Pourteymaur shall complete 30 hours of continuing education. Mr. Pourteymaur will not be given credit for any of the continuing education classes he completed prior to October 29, 2008.

2. For the renewal period of November 1, 2007 through October 31, 2009, Mr. Pourteymaur will complete 60 CE's. Mr. Pourteymaur's continuing education hours will

be audited to verify that he has completed the 60 hours of continuing education required by this Order.

3. Mr. Pourteymaur shall pay a fine of \$1,000.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Pourteymaur will not be allowed to inactivate his license.

5. Mr. Pourteymaur must take and pass a written law examination provided by Board staff within 30 days of receipt of the examination.

6. The failure by Mr. Pourteymaur to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license.

Signed and effective this 25th day of November, 2008.



Barry Boudreaux, President
Nevada State Board of Pharmacy

Division of Professions and Occupations
Office of Licensing-Pharmacy
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

310-00
5027

Application for License by
License Transfer (Endorsement)
PHARMACIST
Fee: \$310

The content of this application must not be changed. If the content is changed,
the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

PART 1—APPLICANT INFORMATION

| | | | |
|--|--------------------|--|---------|
| Name: First: <u>MOHAMMAD</u> | Middle: <u>ALI</u> | Last: <u>POURTEYMAUR</u> | Suffix: |
| Previous Name(s): | | | |
| Social Security Number: * | | | |
| E-mail Address: | | | |
| Preferred method for communication: ☐ Mail ☒ E-mail | | | |
| Mailing Address: | PO Box, Street: | | |
| This is a ☒ Home ☐ Business | City, State, Zip: | | |
| Daytime Telephone Number | | Date of Birth (mm/dd/yyyy): | |
| Place of Birth (city and state, or foreign country): <u>DENVER, CO</u> | | Gender: ☒ Male ☐ Female | |

PART 2—LICENSE INFORMATION

List each jurisdiction in which you are or have ever been licensed as a Pharmacist (if needed, attach an additional sheet in the same format):

| State/Country | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|------------------|----------------|---------------------|---|---|
| NEVADA / U.S.A. | 13759 | 1997 | ☐ YES ☒ NO | ☒ YES ☐ NO |
| ARIZONA / U.S.A. | 5016949 | 2008 | ☐ YES ☒ NO | ☒ YES ☐ NO |
| UTAH / U.S.A. | 7105F42-1701 | 2008 | ☐ YES ☒ NO | ☒ YES ☐ NO |
| UTAH / U.S.A. | 7105F42-6911 | 2008 | ☐ YES ☒ NO | ☒ YES ☐ NO |
| FLORIDA / U.S.A. | PS32934 | 1997 | ☐ YES ☒ NO | ☒ YES ☐ NO |

I was licensed by exam in the state of: FLORIDA. This license must be active.

I am currently practicing as a Pharmacist with an active license in good standing in the state of: NEVADA & ARIZONA

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(i)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 81.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY

LICENSE NUMBER:

20424

DATE ISSUED:

8/7/14

Pharmacist License Transfer (Endorsement)

Page 1 of 3

10/2013

APPLICANT NAME: MOHAMMAD ALS POURTEY MAJOR**PART 3—MILITARY QUESTIONS**

| | | |
|--|---------------|---|
| 1. Are you a Member of the U.S. military? | | ☐ YES ☒ NO |
| ➤ If YES, provide information below: | | |
| Branch: | Duty Station: | |
| 2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? | | |
| ➤ If YES, refer to the <i>Military Spouse Exemption Form</i> available on our website at: www.dora.colorado.gov/professions/military . | | |
| ☐ YES ☒ NO | | |

PART 4—SCREENING QUESTIONS

If your answer is YES to any of the following questions, provide additional details or an explanation on a separate sheet and copies of all available court documents. **

| | |
|--|---|
| 1. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for a felony? | ☐ YES ☒ NO |
| 2. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for a violation involving alcohol or controlled substances (including but not limited to DUI or DWAI)? | ☐ YES ☒ NO |
| 3. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for any offense pertaining to state or federal drug law? | ☐ YES ☒ NO |
| 4. Have you ever had any disciplinary action taken against your license or pending against you in any state? | ☐ YES ☒ NO |
| 5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a pharmacist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | ☐ YES ☒ NO |
| 6. Do you have, or have you had, any malpractice judgments rendered against you? | ☐ YES ☒ NO |
| 7. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a pharmacist safely and competently? | ☐ YES ☒ NO |

**Please be advised an affirmative response to one of the screening questions may delay your application. For affirmative responses for any reason, provide a detailed explanation.

- If an affirmative response is due to any type of court action, provide copies of all court documents, including the charges, plea agreement or jury verdict, sentencing, and documentation that you completed all court ordered requirements. Failure to provide this information may result in your application being delayed.
- If an affirmative response is due to a disciplinary action from another state board of pharmacy, provide a copy of the disciplinary action, a detailed explanation of the circumstances surrounding the action, and, if applicable, documentation that you have completed all requirements ordered by the action. Failure to provide this information may result in your application being delayed.

In addition, if you have had any of the following:

- two or more alcohol related infractions within the five years preceding the application,
- three or more alcohol related infractions within the ten years preceding the application, or
- any substance abuse and related issues in the five years preceding your application which may impair your ability to practice pharmacy.

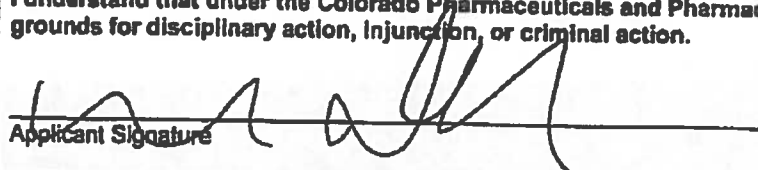
The Board may direct you to be assessed by the Pharmacy Peer Health Assistance Diversion Program (PPHADP) prior to acting on your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact PPHADP to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact PPHADP in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a PPHADP evaluation is necessary. However, doing so will delay a final decision regarding your application.

Contact information for the PPHADP is as follows: Pharmacy Peer Health Assistance Diversion Program (PPHADP), 2170 South Parker Road, Suite 229, Denver, CO 80231; (303) 369-0039 or (866) 369-0039.

APPLICANT NAME: MOHAMMAD ALI POURTEYAN**ATTESTATION**

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-6-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-6-501(2)(a)(I), false statements made herein are punishable by law.

I understand that under the Colorado Pharmaceuticals and Pharmacists Act, providing false information is grounds for disciplinary action, injunction, or criminal action.


Applicant Signature

Date

5/10/14

Attachment Two

This electronic email and any attached documents are intended solely for the named addressee(s) and contains confidential information. If you are not an addressee, or responsible for delivering this email to an addressee, you have received this email in error and are notified that reading, copying, or disclosing this email is prohibited. If you received this email in error, immediately reply to the sender and delete the message completely from your computer system.

On Aug 11, 2017, at 2:34 PM, Gassen - DORA, Chris <chris.gassen@state.co.us> wrote:

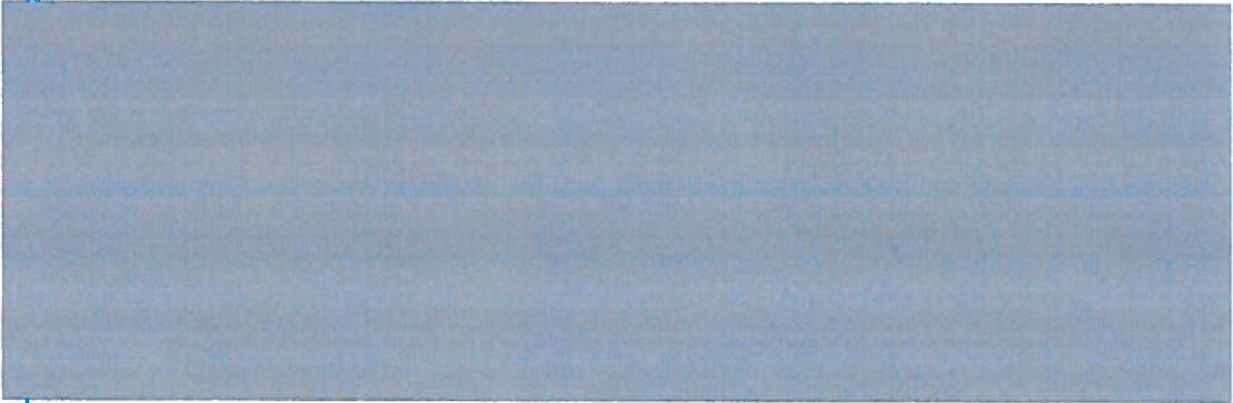
Hi John -

Here is the form you would complete and send to us. I don't believe there will be a fee in this instance.

Hope this helps.

Chris

On Fri, Aug 11, 2017 at 1:49 PM, John Baer <john@baerlaw.com> wrote:



Mr. Pourteymaur,

As of this date, there is no record of disciplinary action against your Nevada Pharmacist Registration.

Thank you.

Shirley

License Number: 13759

Current Date: 08/11/2017 11:55 AM

| | |
|-----------------------------|------------------------------|
| Name: | POURTEYMAUR, MOHAMMAD |
| License Type: | Registered |
| License Status: | Active License |
| Expiry Date: | 10/31/2017 |
| 1st License Date: | 08/22/1997 |
| Disciplinary Status: | None |

Shirley Hunting
Board Coordinator
Custodian of Records
Nevada State Board of Pharmacy
Phone: [775-850-1440](tel:775-850-1440)
Fax: [775-850-1448](tel:775-850-1448)

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Mohammad Pourteymaur [<mailto:mpourteymaur@yahoo.com>]
Sent: Friday, August 11, 2017 6:08 AM
To: Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Pharmacist license number 13759 Mohammad Pourteymaur

License Number: 13759

Current Date: 10/10/2017 07:28 AM

1777

Name: POURTEYMAUR, MOHAMMAD

License Type: Registered

License Status: Active License

Expiration Date: 10/31/2017

Effective Rank Date: 11/01/2007

Disciplinary Status: Yes

Disciplinary Action(s)

| Date of Action | Action(s) |
|----------------|-----------|
|----------------|-----------|

17H



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel



Show All

| | License# | License Type | First Name | Last Name | Submitted Date | Approved Date | Status | Action |
|--|----------|--------------|------------|-----------|----------------|---------------|--------------------|------------------------|
| | 12031 | Pharmacist | Kim | Phan | | | Backoffice Pending | <div>In Progress</div> |
| | 18049 | Pharmacist | BRYAN | HOANG | 10/07/2019 | | Submitted | <div>Verify</div> |
| | 18034 | Pharmacist | ALFRED | LOY | | | Backoffice Pending | <div>In Progress</div> |
| | 19701 | Pharmacist | MITAL | PATEL | 09/17/2019 | | Submitted | <div>Verify</div> |
| | 05104 | Pharmacist | Janet | Balbutin | | | Backoffice Pending | <div>In Progress</div> |
| | 19237 | Pharmacist | ELLA | FRIDMAN | 09/11/2019 | | Submitted | <div>Verify</div> |
| | 19543 | Pharmacist | CARL | BLACK | 10/08/2019 | | Submitted | <div>Verify</div> |
| | 19734 | Pharmacist | PAUL | YAMAMOTO | 09/17/2019 | | Submitted | |

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 19734

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * PAUL

Middle (initial only) : KYUTARO

Last Name : * YAMAMOTO

License # : 19734

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Leiters

Military Address : ☐

Street : * 17 Great Oaks Blvd

Country : * United States

City : * SAN JOSE

State : * California

Zip : * 95119

Practice Phone : (408) 292-6772

Practice Fax : (408) 288-8252

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * PISA CT

Country : * United States

City : * SAN JOSE

State : * California

Zip : * 95138

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

* I DO NOT have a Nevada Business license number

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

* I am NOT SUBJECT to a court order for the support of a child

I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? *

Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes No

A citation was issued for failure to follow a requirement to only use a multidose container for no more than 28 days after first use. This is under appeal as this is a pharmacy requirement and I work for an outsourcing facility. California law details the requirements of each.

| Document Name | Document Type | Date | Uploaded By | Uploaded For | Link | Action |
|------------------|--------------------|------------|-------------|--------------|----------------------------------|--------|
| copy of citation | Legal - Question 3 | 09/17/2019 | (OL) | | Document Details | |

Document Name

Document Type

-Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State

California

Date

09/10/2018

Case #

CI 2018 80748

Criminal Action :

State

Select

Date

MM/DD/YYYY

Case #

County

Court

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

YesNo

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature *

Paul Yamamoto

Date Of Application *

09/17/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

| Description | Fee Type | Fee |
|---|---------------------|----------|
| Renewal Period from 11/1/2019 to 10/31/2021 | License Renewal Fee | \$180.00 |
| | Convenience Fee | \$10.00 |
| | Late Fee | \$0.00 |
| | Total : | \$190.00 |

Save

Fee and Payment

Payment Method * Credit / Debit Card

Overnde

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number 61916339552

InvoiceDate 09/17/2019

Paid

Approve

Close

| | | | | | | | |
|--|---------|----------------------|--------------|--------------|------------|--------------------|-------------|
| | CS18169 | Controlled Substance | ROGER | ESTEVEZ | | Backoffice Pending | In Progress |
| | 13363 | Pharmacist | Suzy | Morkos | 09/27/2019 | Submitted | Verify |
| | 19585 | Pharmacist | JB | TOPOL | 01/15/2019 | Submitted | Verify |
| | 11741 | Pharmacist | Albert | Hu | 10/09/2019 | Submitted | Verify |
| | 06324 | Pharmacist | Robert | Ferraro | | Backoffice Pending | In Progress |
| | 19523 | Pharmacist | SHAWN | BJORN DAL | 09/26/2019 | Submitted | Verify |
| | 13573 | Pharmacist | UDECHUKWUNDE | ABUWUKELU | | Backoffice Pending | In Progress |
| | 19877 | Pharmacist | SHARON | STOYELL | 09/18/2019 | Submitted | Verify |
| | 08900 | Pharmacist | Thuy | Nguyen | | Backoffice Pending | In Progress |
| | 08156 | Pharmacist | J. | Kim | 10/01/2019 | Submitted | Verify |
| | 16966 | Pharmacist | Suzette | Crumley | | Backoffice Pending | In Progress |
| | 16139 | Pharmacist | Tanya | Shim | 10/07/2019 | Submitted | Verify |
| | 13832 | Pharmacist | Linh | Le | 09/24/2019 | Submitted | Verify |
| | 13759 | Pharmacist | MOHAMMAD | POURTEYMAUR | 10/04/2019 | Submitted | Verify |
| | 15031 | Pharmacist | Jerry | Gillick | 09/13/2019 | Submitted | Verify |
| | 18536 | Pharmacist | PAUL | YERED | 09/22/2019 | Submitted | Verify |
| | 08715 | Pharmacist | Kimberly | Aksentijevic | 09/16/2019 | Submitted | Verify |
| | CS13437 | Controlled Substance | Cynthia | Privitera | 10/09/2019 | Submitted | Verify |



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

September 10, 2018

DATED MATERIAL ENCLOSED

PAUL KYUTARO YAMAMOTO
PISA CT
SAN JOSE, CA 95138

**RE: CI 2018 80748
PAUL KYUTARO YAMAMOTO
RPH 43950**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- October 10, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- September 24, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- October 10, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
PAUL KYUTARO YAMAMOTO
CI 2018 80748

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in cursive script, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **October 10, 2018**.
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy

Attn: Ericka Busby

1625 North Market Boulevard, Suite N219

Sacramento, CA 95834-1924

(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than September 24, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than October 10, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| | |
|------------------------|-----------------------------------|
| Citation Number | Name, License No |
| CI 2018 80748 | PAUL KYUTARO YAMAMOTO , RPH 43950 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|-------------------------------------|---|--------------------|
| CCR, Title 16, § 1751.9
subd.(c) | Single-Dose and Multi-Dose Containers;
Limitations on Use; Unless otherwise specified
by the manufacturer, a multi-dose container
stored according to the manufacturer's
specifications shall be used in its entirety or its
remaining contents shall be labeled with a
beyond use date and discarded within twenty
eight (28) days from initial opening or puncture | \$500.00 |

CONDUCT:

California Code of Regulations section 1751.9 (c) states in pertinent part: Unless otherwise specified by the manufacturer, a multi-dose container stored according to the manufacturer's specifications shall be used in its entirety or its remaining contents shall be labeled with a beyond use date and discarded within 28 days from initial opening or puncture. Paul Yamamoto was not compliant. Specifically, Paul Yamamoto RPH 43950 while employed as pharmacist-in-charge at Leiter's enterprises Inc. DBA Leiter's Compounding located at 17 Great Oaks Boulevard, San Jose, CA 95119 did not label their multidose containers of atropine eye drops with a discard after 28 days notation. This was a violation of pharmacy law.

CITATION ISSUED ON: September 10, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: October 10, 2018

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| | |
|------------------------|-----------------------------------|
| Citation Number | Name, License No |
| CI 2018 80748 | PAUL KYUTARO YAMAMOTO , RPH 43950 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

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CITATION ISSUED ON: September 10, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: October 10, 2018

1 **REQUEST FOR APPEAL**

2 **BEFORE THE**
3 **BOARD OF PHARMACY**
4 **DEPARTMENT OF CONSUMER AFFAIRS**
5 **STATE OF CALIFORNIA**

6 Check ☒ I contest the Citation and request an administrative hearing before an
7 Administrative Law Judge.

8 In the Matter of the Citation Against:
9 PAUL KYUTARO YAMAMOTO
10 RPH 43950

Respondent

Citation Case No : CI 2018 80748
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

9 I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
10 copy of the Citation.

11 I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
12 said Citation.

DATED 10/4/18

Paul Yamamoto

(Respondent)

13 Mailing Address of Respondent:

Disc Ct

(Street Address)

15 San Jose CA 95138
16 (City) (State) (Zip)

(Telephone)

17 Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
18 complete the following:

19 Mailing Address of Attorney

21 _____
22 (Attorney's Name)

23 _____
24 (Street Address)

25 _____
26 (City) (State) (Zip)

27 _____
(Telephone)

California State Board of Pharmacy**DECLARATION OF SERVICE BY CERTIFIED MAIL**

Name: PAUL KYUTARO YAMAMOTO , RPH 43950

Citation and Fine CI 2018 80748

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On September 10, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

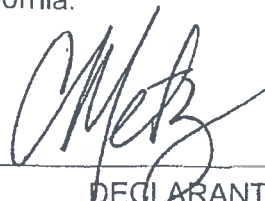
PAUL KYUTARO YAMAMOTO
5220 PISA CT
SAN JOSE, CA 95138

CERTIFIED MAIL NO

7017 0530 0000 7764 4898

I declare under penalty of perjury that the forgoing is true and correct.

Executed on September 10, 2018, at Sacramento, California.



DECLARANT

Christina Metzen
Associate Enforcement Analyst

171

985 Damonte Ranch Pkwy #206, Reno, NV 89521

For the period of November 1, 2019 to October 31, 2021

Credit/Debit Card (print at bottom), Money Order, Cashier's Check, Business or Personal Check: Payable to NSBP
NO CASH

LICENSE: 09328

Masoud Zarkesh
CONCHITA WAY,
TARZANA, CA 91356

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **FE** for **\$205 (on-time)** (\$180 renewal fee plus \$25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINSTATEMENT FEE of \$190. (\$180 renewal, \$90 late fee, \$100 reinstatement fee plus \$25 paper-use fee) **TOTAL DUE: \$395**
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$25 paper fee
5. Please **allow 2-3 WEEKS** for processing by mail/in-person

< OR >

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to REGISTER, then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - \$180

Late renewal fee - \$370

***On-line fee of \$10 will be charged during submission.**

Licenses renewed online will update immediately once approved by board staff. Please allow 2-3 DAYS

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?

Yes No

☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state?☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state?☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?☒ ☐**If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:**I included

| | | | | |
|------------------------------|-------|-------|------------|------------------------------|
| Board Administrative Action: | | State | Date | Case #: |
| Administrative | | CA | Aug 28, 19 | Administrative Case No: 5611 |
| Criminal Action: | State | Date | Case #: | County |
| | | | | Court |

Section 2:

Are you the subject of a court order for the support of a child?

Yes No

☐ ☒**If you marked YES to the question above, are you in compliance with the court order?**☐ ☐**Section 3: NON-DISCIPLINARY STATE-MANDATED QUESTIONS:**1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide

_____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired

Yes ☐ No ☒

Branch: _____

Military occupation specialty: _____

Dates of service: _____

Section 4: (Fees apply to either status) (see insert for details)By signing below, you certify that you have completed **ALL** required CE Hours due for the 19/21 Renewal period.(Dated from Nov. 1, 17 - Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.**OR you may check the box for Inactive if you did NOT complete CE**Inactive ☐ By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.**Section 5:**

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____

Date: 10-15-19Card Type: ☐ Visa ☐ MC ☐ Discover ☐ Amex

Exp Date: ____/____/____ (MM/YY)

Amount of Charge:

Card #: _____

CVV (3 digits back of card): _____

\$205 on-time/\$395 late

Billing Zip: _____

To: Nevada Board of pharmacy Case # 5611

letter of explanation:

In may 2018 California State Board of pharmacy, notify me of hearing for 2011 to 2013 of 5 doctors in the

area, and our pharmacy which I was PIC. had "Administrative" not Watching

- ① Tech, s To Complet Cures on 3 occatio was rejected from computer.
- ② tech, s did not properly record Doctors call back from the office. (all Doctors ok all the Rx, s.)
- ③ tech missed to place proper backing on 2 Rx. Same patient, Same medication
- ④ Record for 2011 was expired we did not have 2011 on { 2018 Inspection.
- ⑤ we were charged not { 2015 cooperating to get the File. 2011.

***⑥ at this time As of PIC I have Accepted the changed that I must be more Watch full over Tech Work.

M. J. J. 10/10/19

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocity (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Sathish Middle: — Last: Ariarra Cariappa

Mailing Address: Highland Trl

City: Bullhead city State: AZ Zip Code: 86442

Telephone: — E-mail Address: —

Date of Birth: — Place of Birth: India

Social Security Number: — Sex: ☒ M or ☐ F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Arizona Date of Issuance: May 2008

College of Pharmacy Information

Graduation Date: June 2000
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Kakatiya University

Location of School: WARANGAL, INDIA

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: SEP 23 2019 Amount: 330.00 Entity #: —

Email — MPJE —

Other states where you are (or were) licensed as a pharmacist or print "none"

| | | | | | |
|-----------|-----------------|---|-----------|-------------------|---|
| State | Lic # | Is the license active? | State | Lic # | Is the license active? |
| <u>TX</u> | <u>48211</u> | Yes ☒ No ☐ | <u>DE</u> | <u>A1-0003993</u> | Yes ☒ No ☐ |
| <u>PA</u> | <u>RP450294</u> | Yes ☒ No ☐ | | | Yes ☐ No ☐ |

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NONE

| | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... | ☐ | ☒ |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | ☐ | ☒ |
| 2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?..... | ☐ | ☒ |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | ☐ | ☒ |

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

| | | | |
|------------------------------|-------|--------------|---------|
| Board Administrative Action: | State | Date:
/ / | Case #: |
| Criminal Action: | State | Date:
/ / | Case #: |
| | | County | Court |

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
4a. If you marked Yes, to the question 4. are you in compliance with the court order?..... Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

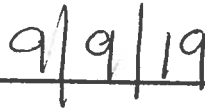
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted



Date

FPGEC CERTIFICATE



National Association of Boards of Pharmacy
Foreign Pharmacy Graduate Examination Committee
1600 Feehanville Drive, Mount Prospect, IL 60056



SATHISH ARIARRA CARIAPPA
EE# 203-2173

I hereby affix the seal of the National Association of Boards of Pharmacy® for the Foreign Pharmacy Graduate Examination Committee™, and certify that

SATHISH ARIARRA CARIAPPA

whose photograph and name have been so sealed on this Certificate, has passed the Foreign Pharmacy Graduate Examination®, the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™, or the TOEFL Internet-based Test, and has met all other requirements for Certification.

This is not a license to practice pharmacy. Before using this Certificate in the licensing process, its authenticity should be verified in writing through the National Association of Boards of Pharmacy.

Carmen A. Catizone
Carmen A. Catizone, Executive Director/Secretary

MARCH 30, 2008

Date

19A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only)

First: Lonny Middle: Dee Last: Krause
 Home Address: w 1860N
 City: Washington State: Utah Zip Code: 84780
 SS#: _____ Date of Birth: _____ Sex: ☒ M or ☐ F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): Reverehealth : Heart of Dixie Cardiology
 Physical Address: 330 Falcon Ridge Parkway Suite #: 400A
 City: Mesquite State: Nevada Zip Code: 89027
 Telephone: 435-251-2900 Fax: 435-251-2901
 Nursing Board #: 825289 Issued: 10/16/19 Expires: 11/21/19 11/21 01/30/2024

☒ Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

| | | Yes | No |
|--|--|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
Physical condition that would impair your ability to perform the essential functions of your license?..... | | | |
| 1. | Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | ☒ | ☒ |
| 2. | Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?..... | ☒ | ☒ |
| 3. | Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | ☒ | ☒ |
| If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: | | | |
| Board Administrative Action: | State | Date: | Case #: |
| | | / / | |
| Criminal Action: | State | Date: | Case #: |
| | | / / | |
| | | County | Court |

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[Signature]
 Original Signature of APRN, no copies or stamps accepted

10/10/2019
 Date

COLLABORATING PHYSICIAN's name (If required):

Jamison Jones, MD

Original Signature of Collaborating Physician, no copies or stamps accepted

12-3-19
 Date

Board Use Only: Date Processed _____

Amount 80.00

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE

CASE NUMBER 101036308 Other Misdemeanor

CHARGES

Charge 1 - 41-22-3(1)(A) - OPERATED OR TRANSPORTED W/O CURRENT
REGISTRATION Class C Misdemeanor

Offense Date: January 24, 2010

Disposition: February 03, 2010 Bail Forfeiture

CURRENT ASSIGNED JUDGE

KENT NIELSEN

PARTIES

Plaintiff - STATE OF UTAH

Represented by: CASEY W JEWKES

Defendant - LONNY DEE KRAUSE

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE

Date of Birth: 1

Law Enforcement Agency: PARKS & RECREATION

Officer Name: OTHER OFFICER (NOT LISTED)

Prosecuting Agency: SEVIER COUNTY

Citation Number: J3825403

ACCOUNT SUMMARY

| | | |
|---------------|--------------|-------|
| TOTAL REVENUE | Amount Due: | 40.00 |
| | Amount Paid: | 40.00 |
| | Credit: | 0.00 |
| | Balance: | 0.00 |

REVENUE DETAIL - TYPE: FINE

| | | |
|--|----------------|-------|
| | Amount Due: | 40.00 |
| | Amount Paid: | 40.00 |
| | Amount Credit: | 0.00 |
| | Balance: | 0.00 |

PROCEEDINGS

02-01-10 Filed: Citation

Printed: 01/25/19 10:50:36

Page 1

CASE NUMBER 101036308 Other Misdemeanor

02-01-10 Judge KENT NIELSEN assigned.

02-01-10 Note: DEFAULT TRACKING CODE FOLLOW: WARNING 02/22/2010

02-01-10 Note: NOTICE TO PARENT MAILED

02-02-10 Note: EXPIRED REGISTRATION - OFF ROAD VEHICLE (ATV/SNOWMOBILE)
75.00

02-03-10 Charge 1 Disposition is Bail Forfeiture

02-03-10 Fine Account created Total Due: 40.00

02-03-10 Fine Payment Received: 40.00

Note: Court Fine Payment # 1.047068

02-03-10 Note: Court Fine Payment # 1.047068 -40.00

02-03-10 Note: BAIL FORFEITURE - EXPIRED REGISTRATION - OFF ROAD VEHICLE
(ATV/SNOWMOBILE) OFF:7033 40.00

02-03-10 Note: DEF WAS TOLD THIS IS A \$40 CITATION BY MISTAKE.

02-03-10 Note: CASE CLOSED

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE

CASE NUMBER 155001855 Misdemeanor DUI

CHARGES

Charge 1 - 41-6A-502.5 - IMPAIRED DRIVING Class B Misdemeanor
(amended) to Class B Misdemeanor

Offense Date: August 09, 2015

Disposition: May 31, 2016 Guilty Plea

Charge 2 - 41-6A-526 - OPEN CONTAINER/DRINKING ALCOHOL IN A
VEHICLE Class C Misdemeanor

Offense Date: August 09, 2015

Disposition: May 31, 2016 Dismissed (w/o prej)

CURRENT ASSIGNED JUDGE

MARK MCIFF

PARTIES

Defendant - LONNY DEE KRAUSE

Represented by: DOUGLAS L NEELEY

Plaintiff - STATE OF UTAH

Bondsman - {REBEL BAIL BOND INC}

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE

Offense tracking number: 46184503

Date of Birth:

Law Enforcement Agency: SEVIER CO SHERIFF

Prosecuting Agency: SEVIER COUNTY

ACCOUNT SUMMARY

| | | |
|-------------------|--------------|----------|
| TOTAL REVENUE | Amount Due: | 1,300.00 |
| | Amount Paid: | 1,300.00 |
| | Credit: | 0.00 |
| | Balance: | 0.00 |
| PAPER BOND TOTALS | Posted: | 1,530.00 |
| | Forfeited: | 0.00 |
| | Exonerated: | 1,530.00 |
| | Balance: | 0.00 |

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Page 1

CASE NUMBER 155001855 Misdemeanor DUI

REVENUE DETAIL - TYPE: FINE

| | |
|----------------|----------|
| Amount Due: | 1,300.00 |
| Amount Paid: | 1,300.00 |
| Amount Credit: | 0.00 |
| Balance: | 0.00 |

NONMONETARY BOND DETAIL - TYPE: Surety

| | |
|-------------|--------------------------------|
| Posted By: | {REBEL BAIL BOND INC} (#57258) |
| Posted: | 1,530.00 |
| Forfeited: | 0.00 |
| Exonerated: | 1,530.00 |
| Balance: | 0.00 |

PROCEEDINGS

08-12-15 Case filed
08-12-15 Judge MARK MCIFFF assigned.
08-12-15 Filed: Information/Citation
08-12-15 Filed: REBEL BAIL BOND INC 1530.00
08-12-15 Bond Account created Total Due: 1530.00
08-12-15 Bond Posted Non-Monetary Bond: 1,530.00
08-12-15 ARRAIGNMENT PER PTA scheduled on August 25, 2015 at 09:00 AM in
SEVIER CO COURTROOM with Judge MCIFFF.
08-12-15 **** PRIVATE **** Filed: PC Statement (Charging Document)
08-12-15 Filed: Custody Release Form
08-12-15 Filed: REBEL BAIL BONDS
08-12-15 **** PRIVATE **** Filed: Arrest Summary Report
08-13-15 Filed: Appearance of Counsel Douglas L. Neeley #6290
08-13-15 PRETRIAL CONFERENCE scheduled on October 23, 2015 at 10:30 AM
in SEVIER CO CONF ROOM with Judge MCIFFF.
08-13-15 Notice - NOTICE for Case 155001855 ID 10723340
PRETRIAL CONFERENCE is scheduled.
Date: 10/23/2015
Time: 10:30 a.m.
Location: SEVIER CO COURTROOM
250 NORTH MAIN #124

RICHFIELD, UT 84701

Before Judge: MARK MCIFFF

08-24-15 Filed: DISCOVERY SUBMITTAL

08-27-15 Note: NOTICE OF PRETRIAL CONFERENCE RETURNED-RETURN TO

Printed: 01/25/19 10:50:22

Page 2

CASE NUMBER 155001855 Misdemeanor DUI

SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD

10-19-15 Note: PRETRIAL CONFERENCE calendar modified.

10-19-15 Note: Corrected calendar to room #2.

10-23-15 Note: Attorney, Doug Neeley, met with Prosecutor, Mandy Larsen.

Continue to November date.

10-26-15 PRECONFERENCE CONTINUED X2 scheduled on November 20, 2015 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.

10-26-15 Notice - NOTICE for Case 155001855 ID 10934633

PRECONFERENCE CONTINUED X2 is scheduled.

Date: 11/20/2015

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

10-29-15 Note: Def called to make pmt on another case & asked about this
case as he hasn't heard anything on it. Told him
appearance of counsel was filed by attorney, Doug Neeley.
Expld he may want to contact his attorney for status.

11-12-15 Note: NOTICE OF PRECONFERENCE CONTINUED X3 RETURNED-RETURN TO
SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD

11-20-15 Note: Per Prosecutor, Mandy Larsen - she has been in touch with
counsel, Doug Neeley. Continue matter to December date.

11-20-15 PRECONFERENCE CONTINUED X3 scheduled on December 11, 2015 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.

11-20-15 Filed: Notice for Case 155001855 ID 11007487

12-02-15 Note: NOTICE OF PRECONFERENCE RETURNED-RETURN TO
SENDER-INSUFFICIENT ADDRESS-UNABLE TO FORWARD

12-11-15 Note: Per Prosecutor, Mandy Larsen, continue case to January
date.

12-16-15 PRECONFERENCE CONTINUED X4 scheduled on January 29, 2016 at
10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.

12-16-15 Notice - NOTICE for Case 155001855 ID 11074854

PRECONFERENCE CONTINUED X4 is scheduled.

Date: 01/29/2016

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

Printed: 01/25/19 10:50:22

Page 3

CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

12-16-15 Filed: Notice for Case 155001855 ID 11074854
12-23-15 Filed: RETURN MAIL-Notice Of Preconference Continued X4
01-25-16 Note: Sue Player, from Doug Neeley's office called. Doug will be in Federal Court on Friday so won't be able to appear for preconference. Motion to continue to be submitted.
01-25-16 Filed: Motion to Continue
Filed by: NEELEY, DOUGLAS L,
01-25-16 Filed: Affidavit of Counsel in Support of Motion to Continue
01-25-16 Note: Motion to Continue, Affidavit of Counsel in Support of Motion to Continue; and Order Continuing Pretrial submitted - file to Judge.
01-26-16 PRECONFERENCE CONTINUED X4 scheduled on March 11, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
01-27-16 Filed order: ORDER CONTINUING PRETRIAL
Judge MARK MCIFF
Signed January 27, 2016
01-27-16 Note: Copy of Order Continuing Pretrial mailed to Def; Def's counsel, Douglas Neeley; Rebel Bail Bonds; and copy put in Prosecutor's box.
02-08-16 Filed: RETURN MAIL- ORDER CONTINUING PRETRIAL
02-19-16 Note: Doug Neeley called - requested to reschedule to April due to trial dates in other court. Spoke with Mandy Larsen. Set for 04/01/16 @ 10 AM & mail notice to all parties after Motion to Continue is received.
02-22-16 PRECONFERENCE CONTINUED X4 scheduled on April 01, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
02-22-16 Notice - NOTICE for Case 155001855 ID 11259593
PRECONFERENCE CONTINUED X4.
Date: 04/01/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

The reason for the change is Counsel's request.

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CASE NUMBER 155001855 Misdemeanor DUI

02-22-16 Filed: Notice for Case 155001855 ID 11259593

04-01-16 PRETRIAL CONFERENCE scheduled on May 20, 2016 at 10:00 AM in
SEVIER CO CONF ROOM with Judge MCIFF.

04-01-16 Notice - NOTICE for Case 155001855 ID 11380611

PRETRIAL CONFERENCE is scheduled.

Date: 5/20/2016

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

04-01-16 Filed: Notice for Case 155001855 ID 11380611

04-18-16 Note: LONNY DEE KRAUSE called, per his request mailed out
certified court docket.

04-29-16 Filed: Enhancement Notices

04-29-16 Filed: RIGHTS, INSTRUCTIONS & WAIVER FORM

04-29-16 Filed: PLEA AGREEMENT (Proposed)

04-29-16 Note: COPY of proposed Plea Agreement & paperwork filed in case
as it includes that \$1300 is due in full w/agreement &
bail is not posted. Agreement can be referred to Judge
upon bail being posted.

05-18-16 Note: Gabby from Doug Neelys office called, explained def has
not posted \$1300 in bail, agreement can not be submitted
until he does.

05-19-16 Filed: Stipulated Motion To Continue - Referred to Judge

05-20-16 Filed order: ORDER TO CONTINUE

Judge MARK MCIFF

Signed May 18, 2016

05-20-16 Note: Per Mrs Larsen, continue preconference to 06/24/2016 @
10:00 AM.

05-20-16 PRETRIAL CONFERENCE scheduled on June 24, 2016 at 10:00 AM in
SEVIER CO CONF ROOM with Judge MCIFF.

05-20-16 Notice - NOTICE for Case 155001855 ID 11527054

PRETRIAL CONFERENCE is scheduled.

Date: 6/24/2016

Time: 10:00 a.m.

Location: SEVIER CO CONF ROOM

250 N. MAIN ROOM #126

Printed: 01/25/19 10:50:22

Page 5

CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

05-20-16 Filed: Notice for Case 155001855 ID 11527054

05-31-16 Note: LONNY DEE KRAUSE called, posted bail. Def is to contact a
licensed substance abuse counselor within 15 days.

Complete an assessment, if no treatment is recommended
def is to complete an educational series. A copy of the
completed agreement will be

05-31-16 Note: mailed out once the Judge signs it.

05-31-16 Charge 1 Disposition is Guilty Plea

05-31-16 Charge 1 amended to Class B Misdemeanor

05-31-16 Charge 2 Disposition is Dismissed (w/o

05-31-16 Minute Entry - SENTENCE, JUDGMENT, COMMITMENT

Judge: MARK MCIFF

PRESENT

Clerk: kenzieh

Defendant not present

Change of Plea Note

Plea Sentence recorded per PLEA AGREEMENT signed/dated 05/31/2016.

SENTENCE JAIL

Based on the defendant's conviction of IMPAIRED DRIVING a Class B
Misdemeanor, the defendant is sentenced to a term of 180 day(s)

The total time suspended for this charge is 180 day(s).

Credit is granted for time served.

SENTENCE FINE

Charge # 1 Fine: \$1950.00

Suspended: \$650.00

Surcharge: \$642.11

Due: \$1300.00

Total Fine: \$1950.00

Total Suspended: \$650.00

Total Surcharge: \$642.11

Total Fine Due: \$1300.00

CASE NUMBER 155001855 Misdemeanor DUI

ORDER OF PROBATION

The defendant is placed on probation for 12 month(s).

Defendant is to pay a fine of 1300.00 which includes the surcharge.

Interest may increase the final amount due.

Pay fine to The Court.

Defendant subject to: ALL TERMS OF PROBATION AS STATED IN
AGREEMENT (Document).

Obey all laws - Federal, State, and Local

Notify the court of any change of address and/or phone number
within 10 days of the change.

Pay a fine of \$1300.00

Defendant may not deviate from the payment schedule or any other
probation requirement(s) without prior permission from the court.

Call (435) 893-0461.

Contact a licensed substance-abuse rehab program/counselor within
15 days & complete a substance abuse screening, then assessment if
determined appropriate by the screening.

Complete any treatment &/or educational series as determined
appropriate by the assessment. An educational series must be
completed if there is no treatment. Pay the program costs to the
provider.

Submit proof of the screening & assessment to the court within 1
month of sentencing & submit proof of completion of counseling or
education series within 4 months of sentencing date.

Def shall receive credit for time served.

Defendant may not use, possess, or consume alcohol or drugs unless
prescribed by a licensed physician. Defendant may not be present in
a location where alcohol is the principal item of order.

Defendant is ordered to complete a "book and release" at the Sevier
County Jail within 10 days as stated at sentencing.

| | | |
|--|-------------------|-----------|
| 06-01-16 Bond Exonerated | | -1,530.00 |
| 06-01-16 Fine Account created | Total Due: | 1300.00 |
| 06-01-16 Fine | Payment Received: | 1,300.00 |
| 06-01-16 Filed order: PLEA AGREEMENT (Probation) | | |

Judge MARK MCIFF

Signed May 31, 2016

06-08-16 Note: Sue from Doug Neelys office called, def posted full

Printed: 01/25/19 10:50:24

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CASE NUMBER 155001855 Misdemeanor DUI

amount of fine.

06-20-16 PRETRIAL CONFERENCE Cancelled.

Reason: Plea Agreement

07-15-16 Ruling Entry - TREATMENT PROGRAM REMINDER

Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

07/15/2016

/s/ KENZIE HILLIN

Date: _____

Justice Court Clerk

08-11-16 Note: LONNY DEE KRAUSE called, confirmed SA Eval letter was mailed out. Explained nothing has been received from the counselor. He may want to check back with her and get it sent again or bring it in.

08-11-16 Note: LONNY DEE KRAUSE called, explained he can fax or mail in SA Eval. Per his request gave him mailing address and fax number.

10-25-16 Ruling Entry - TREATMENT PROGRAM REMINDER SA EVALUATION

Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the

Printed: 01/25/19 10:50:24

Page 8

CASE NUMBER 155001855 Misdemeanor DUI

following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

10/25/2016

/s/ KENZIE HILLIN

Date: _____

Justice Court Clerk

03-09-17 Note: AFFIDAVIT/Probation (PA) OSC#1 prepared & referred to Judge.

03-09-17 PROBATION (PA) OSC#1 scheduled on April 06, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.

03-10-17 Filed: OSC Affidavit

03-10-17 Note: OSC signed/dated 03/10/17 & mailed to defendant w/copy of Affidavit.

03-22-17 PROBATION (PA) OSC#1 rescheduled to May 11, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.

03-22-17 Note: LONNY DEE KRAUSE called, explained he has order to show cause, he can submit proof of completion of SA eval and program, however he will still have to appear. RS to 5/11 @9, told him he can only RS one time and this will be it.

04-13-17 Filed: Motion Stipulated Motion to Dismiss Order to Show Cause
Filed by: KRAUSE, LONNY DEE

04-13-17 Filed: Order (Proposed) to Dismiss Order to Show Cause

04-13-17 Filed: Return of Electronic Notification

04-19-17 Filed: Proof Of Class Completion

04-19-17 Filed: Return of Electronic Notification

04-25-17 Filed order: Order to Dismiss Order to Show Cause

Judge MARK MCIFF

Signed April 25, 2017

04-25-17 PROBATION (PA) OSC#1 Cancelled.

Reason: Court Ordered

04-25-17 Filed: Return of Electronic Notification

06-07-17 Case Closed

Disposition Judge is MARK MCIFF

Lonny Krause

909 S 825 E • Ephraim, UT 84627
Phone: 435-691-1980 • E-Mail: lonny.krause@hotmail.com

Date: January 21, 2019

~~State of Utah Department of Commerce
Division of Occupational and Professional Licensing
Attn: Madison Paskett
160 East 300 South, Box 146741
Salt Lake City, UT 84114-6741~~

Nevada State Board of
Pharmacy. UK

Dear ~~Madison Paskett~~:

The following information is a personal narrative as to what happened at the time of incident's in regards to APRN application for Lonny Krause.

On October 14, 2013, myself, Lonny Krause, along with multiple others, around 10-14, were at an acquaintance's house. It was visible that there was alcohol in the house, with no one over the age of 21 at the time. No alcohol was ingested by Lonny Krause. That night, police showed up and gave unlawful for minor to possess an alcoholic product to all individuals, whether they were drinking or not because no one was over the age of 21. No blood alcohol level test was performed or breathalyzer was preformed. The case went to the Wayne County Justice Court system on September 24, 2014. Lonny Krause plea not guilty and the case was dismissed on September 24, 2014.

On February 16, 2014, myself, Lonny Krause, along with two others were driving in a car. One passenger was 26 years old and the other 18. Police officer D. Brinkerhoff pulled the car over and explained that the 12 pack of beer was against the law to have in the car to the 26 year old, because the underage was not family. No alcohol was open, no alcohol was ingested. Officer cited myself, Lonny Krause, along with another underage individual with Possess by minor measurable amounts. Lonny Krause plea not guilty to offense on February 02, 2015, and the case was dismissed on February 02, 2015.

On January 24, 2010, myself, Lonny Krause was riding a snowmobile with an expired registration. I was pulled over, and given a citation for operated or transporting w/o current registration. The fees were paid and all actions taken care of in timely appropriate manor. Case dismissed on February 03, 2010.

On August 09, 2015, I was arrested with Impaired Driving. That night I was consuming alcohol, later to find out that one of my friends had not been heard from after driving home in a non-cellular reception spot. I went to look for my friend, to find him needing medical help, crashed in a canyon. I activated the 9-11 response. When they arrived they asked if I was drinking, which I honestly told them. They arrested me. On May 31, 2016 the case was dismissed.

It seems that most of these cases I was at the wrong place at the wrong time. I have learned as getting older and getting more education that it is important to know who you are with and what is going on. Simple decisions can affect you as a professional. It has now been 4 years since any issues with the law. I follow my nursing standards and will continue to do so.

The information given in this letter is accurate to my knowledge. If you have questions feel free to contact me at anytime.

Sincerely,

Lonny Krause, RN-MS, FNP-C

A handwritten signature in black ink, appearing to read 'Lonny Krause', written over a light blue horizontal line.

19B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only)

First: Jason Middle: Thomas Last: Speaks

Home Address: MALCOLM DIXON RD

City: EL DORADO HILLS State: CA Zip Code: 95762

SS#: _____ Date of Birth: _____ Sex: ☒ M or ☐ F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): _____

Physical Address: One East Liberty Street Suite #: Suite 600

City: Reno State: Nevada Zip Code: 89501

Telephone: (702) 268-9628 Fax: _____

Nursing Board #: 825532 Issued: Nov 15, 2019 Expires: Apr 28, 2021

- ☒ Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

| | | | | Yes | No | |
|---|-------|-----------|------------|---|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? | | | | | ☐ | ☒ |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | | | | ☒ | ☐ |
| 2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state? | | | | | ☒ | ☐ |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | | | | ☐ | ☒ |
| If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: | | | | | | |
| Board Administrative Action: | | State | Date: | Case #: | | |
| | | CA | 8/22/ 2019 | 2020-163 (see attached for explanation) | | |
| Criminal Action: | State | Date: | Case #: | County | Court | |
| | CA | 11/1/2018 | 19M1022316 | Sacramento | Superior Court Sacramento | |

(see attached for documentation, explanation, and additional).

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature of APRN, no copies or stamps accepted

Date 12/1/19

COLLABORATING PHYSICIAN's name (If required): _____

Original Signature of Collaborating Physician, no copies or stamps accepted

Date _____

Board Use Only: Date Processed _____

Amount 80.00

December 1, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, #206
Reno, Nevada 89521

Dear Sir or Madam,

I want to convey the circumstances behind my conviction for wet and reckless driving in violation of VC23103 in case No. 19M1022316 (see attached court documents). In addition, as a result of this conviction the California Board of Registered Nursing has filed an accusation (the hearing is pending and is set for March 23, 2020). The board administrative action/accusation is not considered at all practice related and therefore my California RN license and FNP license remains, active, valid, and unrestricted.

The wet and reckless driving event occurred on November 2018 shortly after I graduated from University of California San Francisco (UCSF) with my Doctor of Philosophy Degree (PhD) in Nursing (see attached CV).

Please know that two years before my arrest, I became a father, and my son was delivered prematurely at 27 weeks weighing 2lbs 9oz in Toronto, Canada. Unfortunately, my wife went into emergent labor 3 months early and my son remained in a neo-natal intensive care unit for approximately 3 months while we were visiting. Although we lived and continue to live in the Sacramento area, we had to spend the first months of my son's life in Toronto.

As a new father I decided to optimize my health and well-being—with a desire to be able to spend as many healthy and happy years with my son. Thus, I started to engage more regular physical activity and a healthier diet, and I made a personal decision to limit alcohol during this time. I shared these goals, my motivations, and aspirations with my wife, sister, mother and other family members and friends who welcomed my new focus on my health.

This focus brought profound benefits to all aspects of my life. I subsequently lost over 50 pounds, and I was able to successfully finish my PhD (see character reference letters) from UCSF and was promoted to Co-Director of our nursing program on our Sacramento campus—in partnership with the VA Northern California Health Care System (see additional character reference letters attached and CV).

The event that occurred that serves as foundation for this letter happened on November 1, 2018. I had not had any alcohol in a long time (birth of new son description above and note I had also lost a significant amount of weight—described above). That night I was out celebrating my new accomplishments—my PhD, new Co-Director role at the University of San Francisco, and all that I had worked for in the past 20 years let along the past few years--after work. I had consumed 2 beers with colleagues and friends. Clearly, I made a mistake in judgement when I got behind the wheel after this short celebration. While I was driving, I decided to stop driving, and I exited the freeway and approximately ¼ mile after exiting the freeway--pulled off the road and fell asleep in my car.

When the officers arrived (they said that someone had called about a car that they assumed had mechanical problems)—I was extremely cooperative, and I submitted to a blood test and later it was determined I had a blood alcohol level of .09 and the charge was subsequently a wet and reckless violation.

This event is not reflective of all I have accomplished and worked for the past 20 years—including my paramount and demonstrated commitment to the nursing profession and to serve those with the greatest need (see attached CV) and my last 14 years as a registered nurse serving those with the greatest need—with a completely free of any events affecting my RN licenses.

I realize my actions were very wrong and I am not going to make any justifications. I have complied with my legal responsibilities to include completion of a 3-month first offender program, and court fine payments. I have now have completed the education and counseling required as a result of this violation (see attached Notice of Completion Certificate-Breining Institute). I have found the education insightful because it has-among many other things- provided insights into the pathophysiology of the health effects of alcohol consumption and the pathophysiology of all forms of substance abuse. This is important to me personally because of my focus on my own health and wellbeing and for me professionally to help others. Also, the counseling is important to me-as it helps me recognize the situation as it is and provides a realistic perspective because the stress of this violation is difficult-an it helps me help others. I also recently attended a MADD Victim Impact Panel (see attached proof of completion) that I also found insightful as it helps me better understanding the potential impact of the situation and potential consequences—and to help me serve others. In addition, I have completed 26 CEUs relative to management and treatment of related substance abuse CEUs to better my commitment to help others and myself understand this phenomenon. The certificates of completion and brief descriptions of the three courses are attached.

These actions along with a daily focus on my health and wellbeing reflect my personal choices to negate this event from ever occurring again. By personal choice, I have not had any alcohol since my arrest. I recognize that I made a mistake, this is the only mistake I have made of this nature in my 14 years as registered nurse and I am sincerely remorseful for this action. I have also attended counseling to better myself and acupuncture, massage, and meditation to best deal with stress and focus on my health. In addition, I have recently completed a profoundly useful Zen Leadership intensive training to stay grounded in this moment and all moments of stress that happen inevitably in life. All these actions have been extremely helpful to me as I process this difficult time and stay focused on continuing to be a strong and effective leader, father, and Registered Nurse.

I hope the Nevada Board of Pharmacy will consider my contributions to the nursing profession and the foundations I have put in place to ensure no such actions occur in the future. I hope that the board will consider my letters of character reference from those who supervise me in direct patient care and leadership roles and who have guided and directed me as a registered nurse (RN), a nurse practitioner (NP), and a doctoral prepared nurse (PhD) as I have served the underserved locally and throughout the world in my work.

Finally, a short summary of events that occurred long before I ever became a registered nurse or nurse practitioner in any state. These events occurred 16 and 17 years ago respectively:

Maricopa County, AZ—September 4, 2003—Case#: 20032080189—Court: North Mesa
Maricopa County Court—Explanation/Short Summary of Events:

- Was in going through a very difficult break-up with my girlfriend at the time and had decided to sleep in my car instead of driving—after consuming alcohol.
 - I recently have attempted to have this case “set aside” due to the event happened long ago, currently after having contacted and paid an attorney this is the response and the only documentation for this event available at this time.

From: Brian Sloan <brandsloan@yahoo.com>
Date: October 8, 2019 at 6:29:24 PM PDT
To: Attorney Brian Sloan <MCDUI@MCDUI.com>, Jason Speaks <jasonspeaks@help2serve.care>
Subject: Re: Time Sensitive—Jason Speaks—quick email request—

I have filed a Motion to Set Aside the Conviction.

The court has notified me that they have “purged” your file due to the age of the case. Basically, they are saying that they shredded your case file.

I want to reach out to them to tell them that that isn’t an excuse to not Set Aside the Conviction.

Attorney Brian Sloan

...

www.ArizDUI.com

The Law Offices of Brian D. Sloan, P.L.L.C.

On Tuesday, October 8, 2019, 01:48:12 PM MST, Jason Speaks <jasonspeaks@help2serve.care> wrote:

Dear Attorney Sloan:

Can you please respond via summarizing quickly your efforts in regard to the delay on you effort to expunging this case below. I just need to know you have contacted the court and the are telling you

Basically can you share as you did on the phone that —they said the case is too old—and the court documents have been purged—again as you clarified on the phone. This quick email would be helpful for now as you work on the process!

Jason Thomas Speaks

Davidson County, NV—April 22, 2002—Case#: GS57357—Court: Davidson County
Court—Explanation/Short Summary of Events:

- Was out with friends and I had consumed alcohol and was pulled over while driving home.
 - See attached documentation

Sincerely,



Jason Thomas Speaks, PhD, MS, BA, BS, APRN-C, FNP-BC, RN



School of Nursing

May 10, 2019

To: Board of Registered Nursing Re: Letter of Support and Character Reference

To the Board of Registered Nursing:

I am writing this letter to provide support and a reference for Dr. Jason Speaks. Jason is a RN, a practicing Family Nurse Practitioner and a graduate of the doctoral program in Nursing from University of California, San Francisco. I have known Jason over the past five years since he enrolled in graduate school at UCSF. I worked closely with Jason as his advisor for his dissertation research at UCSF. Jason has always demonstrated excellent character and professional behavior in all of my interactions with him including in the classroom as a student, when he has taught students in the classroom, and during our weekly meetings over the period of a year when he was completing his dissertation study.

Jason is committed to nursing and educating the next generation of nursing professionals. Throughout his time as a graduate student at UCSF he maintained a faculty role at the University of San Francisco. In this role I have directly observed Jason with his group of RN students when they were conducting their clinical training hours at UCSF Moffit hospital. On the several occasions where I observed Jason in this nursing faculty role, his attention to his students was complete and consistent and what I mean by that is he oversaw their practice and provided hands on education and feedback. When I met these students and he introduced me as his professor, his students always spoke about how lucky they felt to have him as a faculty mentor as they were being trained to enter the field of nursing practice.

In all of my interactions with Jason he never demonstrated any actions or behaviors of alcohol use or abuse, nor have any faculty or other students, or nurses in the UCSF medical center brought this to my attention. I have interacted with Jason in clinical settings with students, and in the classroom and individually as part of our teaching sessions and during these times Jason has always demonstrated the highest level of ethical and professional behavior. Jason is an excellent faculty member and brings an important perspective and professionalism to nursing education.

At no time has Jason Speaks demonstrated anything but the highest level of professionalism with an intense focus on patient outcomes that is expected of our profession. Jason is an outstanding nurse and exemplary model for our students and colleagues as a leader.

Jason spoke to me weeks ago about his violation, the history of events, and the potential effect this could have on his nursing license from the BRN. In this situation, just like in every interaction I have had with Jason he has responded with integrity and honesty, and as such, Jason is taking every step as directed to better himself as an individual. He by choice is also attending counseling to

Department of Community
Health Systems
School of Nursing

University of California
San Francisco

San Francisco, Ca 94143-0608
tel: 415/476-1504
fax: 415/476-6042

better himself and because of his honesty with himself and others has created a network of support, both professional and personal, that provide him insight into the circumstances that lead to this situation and to best manage this and all stressful events in life—now and in the future. For Jason to be able to serve the community and contribute to educating the next generation of nurses, it is important for him to have a full and unrestricted license. I am advocating that Jason Speak's actions over the past many years as well as his self-motivated and direct response to this situation be favorably considered and that Dr. Speaks be allowed to practice nursing as an advanced practice nurse and contribute to his community and family.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

If you have any further questions or need any more clarification or information, please do not hesitate to contact me at 415-713-5252.

Sincerely,



Carol Dawson-Rose, RN, MS, PhD, FAAN
Livingston Endowed Chair in Nursing Excellence
Professor and Chair, Department of Community Health Systems
School of Nursing
University of California, San Francisco
2 Koret Way
San Francisco, CA 94143-0608
Carol.dawson-rose@ucsf.edu
415 514-0428

VA Medical Center
 10535 Hospital Way, Mather, CA 95655
 Community Living Center (CLC)
 150 Muir Road, Martinez, CA 94553
 VA Outpatient Clinics:
 280 Cohasset Road, Chico, CA 95926
 5342 Dudley Avenue, McClellan, CA 95652
 201 Walnut Avenue, Mare Island, CA 94592
 150 Muir Road, Martinez, CA 94553



VA Outpatient Clinics (continued):
 2221 Martin Luther King, Jr. Way, Oakland, CA 94612
 351 Hartnell Avenue, Redding, CA 96002
 103 Bodin Circle, Bldg. 778, Travis AFB, CA 94535
 425 Plumas Boulevard, Yuba City, CA 95991
 Oakland Behavioral Health Clinic
 525 21st Street, Oakland, CA 94612
 Telephone Care: 1-800-382-8387
 Website: www.northerncalifornia.va.gov/

Department of Veterans Affairs
VA Northern California Health Care System (VANCHCS)
10535 Hospital Way, Mather, CA 95655

May 6, 2019

To the Board of Registered Nursing

Ref: Letter of Support

Nursing Board,

I was recently asked to provide a letter of support for Dr. Jason Speaks. As the Nurse Manager of the Medical Surgical Unit (MSU), over the last three years I have had the opportunity to get to know Dr. Speaks. He is one of our collaborative partners from the University of San Francisco (USF). His role has grown from clinical instructor and professor to Co-Director of the Sacramento Campus Nursing Program with USF.

Over the last three years, Dr. Speaks has made multiple contributions to the nursing profession while at the VA Sacramento Medical Center. In addition to him grooming and growing some of our star nurses, Dr. Speaks was a major contributor in several quality improvement initiatives. Some of the projects included our Delirium prevention bundle and Aspiration prevention bundle. This collaborative effort resulted in the VA's Sacramento Medical Center earning the "Most Improved VA" Award in 2018.

In the course of our collaborative work, I was able to get a measure of his character. Jason is diligent, organized, intelligent, trustworthy, responsive, and responsible. Additionally, Jason is a very passionate and personable nurse who cares about his students, peers, and patients. He never hesitates to voice a concern or congratulate a job well done.

Recently Jason has shared with me the details about being ticketed with a "wet and reckless" and the lengths he has gone to rectify the situation—and the details of his entire situation. Jason has satisfied court fines, is going to classes and meetings. He is clearly frightened at the consequences of his actions, and has owned the mistake.

Knowing Dr. Speaks' situation, and the actions he is taking, I am confident the public is safe. I think it is note worthy to mention, Dr. Speaks behavior, in my observation, has not been erratic, reckless, or impulsive. He has not demonstrated unsafe or poor professional judgment over the years I have known him and I expect this demonstrated exemplary behavior to continue. My hope is that my account of Dr. Speaks character,

contributions, and situation is taken in to consideration, as he has proven to be invaluable to our nursing community.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

 5/9/2019

Mario R. Frias MSN, RN, CNL
Medical Surgical Unit (MSU) Nurse Manager
Sacramento Medical Center
VA Northern California Health Care System

VA Medical Center
10535 Hospital Way, Mather, CA 95655
Community Living Center (CLC)
150 Muir Road, Martinez, CA 94553
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280 Cohasset Road, Chico, CA 95926
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VA Outpatient Clinics (continued):
2221 Martin Luther King, Jr. Way, Oakland, CA 94612
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Oakland Behavioral Health Clinic
525 21st Street, Oakland, CA 94612
Telephone Care: 1-800-382-8387
Website: www.northerncalifornia.va.gov/

Department of Veterans Affairs
VA Northern California Health Care System (VANCHCS)
10535 Hospital Way, Mather, CA 95655

May 3, 2019

To: Board of Registered Nursing

Ref: Letter of Support

To the Board of Registered Nursing:

This letter of support is written on behalf of Jason Speaks, PhD, FNP, RN. I have known and worked with Mr. Speaks since he started working with us here at the VA Northern California Health Care System 4 years ago in partnership with the University of San Francisco. He has always been a dedicated, sincere, kind, thoughtful and caring Registered Nurse, professional, and leader. His leadership has brought monumental changes to how our system delivers care to the elderly and our collaborative practice approach, and his dedicated efforts have directly enhanced patient outcomes throughout the healthcare delivery system at the Mather VA.

He created many initiatives to address the needs of our patient population and to enhance the practice of our providers of care (RNs, CNAs, and Doctor of Medicine and beyond). For example, he helped initiate, create, lead, secure funding for and mentor and guide the creation of a Nurses Improving Care for Health system Elders (NICHE) system to serve hundreds of Veterans. This among many contributions demonstrates how he has profoundly changed the way we deliver care to support our elderly and most vulnerable Veterans at the VA.

In my years of knowing Jason he has never demonstrated any sign of alcohol abuse nor has anyone who also works with me reported any concerns regarding behavior exhibited by Mr. Speaks. I have worked with Jason directly on the units with nurses, nursing students, and patients. I have also worked directly with him at various times throughout his shifts and participated with him in meetings with the highest levels of leadership within the VA Northern California Health Care System. At no time has he demonstrated anything but the highest level of professionalism with an intense focus on patient outcomes that is expected of our profession. Jason is an outstanding nurse and exemplary example for our staff as a leader.

Also, I have had the opportunity to come to know Jason professional as he also served as my daughters' faculty when she attended nursing school at the University of San Francisco—Sacramento Campus. She recently graduated and throughout my daughter's time as a student she regularly reported to me that Dr. Speaks was an outstanding professor, extremely caring, and an exemplary example as a nurse and leader for her and her peers.

2.

Jason shared with me this unfortunate violation and we spoke about this and the entire situation and history in depth and about all the things he has done and continues to do to better himself to remain an outstanding nurse, professor, and new father. Jason has taken ownership of correcting the issue by seeking out and attending classes and counseling to better himself. To maintain his service to our Veterans he needs to have a full and unrestricted license and I am respectfully advocating that this issue be put to rest and Mr. Speaks be allowed to continue give back to his community by his daily service to our Veterans and beyond.

I would like to add that Mr. Speaks has chosen to treat this matter confidentially, and I have advised him a few letters is sufficient. But please know that my peers and all that I know who know Jason would repeat similar accolades and also confirm that he is an exemplary professional and an outstanding nurse and a service to this profession, the underserved, and our Veterans. If you have any further questions or need any more clarification or information, please do not hesitate to call me at: 916- 843-7332.

Sincerely,



Jacob Nur *MSN, RN*
Chief Nurse, Acute Care Services
VA Northern California Health Care System
Sacramento VA Medical Center
10535 Hospital Way
Mather, CA 95655
Jacob.Nur@va.gov

CURRICULUM VITAE

December, 2019

EDUCATION

| | | |
|-----------|--|---|
| 1989-1994 | California State University
San Bernardino, California | B.A. Environmental Science/Pre-Medicine |
| 2004-2006 | Colorado State University
Pueblo, Colorado | B.S.N. Nursing |
| 2007-2010 | University of Colorado
Denver, Colorado | M.S. Nursing; Family Nurse Practitioner |
| 2012-2018 | University of California San Francisco (UCSF)
San Francisco, California | PhD Nursing |

LICENSES/NATIONAL CERTIFICATIONS/PRESCRIPTIVE AUTHORITY

| | |
|---|--------------------------|
| National Board Certification--American Academy of Nurse Practitioners (AANP); Family Nurse Practitioner, NP-C: #F0412005 | Exp Date: March 31, 2022 |
| APRN-CNP; NV Nurse Practitioner License—825532—Current full, active and unrestricted registration as an advanced-practice nurse | Exp Date: April 28, 2021 |
| NV Registered Nurse License—825532—Current, full, active, and unrestricted registration as a professional nurse | Exp Date: April 28, 2021 |
| FNP-NV Current Prescriptive Authority | Exp Date: April 28, 2021 |
| CA Nurse Practitioner License—22258—Current, full, active, and unrestricted registration as an advanced-practice nurse | Exp Date: May 31, 2020 |
| CA Registered Nurse License—824970—Current, full, active, and unrestricted registration as a professional nurse | Exp Date: May 31, 2020 |
| Basic Life Support (BLS) for Healthcare Providers | Exp Date: August, 2020 |
| Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS Master Trainer | Exp Date: N/A |

EMPLOYMENT

Principal Positions Held

| | |
|-----------------|--|
| 2013 to Present | U.S. Department of Veterans Affairs—Northern California Health Care System/University of San Francisco—Veteran Affairs Nursing Academic Partnership (VANAP)

Family Nurse Practitioner, Co-Director VANAP, and Associate Professor |
|-----------------|--|

San Francisco and Sacramento, California

- ◆ Serve Co-Director, lead provider of care, and faculty lead for the development and delivery of direct patient care; including an entire curriculum centered on Veteran Centric care.
- ◆ Lead in providing Veteran Centric patient and family health education with a focus on self-management, prevention, and wellness, based on the patient's goals.
- ◆ Bring a wealth of expertise and have continually demonstrated a focus on outstanding Veteran Centric patient outcomes while providing direct patient care and supervision of care to ensure the completion of history and physicals, including appropriate diagnosing and treatment plans based in evidence-based practice—while operating within my scope of practice for all patient interactions.
- ◆ Focus on the provision of excellent quality Veteran Centric care, while also providing direct patient care and student/faculty oversight and mentoring for Veteran Centric preventative health and wellness care—across acute, episodic, chronic and end of life care for Veterans.
- ◆ Responsible for recruiting and creating a cohesive and diverse Veteran Centric faculty and Veteran Centric administrative team who focus on serving Veterans, supporting diversity, and a commitment social justice and a strong sense of unity to optimize Veterans' patient outcomes.
- ◆ Direct responsibly for hiring, onboarding, mentorship and oversight for all Veteran Centric didactic, simulation, and direct patient care components of the VANAP/USF Nursing Program—Sacramento Campus.
- ◆ Complete responsibility for Veteran Centric curriculum development, curriculum congruency, and evidenced based course design and content VANAP/USF Nursing Program—Sacramento Campus.
- ◆ Encourage and demonstrate caring and service to Veterans, while fostering, promoting and demonstrating embracing diversity, while focusing on the ethical principles of equity and social justice for Veterans.
- ◆ Create and support a diverse student population (including Veterans) and a faculty (including Veterans) that is reflective and sensitive to serve those we serve—and especially the underserved and marginalized Veterans in need.
- ◆ Encourage faculty and students to become lifelong learners and examples in their field through demonstrating passion and a commitment to excellence, ethics, embracing diversity in service to Veterans and always demonstrating professionalism when interacting with our Veterans.
- ◆ Actively and passionately engage in service and research that promotes the wellbeing of marginalized and underserved Veterans.
- ◆ Apply the principles of evidence-based practice, patient centered care, quality care, and attention to detail in protocols and guidelines in a wide variety of settings (e.g., VA Northern California Health Care System, San Francisco General Hospital, Kaiser, UCSF, USF, and multiple other large health care systems).
- ◆ Demonstrate through action to create an environment the embraces, creates, and encourages a philosophy that our primary purpose among faculty and students is to serve those Veterans

with the greatest need.

- ◆ Continued service for the Groups/Committees:
 - In 2019-2020-Faculty Advisor: Sacramento Nursing Student Association (USF Student Group)
 - In 2019-2020-USF Faculty Lead: PBNR Accreditation and Faculty Mentor
 - In 2019-2020-Charter—USF Diversion, Equity, and Inclusion Committee

2013 to Present **MEDXM** **Nurse Practitioner & RN-Provider**
Santa Ana, California

- ◆ As a **Bi-Lingual** (Intermediate Medical Spanish) Family Nurse Practitioner with dual national certifications (NP-C & FNP-BC) and an RN responsible for performing duties independently within the scope and limitations of licensure.
- ◆ Responsible for ensuring the delivery of exemplary service for multiple agencies under the affordable care act (e.g. Aetna, BCBS, Healthnet, etc.).
- ◆ Provide high quality comprehensive primary care to patients including taking histories, performing physical examinations, ordering laboratory tests, diagnosing and determining/providing or referring for appropriate treatment for common and complicated illnesses and injuries at both the NP and RN level.
- ◆ Supervisory experience in reviewing prescribed medications and referring for medications to be dispensed.
- ◆ Provide timely and efficient patient flow, support of medical staff, scheduling staff, interpreters, and autonomously coordinate patient care with multiple providers and entities.
- ◆ Oversight and coordination of referrals and independent implementation of health education programming.

2013 to 2016 **KAPLAN NCLEX Preparation** **Professor of Nursing**
San Francisco, California

- ◆ Provide excellent presentation & communication skills.
- ◆ Exemplify a proven ability to motivate and engage others.
- ◆ Demonstrate a passion to teach clinical judgment and NCLEX success strategies among diverse and dynamic populations to amplify student achievement on national licensure exam.

2006 to 2012

Colorado Community College Professor of Nursing
Westminster, Colorado

- ◆ As a non-probationary (equivalent to tenure at the Community College level) nursing instructor, I was as lead faculty for two course and thus responsible for curriculum development, clinical instruction, lab instruction, and traditional didactic content and delivery.
- ◆ Responsible as clinical instructor for all care within scope of practice for all patient interactions and provision of care including skilled nursing care, applying evidence-based, patient centered care, and quality care reflective of federal government and VA, Kaiser, and multiple other agency guidelines protocols. Also responsible for oversight of RN students for all assigned skilled nursing care and patient interactions including applying evidence based, patient centered care, and quality care reflective in medical surgical nursing, obstetrics, and pediatrics.
- ◆ Worked as the lead faculty mentor/leader for high fidelity simulation integration; responsible for high fidelity simulation integration for all courses throughout the nursing curriculum.
- ◆ Responsible for program and curriculum development, evaluation, and course management for all assigned courses.
- ◆ Worked as Faculty Advisor for student government on the Front Range Community College-Westminster Campus and served other departmental, school, and college wide committees.
- ◆ Worked as Faculty Advisor for student Study Abroad for Health Professions Club.
- ◆ With advanced education focusing on health issues across the life span, worked as a mentor and instructor teaching Medical Surgical Nursing I and II, Fundamentals of Nursing, Pharmacology, Pediatrics, Obstetrics, and beyond through simulation and clinical experiences.
- ◆ Instrumental in our full accreditation by the NLNAC, Spring of 2011.

1999 to 2003

Doyle Occupational Health Director of Services
Nashville, Tennessee

- ◆ Directly responsible for coordinating and providing the direct patient care for all health screenings and follow up visits; including drawing blood, giving vaccinations, patient History and Physicals, attaining vital signs, answering health related questions, etc.
- ◆ Hired, trained, motivated, and managed health care and support staff, which included PAs, APRNs, RNs, Phlebotomists, and CNAs, etc.

- ◆ Developed, created, and directed wellness programs; offered position of part owner within two years as a result of our success.
- ◆ Through dedication, perseverance, and use of experience, developed, implemented, and achieved short and long range strategic objectives to grow business by 300% in two years.

1996 to 1999

MI Home Products, Inc.
Gratz, Pennsylvania

Director of International Development

- ◆ Complete international development, operations, and management responsibilities, reporting directly to COO and owner of .5 billion-dollar company.
- ◆ Created independently a distributor network throughout Europe, increasing our product distribution by 2000%;
- ◆ Responsibility for all international strategic planning for business development, marketing, sales, and long-term feasibility and structure and all management decisions including office management, budget management, report generation, and report editing.
- ◆ Responsible for website management, network drive management, application management, reports editing, and report generation
- ◆ Directly responsible for developing and managing the strategic implementation of productivity improvements, controls, and processes company wide, including production planning and forecasting module, standardized production data system, process controls (batching and eliminating bottle necks) and automating production.
- ◆ Networked in challenging international environment to create new products and innovative services to unite providers and create partners to support services throughout Europe.

1995 to 1996

United States Peace Corps
Budapest, Hungary

Volunteer

- ◆ Full responsibility for the creating and managing international network of NGOs to support similar initiatives in our region including extensive grant management skills.
- ◆ Developed contacts, worked with, directed, and created major impact statements for major multi-national organizations: USAID, UNIDO, ICMA, Hungarian Ministry of Economic Development, AT&T, Ford Europe, Shell, Mobile Oil, General Electric, Hungarian Ministry of Environment, Ghana Ministry of Economic Development, IFOR, EPA, Ghana Ministry of Environment, etc.
- ◆ Launched and jointly directed special small business development and environmental projects throughout South Eastern Hungary

- ◆ Implemented and taught strategic planning to major influential parties in the region; resulting in working groups which were sustained because of clearly outlined objectives, tasks, and thus desired results.
- ◆ Within the bounds of diverse cultural challenges, analyzed, outlined, assigned, and implemented tasks to very successfully achieve short and long term organizational objectives.
- ◆ Developed and managed marketing and PR projects at both a local and international level.
- ◆ The primary NGO for which I worked received the *International Sustained Development Award, Hungary*; presented by Nelson Mandela.

STATEMENT OF ACHEIVEMENTS

Research

My PhD research focuses on serving the populations of the world that combined--are often referred to the "bottom billion". The populations that make up this "bottom billion" are often the most marginalized, underserved populations concentrated in Asia, South America, and Africa. In advancing my commitment serving those with the greatest need, the nursing profession and the international community—my specific area of interest for research began in 2006-2007 when I had the opportunity to work with the United Nations Higher Commission of Refugees in Addis Ababa, Ethiopia. Working with medical faculty from Penn State University and local implementing partners we received funding to conduct the preliminary foundations for a study to evaluate the role of survey-based methods and exposure monitoring to carbon monoxide as health assessment tools for women (and children) exposed to smoke from biomass cooking fuels.

In Ethiopia in 2007 with local implementing partners the team successfully carried out the implementation of the preliminary efforts. As part of my continued commitment to nursing education and to improving the lives of the underserved I took this opportunity to teach local refugee student nurses to become community health workers focusing on primary and urgent care, obstetrics, and pediatrics. I helped develop partnerships with local colleges and NGOs to teach these refugee nurses, and these nurses went on to serve in their own severely underserved refugee community.

Based on this experience and my continued exploratory research I recently published with co-authors an article in the Journal of Community Health Nursing (November, 2012). This manuscript serves to increase nurses' awareness of the impact of household air pollution from cooking fires on women and children's health outcomes. The article promotes the need for nurses to act in key roles to develop and support research that focuses on this global healthcare priority, which was the 4th (now the 7th) largest health risk factor contributing to disease and death in the world. I am honored to have received the following awards and opportunities to present while pursuing my PhD research at UCSF:

- 1) 2014-Sigma Theta Tau, Alpha Eta Chapter Research Award (UCSF);
- 2) 2014-Llewellyn Research Award-Center for Occupational and Environmental Health (UC-Berkeley);
- 3) 2015-Presenter Sigma Theta Tau 26th International Nursing Research Congress;

- 4) 2018-Poster Presenter Society for Research On Nicotine and Tobacco (SRNT) 24th Annual Meeting.

Education

As I pursued my PhD in nursing I continued to be an extremely passionate nursing professor and family nurse practitioner, always focusing on serving those in need. This dedication to improve the lives of diverse underserved populations is what motivated me to further my education to become a nurse, a nursing professor, and Advanced Practice Registered Nurse, and now a doctoral-prepared nurse. Early in my pursuit of higher education I was honored to become a Friend of Nursing Scholar, and to receive an Academic Excellence Award along with induction into Sigma Theta Tau International Honor Society of Nursing from the University of Colorado – Anschutz Medical Campus. I was also honored to be chosen as the honorary speaker to represent my graduating class for the Master's of Nursing Program, University of Colorado – Anschutz Medical Campus May 2010 Commencement Ceremony. I am honored to have received the UCSF Graduate Dean's Health Sciences Fellowship in both 2012-2013 and 2014-2015.

Service

I have a passion to serve in demanding underserved populations. As a United States Peace Corps Volunteer in Hungary, I found this to be one of the most rewarding times in my life. I believe this experience as a United States Peace Corps Volunteer promoted a growth and understanding of human nature, compassion, and commitment like no other experience could. I found that no matter how much I tried to give, the rewards of giving were far greater. Today I still continue to expand my ability to give spiritually, mentally, and physically to students and disadvantaged patients and make the most out of every encounter to improve myself and others.

In the summer of 2010, I was the project leader for a United Nations pilot project, and served two months in the Dominican Republic leading a health education program with college student volunteers. In late 2010 I developed with a sister campus a service learning nursing course and in Summer 2011 lead health profession students and active health professionals to Belize to serve the underserved. In the fall of 2011 I founded my own not-for-profit organization, help2serve.care, to help connect health profession students and new health profession graduates with international service opportunities to facilitate their passion for serving others. In the summer of 2012 I led another group of health profession students, new graduates, and practicing professionals to Nicaragua to serve those in need. In the summer of 2013 I volunteered again to be part of another international effort in Ethiopia, assisting local nurses and UCSF graduate students to better serve in international environments as community health workers focusing on primary and urgent care, obstetrics, and pediatrics, this work was also part of my preliminary PhD dissertation work.

Locally I also directly served the underserved while working in Edwards, Colorado in the Eagle Care Clinic, an indigent care clinic. This patient population has no insurance and represents the homeless population, the migrant and immigrant population, the mentally challenged, and the psychiatric population in the area. From one visit I was speaking Spanish to an expecting teenage mother and in the next visit helping a young homeless gentleman living in his car with his mentally challenged wife. Now local in San Francisco, I participated actively to address diversity and retention issues within the UCSF nursing program and work with local underserved to improve access to health care, and generally on a daily basis work to improve the lives of the underserved.

I believe beyond my day to day commitment as a Co-Director and Faculty, I am also pleased to have

created the foundation for an Ethiopian immersion course for USF health profession students. This effort took more than a year to develop and its development was approved under the guidance of the USF nursing expertise. As a result of this year long effort it is my intention to present to the curriculum committee and beyond within the next month an immersion curriculum to lead USF students to Ethiopia in late summer 2015. This experience focused on serving the health needs of the underserved during an approximate three-week immersion experience in Southern, rural Ethiopia. For this opportunity to serve others I again thank USF for their dedication to the underserved. I hope this, along with all my other efforts, is demonstrative of my long-term commitment to make a difference, serve the underserved and marginalized.

NURSING HONORS AND AWARDS:

2006-Academic Excellence Award

CSU-Pueblo-Nursing

2005-Friends of Nursing Scholar

CSU-Pueblo-Nursing

2009-Sigma Theta Tau International Honor Society of Nursing

University of Colorado – Anschutz Medical Campus-Nursing

2012-2013-Graduate Dean's Health Sciences Fellowship

USCF-PhD Nursing Program

2014-Sigma Theta Tau, Alpha Eta Chapter Research Award

USCF-PhD Nursing Program

2014-Llewellyn Research Award-Center for Occupational and Environmental Health

UC-Berkeley

2014-2015-Graduate Dean's Health Sciences Fellowship

USCF-PhD Nursing Program

2015-Presenter Sigma Theta Tau 26th International Nursing Research Congress

July 26-28 in San Juan, Puerto Rico

2018-Presenter Society For Research On Nicotine and Tobacco (SRNT) 24th Annual Meeting

February 21-24 in Baltimore, Maryland.

KEYWORDS/AREAS OF INTEREST:

"biofuels", "air pollution, indoor", "air pollution/adverse effects", "Air Pollution, Indoor/prevention and control", "cooking", "cooking/methods", "fires", "Health behavior", and "Household Air Pollution"

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Diversion, Equity, and Inclusion Committee

University of San Francisco—Committee

Member

Veterans Affairs--Post Bachelor Residency

University of San Francisco—Accreditation
Committee Mentor
Sacramento Nursing Student Association
University of San Francisco—Student
Group—Faculty Advisor
American Academy of Nurse Practitioners
American Nurses Association
Colorado Nurses Association
California Nurses Association
**California Association for Nurse
Practitioners**
Sigma Theta Tau
FRSNA
Front Range Student Nurse Association
Previous Faculty Advisor
Men in Nursing Discussion Group UCSF
**Member Study Abroad for Health
Professions Club**
Faculty Advisor
UCSF Retention and Recruitment Committee
Global Alliance for Clean Cookstoves
SCANS
CSU-Pueblo Student Nursing Association
Previous Faculty Advisor

PUBLICATIONS/PRESENTATIONS

Speaks, J. T., Thomas, E. C., & Thompson, L. M. (November, 2012). Household air pollution from cooking fires: A challenge for nurses globally and a call to action. *Journal of Community Health Nursing*, 29, 236–244. doi: 10.1080/07370016.2012.726837

Abstract:

The global burden of disease from exposure to household air pollution related to cooking fires is ranked as the 6th leading cause of death, primarily impacting poor women and children in low-income countries. Globally, smoke exposure from household air pollution is attributed to approximately 1/3 of chronic obstructive pulmonary deaths, 1/4 of pneumonia deaths, and 3% of lung cancer deaths. Nurses are increasingly working in global health arenas but are typically ill-prepared to address this complex environmental health problem. Nurses can play a key role in education, practice, and research to develop and support interventions, both in the United States and abroad, which may reduce this substantial burden of disease.

Speaks, J. T., & Petersen, A. (2013). "WHO Integrated Management of Childhood Illness Training Course for nurses and Data Collection Skills". Training course conducted for 3rd year nursing students at Hawassa University, on July 22-26 in Hawassa, Ethiopia.

Thompson, L. M., & Speaks, J. T. (2014). Engaging Nurses in Community Environmental Health...One Kitchen at a Time. *ACC CIETNA*, 2(2), 1-4.

Speaks, J. T., & Petersen, A. (February, 2015). "Lessons Learned Using Quantitative and Qualitative Methods to Conduct International Research: Assessment of Beliefs, Behavior, and Environmental Exposure among Ethiopian Women". Presentation University of California – San Francisco, on February 26 in San Francisco, California.

Speaks, J. T., & Petersen, A. (July, 2015). "Lessons Learned Using Quantitative and Qualitative Methods to Conduct International Research: Assessment of Beliefs, Behavior, and Environmental Exposure among Ethiopian Women". Presentation Sigma Theta Tau 26th International Nursing Research Congress, on July 26-28 in San Juan, Puerto Rico.

Anne Berit Petersen PhD, MPH, RN1, Jason T. Speaks PhD(c) 2, NP-C, FNP-BC, RN, Carol Dawson-Rose, RN, PhD, FAAN2, Catherine Egbe Eje, PhD3, Lisa M. Thompson RN, FNP, PhD, FAAN2,4 (February 23, 2018). "Promoting smoke-free homes: Exploring Ethiopian women's perceptions of difference between secondhand tobacco smoke versus cooking fire smoke". Poster Presentation Society For Research On Nicotine and Tobacco (SRNT) 24th Annual Meeting February 21-24, 2018 in Baltimore, Maryland.

Certificate of Completion

This Certificate verifies that Jason Speaks PhD MS BS BA NP-C RN has successfully completed the following course:

Course Title:
Substance Abuse Treatment - Group Therapy

Completion Date:
7/4/2019

| Approved By | Provider or Approval Number | Contact Hours |
|--------------------|-----------------------------------|-------------------------------------|
| ACM | Approved | 12 |
| CA BRN | CEP 16848 | 12 |
| CCAPP | Approved Provider #OS-18-302-0720 | 12
Completed 7/4/2019 - 7/4/2019 |
| CE Broker Provider | 50-3779 | 12 |
| Delaware BON | DE-17-010917 | 12 |
| MCBAP-Specific | MCBAP-S Approved | 12 |
| NAADAC | Approved Provider #176673 | 12 |
| RNs | Approved | 12 |

| Certification and License | Number |
|---------------------------|-------------------------------|
| Cert/License Number: | 824970 - CA
RN-176076 - CO |
| # | F0412005 |

Provider approved by the California Board of Registered Nursing, Provider #16848, for 12 Contact Hours

Nursing CE Contacts: AAACEUS.com is also an approved provider of continuing nursing education by the following additional Boards of Nursing: Florida and Delaware. NOTE: If a course is approved by ONE state BON, it is accepted by ALL state BON.

Retention Statement:

Keep this document for your records. RNs must retain this document for a period of 4 years after the course concludes.

Matthew Hayman

President
AAACEUS.com
3900 S Wadsworth Blvd #415
Lakewood, CO 80235
866-850-5999

aaaceus

Certificate of Completion

This Certificate verifies that Jason Speaks PhD MS BS BA NP-C RN has successfully completed the following course:

Course Title:

Comprehensive Case Management for Substance Abuse Treatment

Completion Date:

7/4/2019

| Approved By | Provider or Approval Number | Contact Hours |
|--------------------|-----------------------------------|------------------------------------|
| ACM | Approved | 6 |
| CA BRN | CEP 16848 | 6 |
| CCAPP | Approved Provider #OS-18-302-0720 | 6
Completed 7/4/2019 - 7/4/2019 |
| CE Broker Provider | 50-3779 | 6 |
| Delaware BON | DE-17-010917 | 6 |
| MCBAP-Specific | MCBAP-S Approved | 6 |
| NAADAC | Approved Provider #176673 | 6 |
| RNs | Approved | 6 |

| Certification and License | Number |
|---------------------------|-------------------------------|
| Cert/License Number: | 824970 - CA
RN-176076 - CO |
| # | F0412005 |

Provider approved by the California Board of Registered Nursing, Provider #16848, for 6 Contact Hours

Nursing CE Contacts: AAACEUS.com is also an approved provider of continuing nursing education by the following additional Boards of Nursing: Florida and Delaware. NOTE: If a course is approved by ONE state BON, it is accepted by ALL state BON.

Retention Statement:

Keep this document for your records. RNs must retain this document for a period of 4 years after the course concludes

Matthew Hayman

President

AAACEUS.com

3900 S Wadsworth Blvd #415

Lakewood, CO 80235

866-850-5999

aaaceus

Certificate of Completion

This Certificate verifies that Jason Speaks PhD MS BS BA NP-C RN has successfully completed the following course:

Course Title:

Additions: Disease, Diagnosis, and Treatment

Completion Date:

7/4/2019

| Approved By | Provider or Approval Number | Contact Hours |
|--------------------|---|------------------------------------|
| ACM | Approved | 8 |
| CA BRN | CEP 16848 | 8 |
| CCAPP | Approved Provider #OS-18-302-0720 | 8
Completed 7/4/2019 - 7/4/2019 |
| CCM* | Activity Code: H00033978
Approval #: 180003661 | 8 |
| CDMS | Activity Code: W1001599
Approval #: 20180984 | 8 |
| CE Broker Provider | 50-3779 | 8 |
| CLCP | ICHCC Approved | 8 |
| COHN/COHN-S | Approved | 8 |
| CRC | TRN2121976 | 8 |
| CRRN | Appropriate | 8 |
| CVRP | CVRP Approved | 8 |
| Delaware BON | DE-17-010917 | 8 |
| MCBAP-Specific | MCBAP-Specific Approved | 8 |
| NAADAC | Approved Provider #176673 | 8 |
| RNs | Approved | 8 |
| TN WC | Course Pertains to Tennessee WC | 8 |
| VRA-Canada | CEU ID#: 21190 | 8 |

| Certification and License | Number |
|---------------------------|-------------------------------|
| Cert/License Number: | 824970 - CA
RN-176076 - CO |
| # | F0412005 |

Provider approved by the California Board of Registered Nursing, Provider #16848, for 8 Contact Hours

Nursing CE Contacts: AAACEUS.com is also an approved provider of continuing nursing education by the following additional Boards of Nursing: Florida and Delaware. NOTE: If a course is approved by ONE state BON, it is accepted by ALL state BON.

Retention Statement:

Keep this document for your records. RNs must retain this document for a period of 4 years after the course concludes

Matthew Hayman

President
AAACEUS.com
3900 S Wadsworth Blvd #415
Lakewood, CO 80235
866-850-5999

aaaceus

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM board certified case managers.

LAST NAME: Spears

MADD CALIFORNIA VIP REFERRAL/PROOF OF COMPLETION

Register at www.madd.org/sacramentovip

Or call 800-426-6233 - 24 hours a day/7 days a week

Defendant Name (Last, First, MI): Spears, Jason TCourt Case #: 18MC022316Driver's License #: U5009249County, State of DUI: Sacramento CAMailing Address: Malcolm Dixon RdCity: El Dorado HillsST: 1191Zip: 95762

Telephone: _____

The Mothers Against Drunk Driving (MADD) Victim Impact Panel (VIP) session has been mandated by the Court or County as an Additional County Requirement. All County participants that enroll, transfer-in, or are reinstated shall comply with this requirement.

1. A MADD-VIP referral form and a MADD VIP class schedule for these meetings has been provided at the intake interview appointment. DUI Participants are responsible for scheduling the VIP session and/or rescheduling a missed session. Any questions, concerns, or disputes regarding the VIP session attendance, completion, or payment should be directed to the client's local MADD office.
2. The fee is \$25.00 payable to MADD. The client can pre-pay and register online for the meeting by visiting www.madd.org/sacramentovip. If client chooses not to pre-pay by credit card when registering, they must bring payment to the scheduled meeting. Money order is the only form of payment accepted on site. There will be a \$10.00 fee to re-schedule a missed session without a 48-hour prior cancellation notice. There is a \$10.00 fee for a replacement of lost proof of completion forms. For Clients on General Assistance with proof (General Assistance Award Letter) the session fee is reduced to \$10.00. Pre-registration is strongly encouraged as walk-in's are not guaranteed a space. Contact your local MADD office with questions.
3. Your sobriety during this panel is **MANDATORY**. No one will be admitted after the program starts. You are required to sign-in prior to the start of the program and again upon completion. You will not receive credit for attending if you fail to sign-in and sign-out of the program.

VIP PANEL AGREEMENT

I UNDERSTAND THAT, IN ADDITION TO THE ABOVE, I AM REQUIRED TO ATTEND THE MADD VICTIM IMPACT PANEL PRESENTATION AND PAY THE REQUIRED FEE. I MAY BE REQUIRED TO SUBMIT PROOF OF ATTENDANCE TO THE COURT, DUI PROGRAM PROVIDER, AND/OR OTHER AGENCIES AS REQUIRED.

I UNDERSTAND THAT BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, IMPAIRS MY ABILITY TO SAFELY OPERATE A MOTOR VEHICLE. I UNDERSTAND THAT IT IS EXTREMELY DANGEROUS TO HUMAN LIFE TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH. I UNDERSTAND THAT IF I CONTINUE TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, AND AS A RESULT OF MY DRIVING, SOMEONE IS KILLED, I CAN BE CHARGED WITH MURDER.

CLIENT SIGNATURE: [Signature]DATE: 6/20/19DATE OF VIP: 6-26-19

DUI PROGRAM PROVIDER: _____

WITNESSED BY: [Signature]AMOUNT/IOU: 35.00

RECEIPT #: _____

CLIENT IN: [Signature]CLIENT OUT: [Signature]



NOTICE OF COMPLETION CERTIFICATE

DL 101



A Public Service Agency

| | | | |
|---|---|--|------------------------------------|
| NAME (LAST, FIRST MIDDLE SUFFIX)
Speaks Jason | | DRIVER LICENSE NUMBER
95762 | |
| ADDRESS (STREET)
Malcolm Dixon Rd | | (CITY)
El Dorado Hills | (STATE)
Ca |
| The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: ☐ Education Component Only (23140 CVC Conviction) 1st Offender Program 03 months | | | |
| Multiple Offender Program ☐ 12 months ☐ 18 months ☐ 30 months ☐ Multiple Offender Program (IID restriction only) months of months | | | |
| DATE OF ENROLLMENT
03/27/2019 | DATE OF COMPLETION
07/03/2019 | VIOLATION DATE
11/01/2018 | COURT CODE
POCKET NUMBER |
| PROGRAM NAME
Breining Institute | | ADP LICENSE NUMBER
3400301100 | |
| PROGRAM ADDRESS (STREET)
8894 Greenback Lane | | (CITY)
Orangevale | (STATE)
CA |
| | | (ZIP CODE)
956624019 | |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | |
| DATE
07/03/2019 | PARTICIPANT'S SIGNATURE
X DL 804 on file | | TELEPHONE NUMBER |
| | AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME
Kylie Eller | AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE
X | TELEPHONE NUMBER
(916) 937-0692 |

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain a copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

DL 101 (REV. 2/2005) WWW

UNIQUE ID#: 340030110007032019144006KYLIEE@BREINING EDUUS009249DL101



SACRAMENTO SUPERIOR COURT - ORDER OF INFORMAL PROBATION WET RECKLESS

| | | |
|-------------|---------------------------------|--|
| Case Number | Def. Name (Last, First, Middle) | Violation(s): VC 23103.5 (R/R to 23152) Wet Reckless |
|-------------|---------------------------------|--|

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, IT IS ORDERED THAT imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of **THREE (3)** years from this date on the conditions checked below:

| | |
|--|---|
| ☒ 1. (OAL) Obey all laws | ☒ 2. (DRINK/DRIVE) Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so |
| ☒ 3. (VALID/LIC) Do not drive without a valid California driver's license or in violation of California Vehicle licensing laws. | |
| ☒ 4. (VALID/INS) Do not drive without insurance. | |
| ☐ 5. (REST/LOSS) Make restitution for personal injury/property damage/loss caused in this offense. Purs. to 1202.4(f)(7) & (11) PC, you shall prepare and file a financial disclosure form (CR-115) with the court and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine. | |
| ☐ 6. (REST/TBD) Restitution to be determined by the DA ☐ Amt: \$ _____ Victim(s): _____ | |
| ☐ Restitution to be determined to the responding LEA. (Specify agency): _____ | |
| ☒ 7. (FINE/ASMT)(FINE/TIME) Fine & Assessments: Pay the following fines/assessments or serve 2 days County Jail. | |

| Fine / Assessment Type | Amount | | Reduced Amount | |
|--|----------|------------------------|----------------|-----------------------------|
| Base Fine per VC 23538(a) | \$250.00 | | \$125.00 | |
| ☒ *CIF (PC1465.7(a)) (CIF) | \$50.00 | JAIL CREDIT | \$25.00 | OR |
| *Penalty Assessment (PC 1464, GC 76000) | \$425.00 | | \$221.00 | SERVE |
| *Court Construction Penalty Assessment (CTCONST) (GC70372(a)) (Effective 01/01/03) | \$75.00 | | \$39.00 | |
| *ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09) | \$50.00 | 1 | \$26.00 | |
| *DNA Penalty Assessment (GC76104.6) (DNA1) (Effective 11/04/04) | \$25.00 | | \$13.00 | |
| *DNA Penalty Assessment (GC76104.7) (DNA2) (Effective 07/12/06) | \$25.00 | DAY(S) REDUCES FINE(S) | \$13.00 | DAYS CJ C/S IN LIEU OF FINE |
| *DNA Penalty Assessment (GC76104.7) (DNA2A) (Effective 06/10/10) | \$50.00 | | \$26.00 | |
| *DNA Penalty Assessment (GC 76104.7) (DNA2B) (Effective 06/24/12) | \$25.00 | | \$13.00 | |
| *EMS-Co. Penalty Assessment (EMSCOPA) (GC 76000.5) (Eff. 01/01/2018) | \$50.00 | | \$26.00 | |

**** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS****

- ☒ (REST MISD) Rest Fine in the amt. of \$150.00 purs. to PC 1202.4(b) ☒ Emergency Medical Air Transport Fund (GC76000.10) (EMAT) \$4.00
- ☒ (1202.44 PC) Addtl. Rest. Fine in the amt. of \$150.00 purs. to PC 1202.44 stayed pending revocation of probation.
- ☒ (ALC/ASMT2) Alcohol & Drug Program Assessment (VC 23649) \$10.00
- ☐ (HIST/FEE) DMV History Fee \$10.00 (VC 40508.6) ☒ (NCA) Night Court Assessment (VC 42006) \$1.00
- ☐ (BOOK/FEE) MJ Book.Fee \$402.38 (GC 29550.2(a)) ☐ (CLASS/FEE) Class.Fee \$99.19 (GC 29550.2(a)) ☐ (RCCC/FEE) RCCC Book.Fee \$267.71 (GC 29550.2(a))
- ☐ (CITE/FEE) Citation Processing Fee \$10.00 (GC 29550(c)) ☐ (OR/FEE) Crim. Justice Proc. Fee \$25.00 (GC 29550(c))

All fines/fees payable through: ☒ PAY/DRR through DRR ☐ (PAY/FW) Forthwith ☐ Fine Stayed, payments to begin _____ ☐ Stay fee waived.

☐ (ASP/LIEUF) Alternative Sentencing Program in lieu of fine, _____ hours to be completed by/within _____ days/months.

☒ Jail in lieu of fine to be served 2 days, 2 cts, consecutive. ☐ Work Release 11 hrs on time

| |
|---|
| ☐ 8. (JAIL/SERVE) _____ days / hours in the CJ, credit for time served _____ days ☒ Consecutive ☐ Concurrent to _____ |
| ☐ Straight time ☐ Jail stayed pending completion of _____ |
| ☐ Court has no objection to a Work Release Program. Qualify or surrender at ☐ Main Jail ☐ RCCC on: _____ |
| ☐ Stay to sign up on or before: _____ Court objects to: ☐ SWP ☐ HD/Medical HD. |
| ☐ CJ may be done in _____ County. ☐ Show proof of enroll / completion on _____ at _____ in Dept. _____ |
| ☐ County Jail converted to _____ hours of ASP by / within _____ days / months. |
| ☒ 9. (WETPROG) You are hereby ordered to report to and enroll in the ☐ Wet Reckless ☐ First Offender ☐ 9-month Alcohol & Drug Education ☐ SB-38 Program within 72 hours from today or release from custody |
| ☐ Provide proof of enrollment by: _____ (date). ☐ Stay to sign up on or before: _____ (date). |
| ☐ Program may be done in _____ County. ☐ Program to run C/C with case number: _____ |
| ☐ 10. (ATTEND/AA) Defendant to attend _____ AA or 12-Step meetings and provide proof of attendance on _____ at _____ in Dept. _____ or in the alternative serve _____ days in the county jail consecutive |
| ☐ 11. (LIC/REST) Driver's License revoked/suspended / restricted for a period of _____ months/years pursuant 13202.5 VC. ☐ Proof of critical need shown; pursuant VC 13202.5(c), court recommends restricted driver's license with codes S, T, & V. Amended DMV abstract to be issued. |
| ☐ 12. (S&S)SEARCH: Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same. |
| ☒ 13. (ADV23593VC) Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder. |
| ☒ 14. (BBSS) Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with or without your consent, and with or without a warrant. |
| ☐ 15. Other: _____ |
| Judge of the Superior Court _____ Dept. _____ Date _____ |



SACRAMENTO SUPERIOR COURT DUI / DRUG REHABILITATION PROGRAM REFERRAL

| | | | | | |
|---------------------|-----------------|----------------|--------------|---------------|------------------|
| Case Number | Referral Status | Defendant Name | Xref No. | Date of Birth | Driver's License |
| Section(s) Violated | Priors | Viol. Date | Prob. Status | BAC / HBA | Telephone Number |
| Home Address | | | City | State | Zip |

1. The Court has ordered you to attend the program checked below and to comply with the program rules and fee requirements.

- ☐ 12-HOUR Wet & Reckless, 18-20 Year-old
☐ 6-MONTH 1st Offender DUI (0.15%-0.19% BAC) 45 Hour, Min. 6 Months
☐ 18-MONTH Multiple Offender DUI Program 76.5 Hour, Min. 18 Months
☐ ASSESSMENT PROGRAM - Call Health and Human Services at (916) 874 - 9754 to make an appointment for assessment.
- ☒ 3-MONTH 1st Offender DUI (< 0.15% BAC) 30 hour, Min. 3 Months
☐ 9-MONTH 1st Offender DUI (0.20% BAC or higher) 60 Hour, Min. 9 Months
☐ DUI and SSAT Programs

2. Call the DUI Program checked below **WITHIN 72 HOURS TO SCHEDULE AN APPOINTMENT** to enroll

| ✓ | Area | Location / Name | Address | City | State | Zip | Telephone | Language(s) Avail. | Programs Offered | | |
|---|------|--------------------|-------------------------------------|-----------------|-------|-------|------------------------------|-----------------------------|------------------|-----------------------|-----------------|
| | | | | | | | | | Wet / Reckless | First Offender | Multi. Offender |
| X | 1 | Breining Institute | 3159 Dwight Road, Suite 100 | Elk Grove | CA | 95758 | 916-422-2408 | English | X | X | |
| | 2 | Breining Institute | 2360 East Bidwell Street, Suite 107 | Folsom | CA | 95630 | 916-987-0662 | English | X | X | |
| | 3 | Breining Institute | 8894 Greenback Lane | Orangevale | CA | 95662 | 916-987-0662 | English | X | X | |
| | 4 | Breining Institute | 2775 Cottage Way, Suite 25 | Sacramento | CA | 95825 | 916-972-8175 | English | X | X | |
| | 1 | Bridges | 4241 Florin Road, Suite 75 | Sacramento | CA | 95823 | 916-450-0700 | English/Spanish | X | X | X |
| | 2 | Bridges | 908 C Street, Suite F-1 | Galt | CA | 95632 | 916-450-0700 | English/Spanish | X | X | X |
| | 1 | Safety Center | 6060 Sunrise Vista Dr., Suite 1625 | Citrus Heights | CA | 95610 | 916-721-3748 | English | X | X
(6&9 month only) | X |
| | 2 | Safety Center | 3909 Bradshaw Road | Sacramento | CA | 95827 | 916-438-3360 | English/Spanish/
Russian | X | X | X |
| | 3 | Safety Center | 4704 Roseville Road, Suite 102 | North Highlands | CA | 95660 | 916-394-2320 | English/Spanish/
Russian | X | X | X |
| | 1 | Terra Nova DDP | 2012 H Street, Suite 101 & 102 | Sacramento | CA | 95811 | 916-444-5680 | English | X | X | X |
| | 2 | Terra Nova DDP | 4700 Northgate Blvd., Suite 122 | Sacramento | CA | 95834 | 916-564-0600 | English | X | X | X |
| | 3 | Terra Nova DDP | 5777 Madison Ave., Suite 590 | Sacramento | CA | 95841 | 916-239-6379
916-999-0108 | English | X | X | |

| | | | | | | | | |
|---|------------------|---------------|------------|----|-------|--------------|-----------------------------|---------------------------|
| 1 | WellSpace Health | 1820 J Street | Sacramento | CA | 95811 | 916-313-8434 | Interpreter Services Avail. | Substance Abuse Treatment |
|---|------------------|---------------|------------|----|-------|--------------|-----------------------------|---------------------------|

☐ Program to run C/C with case number _____ ☐ Return court date: _____ at _____ in Dept. _____

☐ Out of county transfer to _____ County. **You have 21 days** to enroll. To find a DUI Program Directory go to http://www.dhcs.ca.gov/provgovpart/Documents/DUI_Provider_Directory_Full_5-9-2017as.pdf. If you are having trouble finding a provider, call Health and Human Services at

(916) 875-2056. ☐ Return to Court for proof of enrollment on: (date) _____, at _____, in Dept. _____

☐ Stay granted to enroll by / within: _____

Program staff will report failure to honor the contract to the court. The Program may immediately dismiss a participant who appears to be under the influence of alcohol or other drugs. Program will not issue a completion certificate to DMV until all program requirements are completed. Failure to comply with this court order may result in the issuance of a bench warrant for your arrest.

I have received a copy of the Notice to Report and I understand that I must enroll in the program that is checked above and present this notice to program staff.

| | | |
|------------------|----------------|-------|
| Def. Signature:→ | FTA FINES ROOM | Date: |
|------------------|----------------|-------|

| Provider Use Only | | |
|-------------------|-------------|---------------------------------|
| Intake Date | Intake Time | Down Payment Amt. Due at Intake |

General Sessions Case Summary

STATE OF TENNESSEE vs. Speaks

Warrant/Case #: GS57357

| | |
|---|-------------------------------------|
| Case Name: STATE OF TENNESSEE vs. Speaks | Next Court Date: |
| Case Status: CLOSED | Case Filing Date: 08/09/2001 |
| Case Sub Type: DUI | Judge: |
| Complaint #: 2001 - 337109 | Disposition Date: 4/22/2002 |
| Arrest #: 010801283 | Amount Posted: \$.00 |
| Bond Company: Pre-Trial Release | |
| Disposition: Guilty | |
| Amount Set: \$2,000.00 | |
| Bond Conditions: | |
| Court Costs Paid: Y | Court Costs Owed: \$.00 |

Defendant Information:

| | |
|-----------------------------------|--|
| Name: Speaks, Jason Thomas | OCA: 260204 |
| Date Of Birth: | Gender: Male |
| Race: White | Height: 5' 9" Weight: 200 lbs. |
| Address: 3 N W Johnson #1, | Eye Color: Hazel |
| Phone: (615) 479-5446 | City: PORTLAND State: OR Zip: 97210 - |
| POC Name: | POC #: |

Charging Instrument Information:

| TCA | TCA Description | Offense Date Range | Offense Type | Offense Class | Against Officer |
|-----------|-----------------------------|--------------------------|--------------|---------------|--------------------------|
| 55-10-401 | Driving Under the Influence | 08/09/2001 to 08/09/2001 | MISD | | ☐ |

Related Charges:

| Case Number | TCA | TCA Description | Offense Date Range | Offense Type | Offense Class |
|-------------|-----------|-------------------------|--------------------------|--------------|---------------|
| GS57358 | 55-10-406 | Implied Consent - Civil | 08/09/2001 to 08/09/2001 | | |

Disposition:**TCA Convicted:**

| TCA | TCA Description | Offense Date Range | Offense Type | Offense Class | Against Officer |
|-----------|-------------------------------|--------------------------|--------------|---------------|--------------------------|
| 55-10-418 | Driving While Impaired- Adult | 08/09/2001 to 08/09/2001 | MISD | B | ☐ |

Disposition: Guilty**Disposition Date:** 04/22/2002**Disposition By:** Pleading in Court**Concurrent with:****Incarceration:****Location:**

| | | | | | | |
|--|--|---|---------------|---|--------------------------------|--------------------|
| Suspend All But: | SAB%: | Day for Day: ☐ | Years: | Months: | Days: | Percentage: |
| Suspend: ☐ | No Work Default: ☐ | Work Release: ☐ | WR%: | Hour for Hour: ☐ | Report Date: 00/00/0000 | |
| Time Served Credit: | Months | Days | Hours | No Early Release: ☐ | | |

Incarceration Special Conditions:**Court Costs:**

| | | |
|---------------------------|------------------------------|---------------------|
| Court Costs: \$.00 | Court Fines: \$500.00 | Total: \$.00 |
|---------------------------|------------------------------|---------------------|

Fines Special Conditions:**Probation:**

| | | | |
|--------------|---------------|----------------|--------------|
| Type: | Years: | Months: | Days: |
|--------------|---------------|----------------|--------------|

Probation Special Conditions:

| | |
|-----------------------------|---------------------|
| Restitution: \$.00 @ | \$.00 per month to |
|-----------------------------|---------------------|

Events:

| Filing Date | Description |
|-------------|-------------------------------------|
| 11/14/2002 | Account sent to Collection Agency |
| 07/22/2002 | Second Late Notice |
| 06/07/2002 | First Late Notice |
| 04/24/2002 | Installment Fee |
| 04/22/2002 | Cost Assessment - GS - Manual Entry |

General Sessions Case Summary

STATE OF TENNESSEE vs. Speaks

Warrant/Case #: GS57357

Events:

| Filing Date | Description |
|-------------|------------------------------|
| 04/22/2002 | Dispose / Sentence Defendant |
| 04/22/2002 | Bond Released |
| 03/14/2002 | Rescheduled Appearance |
| 03/14/2002 | Subpoena Generated |
| 02/05/2002 | Rescheduled Appearance |
| 02/05/2002 | Subpoena Generated |
| 10/09/2001 | Rescheduled Appearance |
| 09/07/2001 | Rescheduled Appearance |
| 08/09/2001 | Jail Release |
| 08/09/2001 | Bond Posted |
| 08/09/2001 | Mittimus for Appearance |
| 08/09/2001 | Bond Set |

Scheduled Appearances:

| Session Date | Start Time | Judge | Court Room | Docket Type |
|--------------|------------|------------|------------------------------------|-----------------------------------|
| 09/06/2001 | 01:15 PM | Evans, Sue | Court Room III - Ben West Building | Criminal Bond Docket - Settlement |
| 10/08/2001 | 01:00 PM | Evans, Sue | Court Room II - Ben West Building | Criminal Bond Docket - Settlement |
| 02/04/2002 | 01:15 PM | Evans, Sue | Court Room III - Ben West Building | Criminal Bond Docket - Settlement |
| 03/14/2002 | 09:00 AM | Evans, Sue | Court Room II - Ben West Building | Criminal Bond Docket - DUI |
| 04/22/2002 | 01:15 PM | Evans, Sue | Court Room III - Ben West Building | Criminal Bond Docket - Settlement |

Court Attorneys:

| Attorney Name | Party Name | Role | End Date |
|----------------|----------------------|-----------------|------------|
| Funk, Glenn R. | Speaks, Jason Thomas | Private Counsel | 00/00/0000 |

Case Parties:

| Name | Role | Victim | Type |
|-------------------------|---------|--------------------------|------------|
| Burgess, Michael Eugene | WITNESS | ☐ | Prosecutor |

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THS ADDICTION CONSULTATION for Jason Thomas Speaks 11/4/019

To Whom It May Concern:

I, Mark F. Towns M.D FASM, am a physician who is licensed in the state of California (Med License # A100676). I actively practice Addiction Medicine and Internal medicine and I am board certified in both specialties. For over 10 years, I have devoted more than 75% of my working time to my practice of Addiction Medicine and Internal Medicine. I have been the CEO and Program Director for Towns Health Services Inc. (THS), for over 10 years as well. I am an Addiction Fellow in the American Society of Addiction Medicine (FASM).

In my role as administrator for THS, I deal with employee behavioral issues regularly. I am in charge of the THS Credentialing, Peer Review, Quality Review, and Utilization committees. I am also the Medical Review Officer for drug testing at all of the THS facilities and Hayes Chiropractic Services.

I have been asked to evaluate **Jason Thomas Speaks**, and to conduct a full independent addiction consultation and assessment of him to assess him for dependence on drugs or alcohol that might reasonably affect the safe practice of nursing or nurse practitioner.

I hold a valid unrestricted California medical license, which includes scope of practice to conduct a clinical diagnostic evaluation. I have at least 3 years of experience in providing addiction evaluations of health professionals with substance abuse disorders or issues, and, I have been approved by the Board of Registered Nursing to conduct my examinations and evaluations of healthcare professionals which will include **Jason Thomas Speaks**, who is a registered nurse and certified nurse practitioner.

I have received a copy of and have reviewed the **Accusation Against Jason Thomas Speaks Case No 2020-163**, thoroughly.

Jason Thomas Speaks was thoroughly examined by me **11/04/2019**.

The goal of this examination was also to determine if **Mr. Speaks** is able to practice safely as a nurse and or nurse practitioner. His evaluation included a **Substance Abuse Assessment**, which included a complete **Physical Health Examination**, and **Mental Health Examination**.

Jason Thomas Speaks Registered Nurse License Number 824970, Nurse Practitioner Certificate No. 22258

This is a 49-year-old male with a medical history of pulmonary embolism, Factor V Leiden, and GAD, who presented for a comprehensive addiction evaluation. He received his Registered Nursing License on July 20, 2012. On or about August 16, 2012, the California Board of Registered Nursing issued his Nurse Practitioner certificate.

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At the beginning of the interview a **CURES report** was pulled and it was negative.

He did not smell of alcohol and his 12-panel urine drug test was negative. His alcohol breathalyzer test was negative. Confirmatory testing was sent and the results were negative. He received a copy of the definition of a standard drink prior to the interview and the definitions were discussed with him.

We also reviewed **the job description for a nurse and nurse practitioner** with him which included:

Nurse Job Description:

- Identifies patient care requirements by establishing personal rapport with potential and actual patients and other persons in a position to understand care requirements.
- Formulates a nursing diagnosis through observation of the patient's physical condition and behavior, and thorough interpretation of information obtained from the patient and others, including the health team.
- Formulates a care plan, and collaboration with the patient, which ensures that direct and indirect nursing care services provided for the patient safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- Performs skills essential to the kind of nursing action to be taking, explains the health treatment to the patient and family and teaches the client and family how to care for the patient health needs.
- Delegates tasks to subordinates based on the legal scope of practice of the subordinates and on the preparation and capability needed in the task to be delegated, and affectively supervises nursing care being given by subordinates.
- Evaluates the effectiveness of the care plan through observation of the patient's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client in health team members, and modifies the plans as needed.
- Acts as the patient's advocate, as circumstances require, by initiating action to improve healthcare or to change decisions or activities which are against interest or wishes of the client, and by giving the client the opportunity to make informed decisions about healthcare before it is provided.

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- Establishes a compassionate environment by providing emotional, psychological, and spiritual support to patients, friends, and families.
- Promotes the patient's independence by establishing patient care goals; teaching patient, friends, and family to understand condition, medications, and self-care skills; answering questions.
- Assuring quality of care by adhering to therapeutic standards; measuring health outcomes against patient care goals and standards; making or recommending necessary adjustments; following hospital and nursing division's philosophies and standards of care set by state board of nursing, state nurse practice act, and other governing agency regulations.
- Resolving patient problems and needs by utilizing multidisciplinary team strategies.
- Maintaining safe and clean working environment by complying with procedures, rules, and regulations; calling for assistance from health care support personnel.
- Protecting patients and employees by adhering to infection-control policies and protocols, medication administration and storage procedures, and controlled substance regulations.

Nurse Practitioner Job Description:

According to the American Association of Nurse Practitioners (AANP), nurse practitioners provide high-quality primary, acute, and specialty care health services across the lifespan and in diverse settings. Although an NP's job description would differ slightly based on the population they serve and the setting in which they work, all NPs have a number of things in common:

- NPs are licensed, independent practitioners that practice in ambulatory, acute, and long-term care settings as primary and/or specialty care providers.
- NPs may work autonomously or in coordination with other healthcare professionals.
- All NPs possess advanced clinical training and competency to provide care beyond the scope of registered nurses.
- All NPs possess a graduate education, possessing a Master of Science in Nursing (MSN) or higher.
- NPs diagnose, treat, and manage acute and chronic illnesses.

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- NPs focus on health promotion, disease prevention, and health education and counseling.
- NPs order, conduct, supervise, and interpret diagnostic and laboratory tests.
- NPs prescribe pharmacological agents and non-pharmacologic therapies.
- NPs help patients make better lifestyle and health choices.
- NPs also often serve as healthcare researchers, consultants, and patient advocates.

According to a 2012 National Survey of Nurse Practitioners conducted by the Health Resources and Services Administration (HRSA) Bureau of Health Professions National Center for Health Workforce Analysis, nurse practitioners reported that they were “most likely” to perform the following direct patient care services:

- Counsel and educate patients and families: 85.6 percent
- Conduct physical examinations and obtain medical histories: 83.9 percent
- Prescribe drugs for acute and chronic illnesses: 80.4 percent
- Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies: 75.4 percent
- Diagnose, treat, and manage acute illnesses: 68.3 percent
- Diagnose, treat, and manage chronic illnesses: 60.9 percent
- Provide preventive care, including screening and immunizations: 55 percent
- Provide care coordination: 53.3 percent
- Make referrals: 46.1 percent
- Perform procedures: 26.2 percent

Standards of Practice for Nurse Practitioners

The American Association of Nurse Practitioners' (AANP) describes the standards of practice for nurse practitioners as encompassing these processes, priorities and responsibilities:

Process of Care: Nurse Practitioners use the scientific process and national standards of care as a framework for managing patient care. This includes:

- Making an assessment of a patient's health status
- Making a diagnosis
- Developing a treatment plan
- Implementing a plan that is consistent with the appropriate plan of care
- Following up and evaluating the patient's status

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Care Priorities: Nurse practitioners follow an established practice model, which emphasizes:

- Facilitating a patient's entrance into the healthcare system
- Patient and family education
- The facilitation of patient participation in self-care
- The promotion of optimal health
- Continuity of competent care
- Promoting a safe environment

Interdisciplinary and Collaborative Responsibilities: Nurse practitioners participate as a team leader and member of the healthcare/medical team.

Accurate Documentation of Patient Status and Care: Nurse practitioners maintain accurate, legible, and confidential records.

Responsibility as a Patient Advocate: Nurse practitioners act as advocates of health policies that benefit communities and individuals at the local, state, national, and international levels

Quality Assurance and Continued Competence: Nurse practitioners participate in continued learning throughout their career as it pertains to evolving standards, their particular patient population and specialty niche, ethics and pharmacotherapeutics.

Adjunct Roles of Nurse Practitioners: Nurse practitioners serve as mentors, healthcare providers, researchers, managers, and consultants.

Research as Basis for Practice: Nurse practitioners support research that supports evidence based practice specific to their patient population focus, as well as in the areas of pharmacology, disease prevention, epidemiology, medical technology and more.

Work History:

**VA Northern California Health Care System/University of San Francisco
Co-Director and Faculty, Sacramento , California VA Nursing Academy
Partnership (VANAP)
2013 to the present.**

**KAPLAN NCLEX Preparation Professor of Nursing, San Francisco CA
2013-2016**

**Colorado Community College Professor of Nursing, Westminster, Colorado
2006-2012**

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Doyle Occupational Health Director of Services, Nashville Tennessee
1999-2003

United States Peace Corps Volunteer Budapest Hungary
1995-1996

Educational History

1994: **B.A Environmental Science/Pre-Medicine**, at California State University, San Bernardino, CA

2006, **B.S.N, Colorado State University Nursing Program**, Pueblo Colorado

2010 **M.S. Nursing: Family Nurse**, University of Colorado Practitioner, Denver Colorado.

2018; **PhD Nursing. University of California San Francisco**, San Francisco California

He had his had his first drink at the age of 16 years old. He has no PMH of drug use. He has no cravings for alcohol or history of violent or sociopathic behavior.

In high school he drank 1 time per month perhaps 3 beers on occasion. Thereafter, after high school, while in college, he would drink roughly 1 time per week drinking 3-4 beers per sitting.

He received a DUI, at the age of 31years old, on 04/22/2002. He had been out drinking with friends and had driven home after dinking. Then, at the age of 33 years old, he received another DUI September 2003. He had been in an unhealthy relationship and had driven after drinking heavily secondary to that bad relationship.

After this, he would only drink 1-3 beers one time per 1-2 months. This drinking pattern continued until he became 47 years of age in 2017 when he had his son. He stopped drinking altogether because he wanted to be a good role model for him.

Then, on or around November 1 2018, after successfully obtaining his PhD from UCSF, his dean visited his school and Mr. Speaks went out to celebrate his accomplishment and he had 3 beers. He was driving home and he was tired so he pulled over off of the road and was sleeping in his vehicle. The police arrived to check on him and he was found to have a blood alcohol level of 0.9. He was subsequently convicted of a wet and reckless violation. He subsequently completed DUI education and counseling courses. He has quit drinking altogether since that incident.

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He recently received an Accusation from the Board of Registered Nursing.

He has no family history of alcoholism or substance abuse. He has never done any illicit drugs. He denies having any cravings for alcohol. He has had no depressed mood or suicidal or homicidal ideation or psychiatric problems.

His story is consistent with the events outlined in the Accusation **Case No. 2020-163**. He has been charged with violation of **Business and Professions Code (Code) 2761 (a and f) and 2762 (b and c)**. He is also subject to **Code 490 (a, b, c, and d) and 125.3**.

The Accusation also made note of the following important information: **Causes for Discipline:**

-Conviction of a crime

-Dangerous Use of Alcohol

-Conviction regarding the Consumption of Alcohol

-Matters in Aggravation (on April 14, 2014) Code 498 secured license by fraud, deceit, or knowing misrepresentation of a material fact. In addition, violation of Business and Professions code 2761 (e) making or giving false statements or information in connection with the application for the issuance of a certification or license.

Methods:

His **CURES** report was obtained upon arrival.

His **CURES** report was reviewed, and, it was negative. He did not smell of alcohol and his 12- panel urine drug screen and alcohol saliva test were negative. Confirmatory testing was sent and it was negative. He did not appear to be intoxicated or under the influence of drugs.

Scoring for the Simple Screening Instrument for Substance Abuse was administered to the patient and his total score was 1 which confers minimal to no risk for substance use disorder.

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Psychiatric screening including a full mental status exam and Psychiatric Assessment Form with Folstein's Mini-Mental Status exam were performed, and both were unremarkable. Psychiatric Addiction Screening Questions were unremarkable. The State of California health questionnaire was completed and reviewed and he had a full history and physical. They were unremarkable.

Alcoholism risk factors were assessed using the Adverse Childhood Experiences (ACE). His score was 0. T-ACE Screening tool was unremarkable with a score of 0. Being a male confers a 17% lifetime chance of meeting criteria for alcohol dependence. The DSMV Alcohol Use Disorder Criteria Checklist was negative.

Corroboration:

Consent for release of confidential information to contact three persons was obtained:

I called **Mrs. Krista Speaks**, his sister, on **11/10/19**. She answered all of the addiction consultation phone interview questions with no concerns. She reported that Mr. Speaks was a very kind, considerate, and good person. He thinks of others and loves his work. He is compassionate with others. She has no concerns about him.

I then contacted his aunt, **Mrs. Nancy Melander**, on **11/13/19**. She answered all of the extensive addiction consultation phone interview questions with no concerns. She thinks that Mr. Speaks is a great guy. She has spent a lot of time with him at various social gatherings and she has never seen him intoxicated. He does not drink much at all. He is on a big health kick right now.

I called **Mr. Ryan Melander**, Mr. Speak's cousin, on **11/14/19**. He, too answered all of the addiction consultation phone interview questions with no concerns. He is impressed with Mr. Speaks. He feels that Mr. Speaks can stop drinking at will and has had no history of violent or sociopathic behavior. He has made positive life changes by investing in his health.

Review of Reference Letters of Support:

I reviewed the impressive letter from **Mario R. Frias MSN, RN, CNL** written on May 6, 2019. He has worked with Mr. Speaks over the past 3 years. He reports that Mr. Speaks has owned his mistakes and is a diligent, organized, trustworthy, and responsible person. He is not a threat to the public and he has

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not shown any erratic, impulsive behavior, or poor or unsafe judgement. He is an invaluable asset to the nursing community.

I also reviewed the excellent letter of support from **Carol-Dawson-Rose, RN, MS, PhD, and FAAN** from the UCSF School of Nursing, written on 5/10/2019. She has known Mr. Speaks for the past 5 years. She reported that Mr. Speaks has never demonstrated any actions or behaviors consistent with alcohol use or abuse. He has always demonstrated the highest levels of ethical and professional behavior.

Methods:

Examination Methods: Review of the **Accusation Against Jason Thomas Speaks Case No 2020-163, and the Statement to the Respondent** thoroughly. In addition, his **CURES search Summary and 12-panel POC Urine drug testing**, (which was sent for confirmatory testing) were both appropriate. Comprehensive confirmatory testing was also appropriate. His **alcohol breathalyzer test** was negative. For the **interview and historical information**; information was gathered from the patient, **Physical examination and History; Psychiatric Assessment Form; Brief psychiatric rating scale; Folstein's MMSE, THS simple screening instrument for substance abuse self-administered: CRAFT/adverse childhood experience (ACE) risk factors** for alcoholism and/or substance abuse questionnaire were administered. The **State of California Health questionnaire; DSM V alcohol Use Disorder Checklist; and corroborative phone calls** were also used. To assess the current mental health status of **Accusation Against Jason Thomas Speaks Case No 2020-163, and the Statement to the Respondent** thoroughly.

We have conducted: a **psychiatric evaluation** which includes **screening questions, brief psychiatric rating scale, and simple screening instruments** along with a **complete Mental Status Exam, and physical exam**, as well as corroborative efforts.

We have reviewed the job description for a nurse and nurse practitioner
See above.

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Summary and Recommendations:

After my full psychiatric, mental, and physical examination of **Mr. Speaks**, and subsequent thorough review of the information obtained in the examination methods, along with extensive corroborative efforts, substance use disorder, based on **DSM V criteria for Alcohol Use Disorder, Substance Use disorders have been ruled out.** Corroborative efforts verified that he has had no not met the criteria for Alcohol Use Disorder. He In addition, has had no social problems except for DUI in college on 04/22/2002, another DUI related to a bad relationship on September 4 2003. After a period of over 15 years, in November of 2018, after celebrating his accomplishment of getting a PhD, he received a Wet Reckless with a BAL of 0.9. He has no objective evidence of alcohol use disorder after thorough evaluation and corroboration. .

He is at low risk for the development of alcohol use disorder and does not satisfy the DSMV criteria for Alcohol Abuse Disorder.

In addition, based on my complete evaluation, he is mentally stable and he has no history of violent or sociopathic behavior.

Recommendations:

I recommend that he thoroughly review the pamphlet "**Rethinking your drinking**," published by the National Institute of Health. It thoroughly explains the limits on alcohol intake for males and at risk drinking limits. In addition, he is to not drink alcohol and drive under any circumstances. He can get and Uber or have a sober 3rd party drive for him, if he plans to drink at a party, or other celebratory occasion in the future. His prognosis is good and I will not be prescribing any medications for him. He is definitely capable of safely performing the functions of a registered nurse and nurse practitioner in a safe and competent manner and has been doing so.

Mental health examination requirements:

1. A statement confirming that Dr. Towns has reviewed the Board Accusation or Statement of Issues. Also include the examination date(s). I have reviewed the accusation or statement of issues thoroughly with the patient.
2. The patient was examined by me on **11/04/19**

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- .The patient does **not** meet the criteria for a diagnosis of Alcohol Use Disorder per DSM-V criteria. See **DSM V Alcohol Use disorder checklist**.
3. A description of the **methods used in my examination** See above.
 4. The background and current mental health status of the nurse we have concluded from her psychiatric evaluation, screening questions, brief psychiatric rating scale, and simple screening instruments with physical exam, as well as corroborative efforts, **the mental health status of the nurse is normal**.
 5. We recommend no specific changes in the nurse's work environment and defer to the Nursing Board.
 6. The patient's prognosis is good.
 7. My opinion is that **Jason Speaks**, based on my extensive evaluation, can perform the functions of a registered nurse in a safe and competent manner.

Physical health examination requirements:

1. A statement confirming that you have reviewed the Board Decision or Stipulated Settlement and the Accusation me that incident with accusation or Statement of Issues. Also include the examination date(s).
I have reviewed the accusation or statement of issues thoroughly.
2. A description of the length of time you have cared for the probationary nurse and for what reasons.
 I have cared for patient **Jason Speaks** for 3 hours on 1 visit which includes this particular evaluation on **11/04/2019**
3. A description of any symptom(s), condition(s) or disease(s) that may require treatment.: **None**
4. A description of any past or current use and/or abuse of any drugs including alcohol. **See history.**
5. A description of any medication(s) you have provided prescribed or will be prescribing: **None.**
6. Your **diagnosis, prognosis and treatment plan**, including any recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation. Se
7. Your opinion as to the probationary nurse's capability to perform the functions of a registered nurse in a **safe and competent** manner.

After my full psychiatric, mental, and physical examination of Jason Speaks including extensive corroborative efforts, I believe that he is not

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dependent upon drugs or alcohol, or has had problems with drugs or alcohol that might reasonably affect the safe practice of nursing, **he can perform the functions of a registered nurse in a safe and competent matter.**

To the Examiner:

Your statement assuring the Board that you meet the criteria shown above in the "To the Examiner" paragraph.

I, Mark F Towns M.D., have reviewed and have met all of the criteria stated in the "to the examiner. "This includes holding a valid unrestricted California medical license, which includes scope of practice to conduct a clinical diagnostic evaluation. I have least 3 years of experience in providing evaluations of help professionals with substance abuse disorders/issue stated in the Board's decision, stipulated settlement, accusation and/or statement of issues. And I have been preapproved by the Board prior to conducting my examination.

Mark F Towns M.D.:

Date:

12/31/19

EXECUTIVE SECRETARY REPORT – January 15th 2020

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
 - Meetings with Other Health Care Boards
 - Open Beds Meeting – Darla
 - Legislative Committee on Regulations - Brett
- **REPORT TO BOARD**
 - Licensing software update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
 - PMP Integration
 - Narcan Training for Medical Students

Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|--|--|---|----------------------|----------------------|-----------------------------|-----------------------------|---------------------------|------------------------------|
| 453.540 Schedule IV add Eluxadoline | 09/08/16 | 09/20/16 | R150-16 | 09/09/19 | 10/22/19 | 12/05/19 | | |
| 453.550 Schedule V add Brivaracetam | 09/08/16 | 09/20/16 | R149-16 | 09/09/19 | 10/22/19 | 12/05/19 | | |
| 639 PMP Registration/Access | 01/11/18 | 01/12/18 | R013-18 | 04/30/18 | 05/03/18 | 06/07/18 | 06/15/18 | 06/26/18 |
| 639 Show Cause | 01/11/18 | 01/12/18 | R014-18 | 02/27/18 | 03/13/18 | 04/12/18 | 04/17/18 | 05/16/18 |
| 639.742 Vet Dispensing | 01/11/18 | 01/12/18 | R015-18 | 03/09/18 | 03/13/18 | 04/12/18 | 04/17/18 | 05/16/18 |
| 639.220 Schedule of Fees | | | | | | | | |
| 639.NEW Dispensing of CS in conformance with AB 474 | 03/07/18 | 03/13/18 | R047-18 | 04/17/18
05/04/18 | 05/08/18 | 06/07/18 | 06/15/18 | 06/26/18 |
| 453.510 Schedule I – Adding New Substances (Fentanyl) | 03/07/18 | 03/15/18 | R048-18 | | | | | |
| 639.NEW (2) – Further defines CS prescribed for pain (AB474) | 06/07/18 | 06/15/18 | R144-18 | 07/17/18 | 07/27/18 | 09/05/18
12/05/18 | | |
| 639.250 – Technician Ratio (Non-dispensing) | 09/05/18
10/11/18
12/05/18 | 01/30/19 | R002-19 | 07/15/19 | 08/01/19 | 09/05/19 | 10/17/19 | 10/30/19 |
| 453.550 – Schedule V – Adding New Substance (Cannabidiol) | 12/05/18 | 12/26/18 | R198-18 | 12/26/18 | 01/31/19 | 03/07/19 | 03/15/19 | 06/26/19 |
| 453.520 – Schedule II – Dronabinol Oral Solution | 01/17/19 | 01/30/19 | R001-19 | 07/24/19 | 08/01/19 | 09/05/19 | 10/17/19 | 10/30/19 |
| 639.NEW – FQHC Off-Site Dispensing | 01/17/19 | 02/19/19 | R004-19 | 08/02/19 | 08/02/19
10/22/19 | 12/05/19 | 12/17/19 | 12/30/19 |
| 639.250 – Technician Ratio (Dispensing) | 03/07/19
04/11/19
06/06/19
07/18/19
09/05/19 | 09/05/19: Board motioned to not adopt the amendments. | | | | | | |
| 639.NEW – Costs for Inspections | 04/11/19 | 04/15/19 | R005-19 | 07/24/19 | 08/01/19 | 09/05/19 | 10/17/19 | 12/30/19 |
| 639.NEW – Transfer of new prescriptions. | 06/06/19 | 06/11/19 | R008-19 | 09/03/19 | 11/01/19 | 12/05/19 | | |

Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|------------------------|-------------------------|----------------------|-----------------|-----------------------------|-----------------------------|---------------------------|------------------------------|
| 453.NEW PMP Regulations | 07/18/19 | 07/19/19 | R035-19 | 09/25/19 | 10/22/19 | 12/05/19 | | |
| 639.NEW & 453.190 – Payment of Fees | 07/18/19 | 07/19/19 | R033-19 | 08/27/19 | 10/22/19 | 12/05/19 | | |
| 639.220 – Schedule of Fees | 07/18/19 | 07/19/19 | R034-19 | 08/02/19 | 08/03/19 | 09/05/19 | 09/06/19 | 10/30/19 |
| 639.240-242-7425 – Applicant with Criminal Conviction | 09/05/19 | 09/12/19 | R072-19 | 10/07/19 | 10/22/19 | 12/05/19 | | |
| 639.NEW – Managing Pharmacist CE Requirement | 09/05/19 | | | | | | | |
| 639.NEW – NPDB Reporting | 09/05/19 | 09/12/19 | R070-19 | 10/22/19 | 11/01/19 | 12/05/19 | | |
| 453.NEW – Inactive Status | 09/05/19 | 09/12/19 | R071-19 | 10/16/19 | 10/22/19 | 12/05/19 | | |
| 453.510 – Schedule I | 09/05/19 | 09/12/19 | R073-19 | | | | | |
| 639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee) | 10/10/19 | 10/18/19 | R094-19 | | | | | |
| 453.510 – Schedule I - Etizolam | 10/10/19 | 10/18/19 | R093-19 | | | | | |
| 639.NEW - Petition for review of criminal history | 12/05/19
01/16/20 | | | | | | | |
| 639.NEW – Treatment of Partners | 01/16/20 | | | | | | | |
| 639.NEW – Delivery of a Prescription to Practitioner | 01/16/20 | | | | | | | |
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24A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

January 16, 2020

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; AB 319

Section. 1. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

- 1. A petition for review of criminal history pursuant to AB 319:

 - (a) must be in writing on a form prescribed by the Board; and*
 - (b) must not be submitted prior to completion of a criminal background check by the petitioner.**
- 2. Upon receiving a petition for review of criminal history, the Board will place the matter on the agenda for the next regularly scheduled meeting of the Board, but in any event, not later than 90 days after the receipt of the petition unless a continuance is requested by the petitioner.*
- 3. The petitioner must appear before the Board to answer any questions regarding his or her criminal history. If the petitioner fails to appear, the Board will not consider the petition for review of criminal history.*
- 4. After review of the petition for review of criminal history, the Board will issue a non-binding determination whether the criminal history submitted will disqualify the petitioner from obtaining any certificate, license, registration or permit issued by the Board within 30 days.*

Section. 1. NAC 639.220 is hereby amended as follows:

1. The Board hereby adopts the following schedule of fees:

| | |
|---|--------------------------------|
| For the examination of an applicant for registration as a pharmacist..... | Actual cost of the examination |
| For the investigation or registration of an applicant as a registered pharmacist..... | \$200 |
| For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity..... | 200 |
| For the investigation or issuance of an original license to conduct a retail pharmacy..... | 500 |
| For the biennial renewal of a license to conduct a retail pharmacy..... | 500 |

| | |
|---|-----|
| For the investigation or issuance of an original license to conduct an institutional pharmacy..... | 500 |
| For the biennial renewal of a license to conduct an institutional pharmacy. | 500 |
| For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution..... | 500 |
| For the biennial renewal of a license to conduct a pharmacy in a correctional institution..... | 500 |
| For the issuance of an original or duplicate certificate of registration as a registered pharmacist..... | 50 |
| For the biennial renewal of registration as a registered pharmacist..... | 200 |
| For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse)..... | 100 |
| For the initial registration of a pharmaceutical technician or pharmaceutical technician in training..... | 50 |
| For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training..... | 50 |
| For the investigation or registration of an intern pharmacist..... | 40 |
| For the biennial renewal of registration as an intern pharmacist..... | 40 |
| For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances..... | 80 |
| For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances..... | 80 |
| For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances..... | 200 |
| For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances..... | 200 |
| For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler..... | 500 |
| For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler..... | 500 |
| For the investigation or issuance of an original license to a manufacturer or wholesaler..... | 500 |
| For the biennial renewal of a license for a manufacturer or wholesaler..... | 500 |
| For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon..... | 50 |

| | |
|---|-----------|
| For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both..... | 300 |
| For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both..... | 300 |
| For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both..... | 150 |
| For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both..... | 150 |
| <i>For a petition for review of criminal history pursuant to AB 319 . . .</i> | 50 |
| 2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170 , is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency. | |
| 3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist. | |
| 4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870 . | |
| 5. A health center: | |
| (a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and | |
| (b) Which is not a medical facility as defined in NRS 449.0151 , | |
| Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1. | |
| 6. A practitioner employed by or serving as an independent contractor of a health center: | |
| (a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and | |
| (b) Which is not a medical facility as defined in NRS 449.0151 , | |
| Ê is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs. | |
| 7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both. | |
| 8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require the applicant to pay the actual costs of inspection incurred by the Board. | |

24B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

January 16, 2020

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

Section 1. NAC 639.

A prescription ordered in accordance with the Center for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines Expedited Partner Therapy (EPT) or Patient Delivered Partner Therapy (PDPT) is a valid prescription in the State of Nevada.



Technical Bulletin

Division of Public and Behavioral Health



October, 2019

Topic: Expedited Partner Therapy
Contact: Elizabeth Kessler, STD & Adult Viral Hepatitis Program Manager
 Jennifer Somdahl, Syphilis Coordinator
 Office of Public Health Investigations and Epidemiology
To: Health Care Providers Treating Chlamydia or Gonorrhea

Current Situation

Nationally since 2014, the number of reported chlamydia and gonorrhea cases has continued to rise. In 2018, Nevada ranked 14th in the United States for its chlamydia rate with a rate of 584.0 per 100,000 population, higher than the national average of 539.9 per 100,000 population¹. Gonorrhea rates in 2018 ranked 12th in the nation with 216.0 cases per 100,000 higher than the national average of 179.1 cases per 100,000 population.¹ From 2017 to 2018 chlamydia rates increased by 7.7% and gonorrhea rates increased by 15.5%.²

Background

According to the 2015 Centers for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines, Expedited Partner Therapy (EPT) or patient delivered partner therapy (PDPT), is the clinical practice of treating the sex partners of persons who receive a chlamydia or gonorrhea diagnosis through prescribed medications to the patient.³ Under Nevada Administrative Code ([NAC 441A.200\(2\)\(f\)](#)), EPT is permissible in Nevada.³ These laws include the use of the most current CDC Sexually Transmitted Treatment Guidelines, which include the use of EPT for patients with chlamydia and gonorrhea.

- **Recommendations** Nevada Division of Public and Behavioral Health (DPBH) considers the EPT standard of care based on the recommendations from the 2015 CDC STD Treatment guidelines.⁴ Clinicians who treat patients for chlamydia or gonorrhea are strongly advised to review and comply with current CDC recommendations and be aware of the alarming increase in STD trends in Nevada.
- Symptomatic partners receiving EPT should be encouraged to seek medical attention through educational counseling of index cases with written materials.
- Health care providers and staff should work with their agency's pharmacy and therapeutics to ensure EPT medications are available.
- Providers who know of, or provide services to, a case or suspected case of gonorrhea or chlamydia are required by law (NAC 441A.230) to report the case or suspected case to their local health authority. Reporting forms can be found at:

http://dpbh.nv.gov/Programs/OPHIE/Public_Health_Informatics_and_Epidemiology_-_Home/

Summary Guidance for the Use of EPT⁴

Eligible Patients: Persons with a clinical diagnosis of Chlamydia trachomatis or Neisseria gonorrhea, preferably confirmed with a laboratory test, particularly when other management strategies are unavailable and impractical, or unlikely to be successful.

Eligible Partners: Patients with sex partners treated for chlamydia and/or gonorrhea who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care.

- **Not recommended:** gonorrhea and chlamydial infection in men who have sex with men, women with trichomoniasis, patients with infectious syphilis, and pregnant women.

First-choice Partner Management Strategy: Attempt to refer partners for complete clinical evaluation, STD/HIV testing, counseling, and treatment.

Recommended Drug Regimens for Sex Partners Receiving EPT: *

- ***Patients diagnosed with chlamydia, but not gonorrhea: *****
 - Azithromycin 1 gram orally in a single dose OR

- Doxycycline 100 mg orally BID for 7 days
- **Patients diagnosed with gonorrhea but not chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose
- **Patients diagnosed with both gonorrhea and chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose

Informational Materials: Health care professionals must provide patients participating in EPT with counseling and written materials to include:

- A warning about administering EPT to pregnant partners;
- Information about the antibiotic and dosage prescribed or provided;
- Information about the treatment and prevention of STDs;
- The requirement of abstinence until a period of time after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others, and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partner(s) of the STD risk and importance of examination and treatment; and
- Other information deemed necessary by the Local Health Department.

Patient Re-testing: Patients treated for chlamydia and/or gonorrhea should be re-tested *three (3) months* after the treatment to identify possible re-infection.

Liability: Health care providers or pharmacists who dispense EPT in accordance with [NAC 441A.200\(2\)\(f\)](#) shall **not** be subject to liability or be deemed to have engaged in unprofessional conduct.

** Use of trade names is for identification only and does not imply endorsement.*

*** ceftriaxone 250 mg IM in a single dose or IF NOT AN OPTION cefixime 400 mg orally in a single dose OR single-dose injectable cephalosporin regimens PLUS azithromycin 1 gram orally in a single dose OR doxycycline 100 mg orally twice a day for 7 days.*

References:

1. CDC STD Surveillance Report. Available online at: <https://www.cdc.gov/std/default.htm>
2. DPBH 2018 Fast Facts. Available online at: [http://dpbh.nv.gov/Programs/STD/dta/Publications/Sexually Transmitted Disease \(STD\) Prevention and Control Program- Publications/](http://dpbh.nv.gov/Programs/STD/dta/Publications/Sexually%20Transmitted%20Disease%20(STD)%20Prevention%20and%20Control%20Program-Publications/)
3. Nevada Administrative Code 441A. Available online at <https://www.leg.state.nv.us/NAC/NAC-441A.html>
4. STD Treatment Guidelines, 2015. Available online at <http://www.cdc.gov/std/treatment/>.
5. Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. 2006. Available online: www.cdc.gov/std/EPT

For More Information:

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Chief Medical Officer

Lisa Sherych,
Administrator

24C

Documentation for this agenda will be provided at a later date.

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