

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

January 13, 2021

Zoom

<https://zoom.us/j/5886256671>

Meeting ID: 5886256671

Please do not remove the book from the meeting room.



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 6, 2021

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 13, 2021 at 9:00 am.

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:
<https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
 Meeting ID: 588 625 6671

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.

The Nevada State Board of Pharmacy 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.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to three minutes per person. You may call into the videoconference by following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

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 the December 2, 2020 Meeting Minutes (**FOR POSSIBLE ACTION**)
4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)
 - A. C3 Pharmacy – St. George, UT
 - B. Cary Rx Incorporated – Washington DC
 - C. CoAssist Pharmacy, LLC – Orlando, FL
 - D. Continued Care LTC Pharmacy Idaho LLC – Boise, ID
 - E. Eagle Pharmacy – Lakeland, FL
 - F. Health Haven Pharmacy – Nashua, NH
 - G. MedWiseRx – Phoenix, AZ
- 4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)
 - H. Children's Hospital Los Angeles Specialty Pharmacy – Los Angeles, CA
 - I. Nationwide Compounding Rx, LLC – Scottsdale, AZ
- 4.3 Applications for Out-of-State Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)
 - J. Embody, Inc. – Norfolk, VA
 - K. First Nation Group, LLC – Detroit, MI
 - L. First Nation Group, LLC – Ft. Myers, FL.
 - M. Mohawk DME – Akwesasne, NY

4.4 Applications for Out-of-State Wholesaler License – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.4.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.4.2 Manufacturer (NAC 639.593(7)(d))

- N. Aurinia Pharma U.S., Inc. – Rockville, MD
- O. Metuchen Pharmaceuticals, LLC – Manalapan Township, NJ
- P. Myovant Sciences, Inc. – Brisbane, CA
- Q. Solco Healthcare U.S. LLC – Somerset, NJ
- R. Urovant Sciences, Inc. – Irvine, CA
- S. Xiros, Inc. – Mansfield, MA

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

T. McKesson Medical-Surgical Inc.

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

4.4.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

U. Precision Dose, Inc. – South Beloit, IL

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

- V. Harmony Biosciences, LLC – Plymouth Meeting, PA
- W. Portola Pharmaceuticals, LLC – South San Francisco, CA
- X. Zyla Life Sciences US Inc. – Wayne, PA

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

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

- Y. Astor Pharmaceuticals LLC – Holtsville, NY
- Z. Oakrum Pharma, LLC – St. Louis, MO
- AA. Premier Pharmaceuticals LLC – Boise, ID
- BB. Redwood Distribution – El Paso, TX
- CC. Sobi, Inc. – Waltham, MA
- DD. US VET, INC. – Liverpool, NY

◆ REGULAR AGENDA ◆

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**
 - A. Kiarash L. Mirkia, MD (19-090-CS-S)
 - B. John Phoenix, APRN (19-143-CS-S)
 - C. Erika Smith, DDS (19-123-CS-S)
 - D. Derek Braddix, APRN (17-125-CS-A-N)
 - E. Jesse Mai, FNP-C (19-054-CS-S)
 - F. Dhaval Shah, MD (20-222-CS-S)
 - G. Richard Washinsky, MD (19-232-CS-S)
6. Application for Ambulatory Surgery Center License. – Appearance. **(FOR POSSIBLE ACTION)**
 - A. Affordable Excellence Surgery Center – Las Vegas, NV
 - B. First Specialty Surgery Center – Las Vegas, NV
 - C. Ultimate Specialty Surgery Center – Las Vegas, NV
7. Application for Nevada Pharmacy License – Appearance **(FOR POSSIBLE ACTION)**
 Plus One Pharmacy, LLC – Las Vegas, NV
8. Applications for Nevada Compounding Pharmacy License – Appearance **(FOR POSSIBLE ACTION)**
 - A. Monicos Pharmacy LLC – Las Vegas, NV
 - B. Pahrump Care Pharmacy – Las Vegas, NV
9. Applications for Out-of-State Compounding Pharmacy License – Appearance **(FOR POSSIBLE ACTION)**
 - A. Archway Apothecary – Covington, LA
 - B. Pope Shenouda LLC – Holiday, FL
10. Application for Nevada Medical, Devices, Equipment and Gases License – Appearance **(FOR POSSIBLE ACTION)**
 - A. ActivStyle, Inc. – Reno, NV
 - B. First Care Medical Supply LLC – Las Vegas, NV
 - C. Nevada Limb & Brace, LLC – Henderson, NV
 - D. VieMed – Reno, NV
11. Application for Out-of-State Outsourcing Facility – Appearance **(FOR POSSIBLE ACTION)**
 Sincerus Florida, LLC – Pompano Beach, FL

12. Discussion and Possible Action to Request an Attorney General's Opinion pursuant to NRS 228.150 on whether Nevada law authorizes the Board to license and regulate wholesalers of veterinary biological products and/or animal vaccine products in Nevada; and if so, whether such authority is preempted by federal law. **(FOR POSSIBLE ACTION)**
13. Discussion and possible action on approval of Asher College as a program of training for pharmaceutical technicians pursuant to NAC 639.256 **(FOR POSSIBLE ACTION)**
14. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).
15. Executive Secretary Report:
 - A. Financial Report
 - B. Issuance of Temporary Licenses and Registrations
 - C. Change of Address Business List
 - D. Meetings with Other Health Care Regulatory Boards
 - E. COVID-19 Response
 - F. Licensing Software Update
 - G. Licensing Activities Report
 - H. PMP Integration

◆ PUBLIC HEARING ◆

Wednesday January 13, 2021 – 1:00 pm

16. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment revises provisions relating to the operation of pharmacies in recovery centers and surgical centers for ambulatory patients. (LCB File No. R085-20)

◆ WORKSHOP ◆

Wednesday January 13, 2021 – 1:00 pm

17. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**
 - A. **Amendment of Nevada Administrative Code (NAC) 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees.** The proposed amendment to NAC 639.220 will provide medical interns and residents reduced fees to prescribe or possess controlled substances and to biennially renew such authorization.

- B. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** The proposed amendments will modify the supervision of dispensing technician by dispensing practitioners. These amendments will authorize dispensing practitioners in group practices to share inventory of certain medications and centralize activities. The proposed amendments will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered dispensing technician.
- C. **Amendment of Nevada Administrative Code (NAC) 639** The proposed amendments will add a new section providing that drugs compounded by a pharmacy, dispensing practitioner, or outsourcing facility cannot be dispensed, resold, supplied, or furnished by any entity other than the licensed entity that compounded the drug. Outsourcing facilities must have procedures to prohibit the dispensing of their compounded products by other entities. Drugs compounded by an outsourcing facility may be administered pursuant to an order of a practitioner.

18. Date and Location of Next Scheduled Board Meeting:

March 3-4, 2021 – Reno, NV

19. 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)
20. 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 Kristopher Mangosing 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 shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

No Continuing Education credit, will be given for attending this Board meeting.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to Governor's Declaration of Emergency Directive 006.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 • Web Page: bop.nv.gov

MINUTES

December 2, 2020

BOARD MEETING

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:
<https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
 Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Courtney Lee
Brett Kandt	Joe Dodge	Dena McClish	Kristopher Mangosing
Shannon Reichman			

President Park 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.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present and a quorum was established.

2. Public Comment December 2, 2020 9:10 AM

There was no Public Comment.

3. Approval of November 10, 2020 Minutes

Board Action:

Motion: Krystal Freitas moved to approve the November 10, 2020 minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

- A. Alto Pharmacy – Plano, TX
- B. Be Well Pharmacy – Fort Worth, TX
- C. Capsule Pharmacy – New Providence, NJ
- D. Elevate Rx – The Woodlands, TX
- E. Good Day Pharmacy – Middleburg, FL
- F. Good Shepherd Health – Memphis, TN
- G. MedWiseRx – Gainesville, FL
- H. OnePoint Patient Care – Morton Grove, IL
- I. Orphan Pharmacy Services, LLC – Syosset, NY
- J. Pet's Choice Pharmacy, LLC – Belleville, KS
- K. RVL Pharmacy LLC – Sayreville, NJ
- L. Seven Cells – Stuart, FL
- M. Sterling Pharmacy – Richmond, TX
- N. Watson Rx Solutions, Inc. – Florence, AL
- O. White Rock Pharmacy – Dallas, TX

4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

- P. Archway Apothecary – Covington, LA
- Q. Cedarmak Pharmacy – West Hollywood, CA
- R. Lucile Packard Children's Hospital Outpatient Pharmacy – Palo Alto, CA
- S. Mountain View Pharmacy – Bountiful, UT

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

- T. Bridgeway Health Advisors, LLC – West Jordan, UT
- U. Hu-Friedy Mfg. Co., LLC – Des Plaines, IL
- V. Joint Active Systems, Inc. – Effingham, IL

- W. Teleflex LLC – Olive Branch, MS
- X. UPS Supply Chain Solutions, Inc. – Harrisburg, PA

4.4 Applications for Nevada Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)

None

4.5 Applications for Out-of-State Wholesaler License – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.5.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

None

4.5.2 Manufacturer (NAC 639.593(7)(d))

- Y. Abraxis BioScience, LLC – Summit, NJ
- Z. Alembic Pharmaceuticals, Inc. – Bridgewater, NJ
- AA. Carlsbad Technology, Inc. – Carlsbad, CA
- BB. Innate Pharma, Inc. – Rockville, MD
- CC. Meridian Bioscience Corporation – Cincinnati, OH
- DD. Mylan Specialty L.P. – Morgantown, WV
- EE. Oncopeptides, Inc. – Waltham, MA
- FF. Rhodes Pharmaceuticals L.P. – Coventry, RI
- GG. Validus Pharmaceuticals LLC – Parsippany, NJ

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

- HH. McKesson Medical-Surgical Inc.
- II. McKesson Specialty Distribution, LLC
- JJ. McKesson Specialty Distribution, LLC
- KK. Medical Specialties Distributors, LLC – City of Industry, CA
- LL. Medical Specialties Distributors, LLC – Garland, TX
- MM. Medical Specialties Distributors, LLC – Jacksonville, FL
- NN. Medical Specialties Distributors, LLC – Stoughton, MA
- OO. MSD – Moon Township, PA
- PP. O&M Halyard, Inc. – Mechanicsburg, PA

4.5.4 VAWD-Accredited (NAC 639.593(7)(c))

None

4.5.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

None

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

QQ. Sharp Clinical Services, Inc. – Bethlehem, PA

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

4.5.7 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**
None

4.6 Application for Ambulatory Surgery Center License- Non-appearance **(FOR POSSIBLE ACTION)**

RR. Physicians' Surgery Center of Nevada – Carson City, NV

Wayne Mitchell stated that there were no services provided marked on the application for Consent Agenda Item 4E.

Rolf Zakariassen stated that the services provided that were listed on Consent Agenda Item 4P were not clear.

President Park asked that Board Staff follow up on the Order of Correction in California before approving the application for Consent Agenda Item 4R.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with exception to Items 4E, 4P, and 4R, and they be pulled for further clarification by Board Staff.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Wayne Mitchell moved to approve Consent Agenda Item 4E pending clarification by Board Staff on services provided by the entity.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: President Park moved to approve Consent Agenda Item 4R pending positive review by Board Staff that corrective action for California has been addressed.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Rolf Zakariassen moved to have Consent Agenda Item 4P's application be sent back for clarification

Second: Gener Tejero

Action: Passed unanimously.

5. Applications for Pharmaceutical Technician Registration– Appearance.

Mitchell Fairless

Mitchell Fairless appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Fairless voluntarily and knowingly waived his right to notice under NRS 241.033 and 241.034.

Dave Wuest, Executive Secretary, provided background.

Mr. Fairless disclosed that in 2014 he was charged with driving under the influence of marijuana.

Mr. Fairless described his rehabilitation and stated that this matter has been expunged.

Brett Kandt, General Counsel, stated that applicants for any certificate, license or registration from the Board must disclose any conviction as defined in NRS 639.006, regardless of whether the conviction has been expunged or sealed, and the laws of any other jurisdiction are not relevant on this point.

Mr. Fairless answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the Pharmaceutical Technician Registration application for Mitchell Fairless pending a positive PRN-PRN evaluation.

Second: Wayne Mitchell

Action: Passed unanimously.

6. Application for Ambulatory Surgery Center

Desert Wind Hospital, LLC – Las Vegas, NV

Abraham Shaulson, owner, Vincent Pigula, managing pharmacist, Andrew Brick-Turin, Chief Financial Officer, and Brian Bulfer, Advanced Pharmaceuticals Consulting, appeared and were sworn by President Park prior to answering questions or offering testimony.

Maria Nutile was present as legal counsel for Desert Wind Hospital, LLC.

Ms. Nutile waived the twenty-one day notice for Desert Wind Hospital, LLC.

Mr. Wuest provided background and stated that Desert Wind Hospital, LLC is appearing for ownership change.

Ms. Nutile described the services to be provided and the staff that will be opening and running the hospital.

Mr. Wuest questioned Mr. Pigula about his work history and experience in a mental health pharmacy setting.

Mr. Pigula answered questions to the Board's satisfaction.

Mr. Shaulson answered questions regarding his previous businesses and testified that he has never been charged, convicted of a felony or gross misdemeanor in any state. Mr. Shaulson stated that he has no completed or pending administrative actions.

Mr. Bulfer provided his work history and experience and described the hospital's opening procedure. Mr. Bulfer answered questions to the Board's satisfaction.

Mr. Brick-Turin provided an explanation of his responsibilities with Desert Wind Hospital, LLC and answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve the application for Desert Wind Hospital, LLC, pending receipt of the Florida inspection.

Wayne Mitchell offered a friendly amendment to include quarterly inspections by the Nevada Board of Pharmacy at the company's expense.

Mr. Tomasso accepted the friendly amendment and restated the motion.

Motion: Richard Tomasso moved to approve the application for Desert Wind Hospital, LLC pending receipt of the company's recent Florida inspection. Desert Wind Hospital, LLC shall be subject to quarterly inspections by the Nevada Board of Pharmacy at the expense of the company.

Second: Wayne Mitchell

Action: Passed unanimously.

7. Application for Nevada Medical Device, Equipment & Gases License

VieMed – Reno, NV

Yenh Long, Deputy Executive Secretary, provided background on VieMed.

Brett Stoute, MDEG Administer, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Stoute reported to the Board what equipment and services will be provided.

Ms. Long questioned Mr. Stoute about his work history and experience, as well as policies and procedures of the business. Mr. Stoute answered questions about VieMed's employees and their positions with the company.

After discussion, Mr. Stoute stated that he would not be relocating to Nevada.

President Park offered Mr. Stoute the opportunity to table VieMed's application in order to hire a qualified MDEG Administrator who would be present at the facility during business hours.

The Board tabled VieMed's application at Mr. Stoute's request.

8. General Counsel Report.

There was no report.

9. Executive Secretary Report:

A. Financial Report

Mr. Wuest stated that the financial report will be available at a future Board Meeting, and that the financial audit has been completed and will also be available at a future Board Meeting.

B. Issuance of Temporary Licenses and Registrations

C. Change of Address Business List

Mr. Wuest stated that there is an updated list of change of addresses on current licensees which can be found in the Board Book

D. Meetings with Other Health Care Regulatory Boards

E. COVID-19 Response

Mr. Wuest recognized Luis Curras, Leo Basch, Rolf Zakariassen, Kirk Wentworth, President Park and Roseman University Interns for their assistance with Nevada's COVID-19 vaccine response.

- F. Licensing Software Update
- G. Licensing Activities Report
- H. PMP Integration

10. Date and Location of Next Scheduled Board Meeting:

January 13-14, 2021 – Las Vegas, NV

11. Public Comment December 2, 2020 11AM

There was no public comment.

12. Adjournment

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4A

10-27-2020

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 03753**)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,8 ☐ Partnership - Pages 1,2,6,8
☒ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SP Care LLC dba C3 Pharmacy

Physical Address: 291 East 1400 South, Suite 4, St. George, UT 84790

Mailing Address: 291 East 1400 South, Suite 4

City: St. George State: Utah Zip Code: 84790

Telephone: 435-703-2273 Fax: 435-703-2274

✓ Toll Free Number: 1-833-493-2273 (Required per NAC 639.708)

E-mail: info@c3pharmacy.com Website: www.c3pharmacy.com

Managing Pharmacist: David Sorensen License Number: 17426

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.

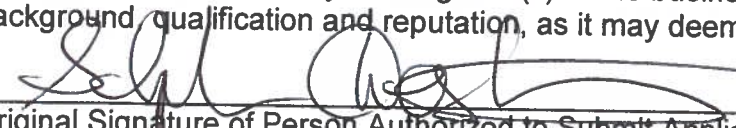
Within the last five (5) years:

- 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

Schnyder Destine

Print Name of Authorized Person

10/16/2020

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: Utah (SP Care LLC dba C3 Pharmacy)Parent Company if any: Famille Destine LLC (Incorporated in state of Georgia)Mailing Address: 291 East 1400 South, Suite 4City: St. George State: Utah Zip: 84790Telephone: 470-553-3588 Fax: 435-703-2274Contact Person: Schnyder Destine

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... no shares distributed as this an LLC. Membership agreement will be given to...
Name Addressb) ... Famille Destine LLC, the intended sole member of the SP Care LLC dba C3 Pharmacy...
Name Addressc) ... entity.
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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 6:00 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours N/AA 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

In the hopes of clarifying corporate structure.

Schnyder Destine is the sole member of Destine Diversified LLC, a Georgia Limited Liability Company. Destine Diversified LLC is the sole member of Famille Destine LLC, a Georgia Limited Liability Company. Famille Destine LLC is becoming the sole member of SP Care LLC dba C3 Pharmacy, a Utah Limited Liability Company. C3 Pharmacy operates out of St. George and delivers medications to patients in Nevada. Famille Destine LLC will operate C3 Pharmacy under a Power of Attorney and the current out of state licer until the change of ownership is complete.

Schnyder Destine is the Business Manager for C3 Pharmacy.

David Sorensen is the Managing Pharmacist and the Pharmacist in Charge at C3 Pharmacy.

Certificates included for the following: Destine Diversified LLC, Famille Destine LLC, and SP Care LLC (dba C3 Pharmacy).

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
Weber) ss.
COUNTY)

I, Schnyder Destine, 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 Business Manager for SP Care LLC dba C3 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, Schnyder Destine do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Schnyder Destine

SUBSCRIBED AND SWORN TO
before me, a notary public this
19 day of Oct, 2020.

Annette Petersen
NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

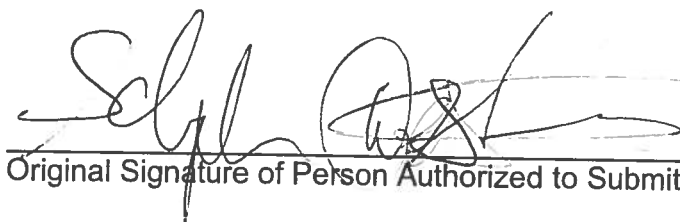
I, Schnyder Destine

Responsible Person of SP Care LLC d/b/a C3 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

Schnyder Destine
Print Name of Authorized Person

10/16/2020
Date



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

10/19/2020
9153799-016010192020-140501

CERTIFICATE OF EXISTENCE

Registration Number: 9153799-0160
Business Name: SP CARE LLC
Registered Date: September 05, 2014
Entity Type: LLC - Domestic
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code

Control Number : 17133651

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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Famille Destine, 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 : 19664051
Date Inc/Auth/Filed: 11/30/2017
Jurisdiction : Georgia
Print Date : 10/19/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 10001960

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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Destine Diversified, 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 : 19664045
Date Inc/Auth/Filed: 01/08/2010
Jurisdiction : Georgia
Print Date : 10/19/2020
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

C3 PHARMACY
291 E 1400 S #4
St George UT 84790

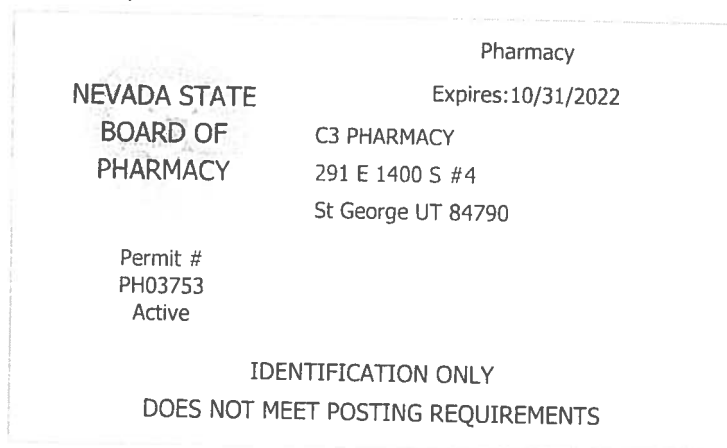
Date: 10/19/2020

Amount: \$ 525.00

Permit #: PH03753

(ID Card)

Trim ID Card to fit your wallet



NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Permit Type: Pharmacy
Permit #: PH03753

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

C3 PHARMACY
291 E 1400 S #4
St George UT 84790

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

SP Care, LLC. dba C3 Pharmacy

EFFECTIVE
03/15/2019

EXPIRATION
09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11191294-1704 Pharmacy - Class B
11191294-8913 Dispensing Controlled Substance
License
Closed Door


SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

SP CARE, LLC. DBA C3 PHARMACY
291 E 1400 S STE 4
SAINT GEORGE UT 84790

Please visit our web site at
www.dopl.utah.gov should you have any
questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: 03/15/2019

EXPIRATION DATE: 09/30/2021

ISSUED TO: SP Care, LLC. dba C3 Pharmacy
291 E 1400 S Ste 4
Saint George UT 84790



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11191294-1704 Pharmacy - Class B
11191294-8913 Dispensing Controlled Substance
License

Closed Door


SIGNATURE OF HOLDER

4B



RECEIVED
10-27-2020

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 1,2,3,8 ☐ Partnership – Pages 1,2,6,8
☒ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cary Rx Incorporated

Physical Address: 1300 7th St NW, Suite 200 Washington DC 20001

Mailing Address: 1300 7th St NW, Suite 200

City: Washington State: DC Zip Code: 20001

Telephone: 877-442-2292 Fax: 202-930-4243

✓ Toll Free Number: 877-442-2292 (Required per NAC 639.708)

E-mail: cgianatiempo@licenselogix.com Website: caryrx.com

Managing Pharmacist: Areo Nazari License Number: PH100001042

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 1300 7th St NW, Suite 200City: Washington State: DC Zip: 20001Telephone: 877-442-2292 Fax: 202-930-4243Contact Person: Areo Nazari, CEO

For any corporation non publicly traded, disclose the following:

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

a) Areo Nazari, CEO 4th St NW, Unit Washington, DC 20001
Name Addressb) Negahban, Principal Farragut St NW Washington DC 20001
Name Addressc) Kevin Lance, Principal 10th St. NW, , Washington DC 20001
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 90000003) What was the price paid per share? Par Value for shares 0.000014) 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: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>6</u> pm	Saturday	<u>10</u> am	<u>2</u> pm
Sunday	<u>CLOSED</u> am	_____ pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: 877-442-2292

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

Areo Nazari, CEO

Address: 4th St. NW, U , Washington, DC 20001
P

com

DOE

SS

48% ownership

Nima Negahban, Principal

Address: Farragut St NW Washington DC 20001

P:

DO

SSI

44% ownership

Kevin Lance, Principal

Address 10th St. NW, , Washington DC 20001

P:

DOB

SSN

.com

8% ownership

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington, DC)
) ss.
— COUNTY)

I, Areo Nazari, 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 CEO for Cary Rx 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.

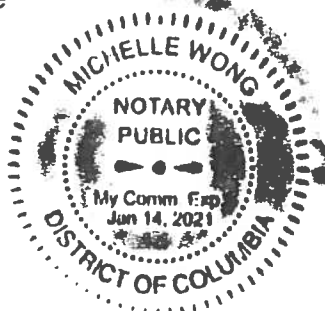
FURTHER AFFIANT SAYETH NOT.

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

Areo Nazari
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
2nd day of September, 2020.

NOTARY PUBLIC My Commission Expires
 January 14, 2021



APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

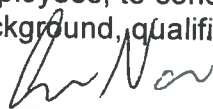
Within the last five (5) years:

- 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

Areo Nazari

Print Name of Authorized Person

Date

9/2/20

Page 2

Board Use Only

Date Processed: _____

Amount:

500.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARY RX INCORPORATED" 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 MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARY RX INCORPORATED" WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

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



5876006 8300

SR# 20203573781

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: 202893892

Date: 05-07-20

**Department of Health**[311 Online](#) [Agency Directory](#) [Online Services](#) [Accessibility](#)[DOH Home](#) | [Services](#) | [Health Professionals](#) | [Infants, Children and Teens](#) | [HIV/AIDS](#) | [Resources](#) | [Vital Records](#) | [About DOH](#)**Licensee Details****Data current as of: September 4, 2020**

Name\Phone

Business Address

CARY RX INCORPORATED**Number:**

RX0000111

Profession:

PHARMACEUTICAL FACILITY

Type:

Resident Pharmacy

Obtained By Method:

Application

From State/Prov:**Issue Date:**

12/9/2016

Expiration Date:

5/31/2021

Status:

Active

Temp. Issue Date:**Temp. Expire Date:****Specialty Information (as reported by Licensee)**

None

Discipline Information from 1996 to Present - Please click item(s) below to view public orders.

NONE

[Accessibility](#) [Privacy and Security](#) [Terms and Conditions](#) [About DC.Gov](#)

GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

License No: RX0000111
Issue Date: 06/01/2019
Expiration Date: 05/31/2021

DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
PHARMACEUTICAL CONTROL DIVISION

899 NORTH CAPITOL STREET, NE, 2ND FLOOR
WASHINGTON, DC 20002

Be it known that

CARY RX INCORPORATED

1300 7TH STREET NW
STE 200
WASHINGTON DC 20001

*has met all requirements prescribed by law and regulations and is hereby
licensed as a(n)*

Resident Pharmacy

LaQuandra S. Smith *ms*
LaQuandra Smith, MD, MPH
Director, Department of Health

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location, or business activity.

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 1,2,3,8 ☐ Partnership - Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CoAssist Pharmacy, LLC

Physical Address: 2400 Sand Lake Road, Suite 200, Orlando, Florida 32809

Mailing Address: 2400 Sand Lake Road, Suite 200

City: Orlando State: Florida Zip Code: 32809

Telephone: (321) 430-1600 Fax: N/A

☒ Toll Free Number: (855) 382-2533 (Required per NAC 639.708)

E-mail: Richard.McCormick@assistrx.com Website: N/A

Managing Pharmacist: Richard McCormick License Number: PS38421 (FL)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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:

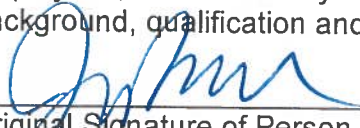
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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

Jeffrey P. Spafford, President, Treasurer

Print Name of Authorized Person

07-31-2020
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* Limited Liability Company
CoAssist Pharmacy, LLCState of Incorporation: DelawareParent Company if any: AssistRx Holdings, Inc.Mailing Address: 4700 Millenia Blvd., Suite 500City: Orlando State: Florida Zip: 32839Telephone: (407) 367-4476 Fax: N/AContact Person: Jeffrey P. Spafford, President

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
AssistRx Holdings, Inc., 4700 Millenia Blvd., Suite 500, Orlando, FL 32839 (sole member with
 a) 100% ownership)

Name

Address

b)

Name

Address

c)

Name

Address

d)

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 6 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours Toll-free number

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

Officer for CoAssist Pharmacy, LLC

Name/Title: Jeffrey P. Spafford / President, Treasurer

Name/Title: Edward H. Harvey / Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeffrey P. Spafford

Responsible Person of CoAssist 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

Jeffrey P. Spafford, President

Print Name of Authorized Person

Date

7/30/20

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Orange COUNTY)

I, Richard McCormick, 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 CoAssist 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.

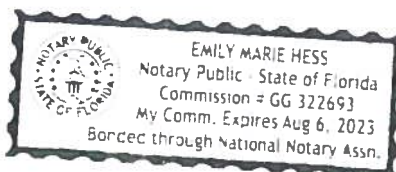
FURTHER AFFIANT SAYETH NOT.

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

Richard McCormick
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
24th day of August, 2020.

Emily Marie Hess
 NOTARY PUBLIC



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
05/14/2020	PH 32735	116720

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2021**

COASSIST PHARMACY, LLC

2400 SAND LAKES ROAD

SUITE 200

ORLANDO, FL - 32809

QUALIFICATION(S):

Community Pharmacy
Schedule II & III

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

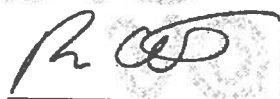
DATE	LICENSE NO.	CONTROL NO.
05/14/2020	PH 32735	116720

THE PHARMACY

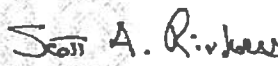
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2021**
COASSIST PHARMACY, LLC

REGISTRANT SIGNATURE



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 32735. 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.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

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

GROUND'S 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

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

July 30, 2020

CoAssist Pharmacy
Richard McCormick
2400 Sand Lake Road
Suite 200
Orlando, FL 32809

RE: License Certification for Coassist Pharmacy, 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:	PH32735
ORIGINAL CERTIFICATION:	05/13/2020
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

OTHER CERTIFICATIONS: Community Pharmacy, Schedule Ii & Iii

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



Accredited Health Department
Public Health Accreditation Board



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**

INV355 - Community Pharmacy (New Business / Change of Owner)



File # 26986
Insp # 172360

NAME COASSIST PHARMACY, LLC	PERMIT NUMBER	DATE OF INSPECTION 05/12/2020
DOING BUSINESS AS		
STREET ADDRESS 2400 SAND LAKES ROAD SUITE 200		TELEPHONE # 407-367-4483
CITY ORLANDO	COUNTY ORANGE	STATE/ZIP FL/32809

Additional Information

Business Operation Hours

--	--

Registered Pharmacist / Intern / Tech

License # 16130	Licensee Name Alen Shapiro
License Type Registered Pharmacists	

ACS Manager

--	--

Optional Information

--	--

Basic License Data - PSD

--	--

License Relations

Pharmacy Affiliate

HENSLEY, EDWARD	License #
SPAFFORD, JEFFREY	License #

RX DPT MGR/COR/POR

SHAPIRO, ALAN DAVID	License # 16130
---------------------	-----------------

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C.]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C.]	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(I) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S.]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Remarks:

The is a change of ownership inspection.

Insp # 172360

INV355 - Community Pharmacy (New Business / Change of Owner)
COASSIST PHARMACY, LLC

File # 26986

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

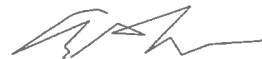
BLAKE, ELLEN



Date: 5/12/2020

Representative:

Alan D. Shapiro



Date: 5/12/2020

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASSIST 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 FIFTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASSIST PHARMACY, LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

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



7861968 8300

SR# 20206241690

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 in a small font.

Authentication: 203286978

Date: 07-15-20

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 1,2,3,8 ☒ Partnership – Pages 1,2,6,8
☒ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Continued Care LTC Pharmacy Idaho LLC
 Physical Address: 8601 W. Emerald St Ste 176
 Mailing Address: P.O. Box 1250 Riverton UT 84065
 City: Boise State: ID Zip Code: 83704-8297
 Telephone: 888-277-2132 Fax: 877-231-6468
 Toll Free Number: 888-277-2132 (Required per NAC 639.708)
 E-mail: info@continuedcarerx.com Website: _____
 Managing Pharmacist: Heather Tierman License Number: P7818

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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

Jace Muramoto

Print Name of Authorized Person

11/4/2020
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: Colorado

Parent Company if any: _____

Mailing Address: PO Box 1250City: Riverton State: UT Zip: 84065Telephone: 888-277-2132 Fax: 877-231-6468Contact Person: Branden Hagen

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>Kevin Hagen</u>	<u>Edgecliff Cir Sandy UT 84092</u>
Name	Address
b) <u>Jay Moskowitz</u>	<u>Southmoor Dr Denver CO 80220</u>
Name	Address
c) <u>Brian Ramos</u>	<u>E S SLC UT 84106</u>
Name	Address
d) <u>Mike Bewsey</u>	<u>3300 S SLC UT 84106</u>
Name	Address

2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? 36004) What date did the corporation actually receive the cash assets? 5/8/19

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

LLC / Partnership - No stock register

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:30 am 6:00 pmSaturday 10 am 2 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

Brandon Hagen VP of Operations
Daniel Kassai Director of Operations
Jace Muramoto Director of Pharmacy
Heather Tierhan Pharmacy Manager

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
Salt Lake COUNTY) ss.)

I, Jace Muramoto, 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 of Pharmacy for Continued Care LTC 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.

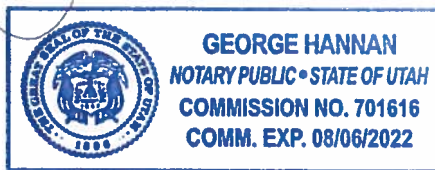
FURTHER AFFIANT SAYETH NOT.

I, Jace Muramoto, 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
9 day of NOVEMBER, 2020.

George Hannan
 NOTARY PUBLIC

Name

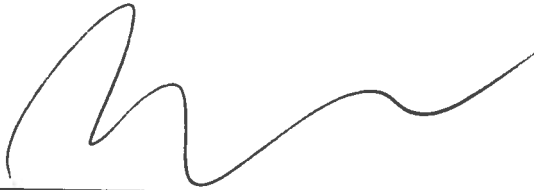


STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brandon Hagen
Responsible Person of Continued Care LTC pharmacy Idaho 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

Brandon Hagen
Print Name of Authorized Person

11/5/20
Date



0003949592

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0003949592

Date Filed: 7/29/2020 2:18:48 PM

Entity Name and Mailing Address:

Entity Name: Continued Care Pharmacy, LLC
Foreign Name (name in home jurisdiction): Continued Care Pharmacy, LLC
The file number of this entity on the records of the Idaho Secretary of State is: 0003530872
Address: 8601 W EMERALD ST
STE 176
BOISE, ID 83704-8297

Entity Details:

Entity Status: Active-Existing
This entity is organized under the laws of: UTAH
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:

The registered agent on record is:

Registered Agent: BRANDON HAGEN
Registered Agent
Physical Address
8601 WEST EMERALD STREET
STE 176
BOISE, ID 83704
Mailing Address
8601 W EMERALD ST
STE 176
BOISE, ID 83704-8297

Limited Liability Company Managers and Members

Name	Title	Business Address
BRANDON HAGEN	Member	8601 WEST EMERALD STREET STE 176 BOISE, ID 83704

The annual report must be signed by an authorized signer of the entity.

Brandon Hagen

Sign Here

07/29/2020

Date

Job Title: Member

B0526-9894 07/29/2020 2:18 PM Received by ID Secretary of State Lawrence Denney

Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name: Continued Care LTC Pharmacy Idaho LLC
Ownership Type: Limited Liability

Physical Address

Street Address: 8601 W Emerald St Ste 176
City: Boise
County: Ada
Fax: 8772316468
Zip: 837048297
Country: United States
Phone: 8882772132
State: ID

License Information

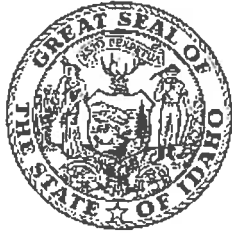
DBA:

Lic #: 53359LS
Type: Limited Service Drug Outlet
Status: Active
Orig. Issued Date: 4/25/2019
Expiry: 12/31/2021
Effective: 4/25/2019
Status Reason: License Issuance
Status Date: 4/25/2019
Renewed: 10/26/2020
Method: Application

Disciplinary Action

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

**IDAHO STATE BOARD OF PHARMACY**

P.O. Box 83720 Boise, Idaho 83720-0067

Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Continued Care LTC Pharmacy Idaho LLC**Limited Service Drug Outlet Registration**
Registration No: 53359LS**Automated Dispensing & Storage System(s)/(ADS)****ISSUED: 04/25/2019 EXPIRES: 12/31/2020**

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.

<http://bop.idaho.gov>

A handwritten signature in cursive script, reading "Nicki Chopski".

128665

Printed: 12/24/2019

NICKI CHOPSKI PHARM.D
EXECUTIVE DIRECTOR

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 02905)
 Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Eagle Pharmacy

Physical Address: 350 Eagles Landing Drive, Lakeland, FL 33810

Mailing Address: P.O. Box 90937

City: Lakeland State: FL Zip Code: 33804

Telephone: 855-748-2663 Fax: 877-283-9171

✓ Toll Free Number: 855-748-2663 (Required per NAC 639.708)

E-mail: administration@eaglepharmacy.com Website: www.eaglepharmacy.com

Managing Pharmacist: Rodney Ford License Number: PS42960

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.

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

Stacy Huss
Print Name of Authorized Person

10/14/2020
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: JKC Buyer, Inc.

Mailing Address: 55 East 52nd Street, 34th Floor

City: New York

State: NY

Zip: 10055

Telephone: 212-752-6071

Fax:

Contact Person: Teresita Weiss @ J. Knipper and Company, Inc. (732) 547-4671

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? *Eagle will be owned by parent company 100% shares (See attached chart)*
- a) JKC Buyer, Inc.
- Name Address
- b) _____
- Name Address
- c) _____
- Name Address
- d) _____
- Name Address
- 2) Provide the number of shares issued by the corporation. *100% to JKC Buyer, Inc. 100% to JKC Parent, Inc. Grandparent*
- 3) What was the price paid per share? Purchase Ag (redacted)
- 4) What date did the corporation actually receive the cash assets? anticipate 11/9/2020
- 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 9:00 am 4:00 pm

Saturday Closed am _____ pm _____

Sunday Closed am _____ pm _____

24 Hours On Call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: 855-748-2663

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Stacy Huss

Responsible Person of Eagle 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.

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

Stacy Huss
Print Name of Authorized Person

10/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Polk COUNTY)

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

Name

Stacy Huss

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

Marion E. Stewart
 NOTARY PUBLIC





November 12, 2020

via Certified Mail

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: Change of Ownership
350 Eagles Landing Drive, Lakeland, FL
License # PH02905

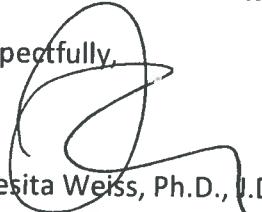
Dear Sir/Madam:

Please allow this letter to serve as notification of an update to the ownership of Eagle Pharmacy, LLC dba Eagle Pharmacy ("Eagle"), which recently went through a transaction whereby the equity of Eagle was sold pursuant to a stock transaction effective November 9, 2020. Please see attached organizational charts showing before and after ownership change. Eagle remains the entity holding the license and the EIN has not changed. In addition, the officers, PIC, and the day-to-day operations have not changed. There have been new directors and a general manager added (GM Recie Bomar, R.Ph. and directors Michael J. Laferrera and Frank McNicholas).

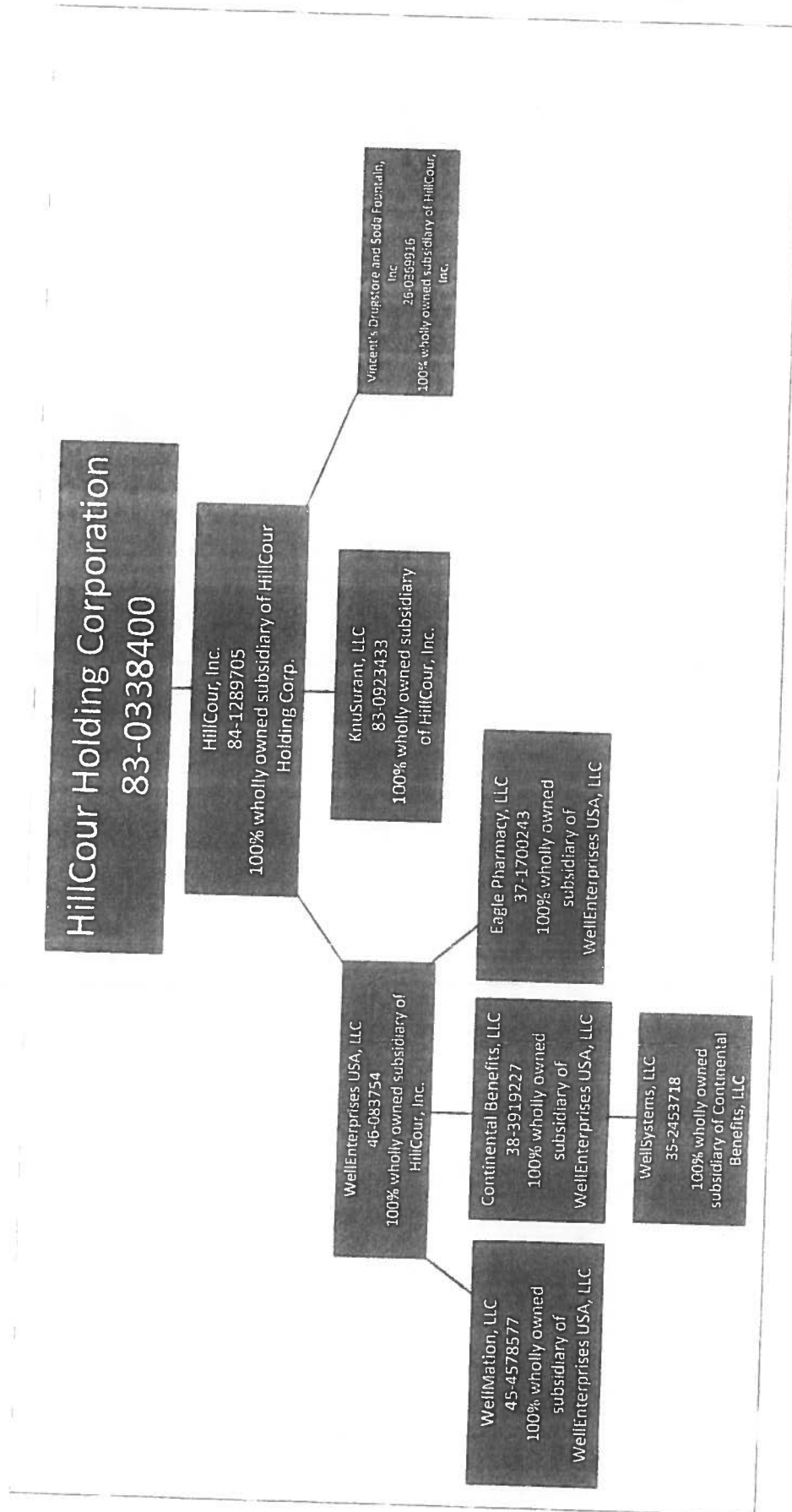
Please advise if there are any questions or additional documents needed to process our submitted license application.

Thank you in advance for your attention to this matter. If you have any questions or requests, please feel free to contact me at (732) 987-7124 or email licensing@knipper.com.

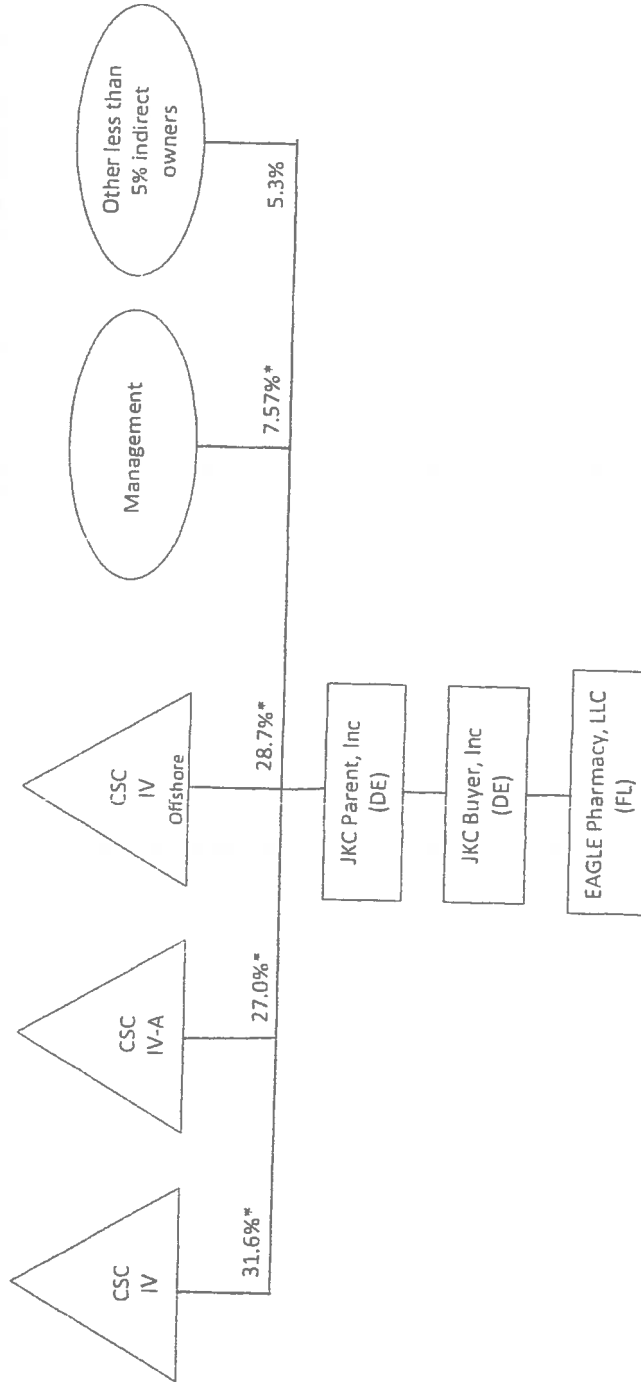
Respectfully,


Teresita Weiss, Ph.D., J.D.
Sr. VP of Regulatory Affairs and Compliance
J. Knipper and Company, Inc.; KnippeRx, Inc. and Eagle Pharmacy, LLC

29305723.1



Post-Closing



*Ownership percentages subject to change

CSC Fund IV names are as follows:
 Court Square Capital Partners IV, L.P.
 Court Square Capital Partners IV-A, L.P.
 Court Square Capital Partners (Executive) IV, L.P.
 Court Square Capital Partners (Offshore) IV, L.P.

State of Florida

Department of State

I certify from the records of this office that EAGLE PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 22, 2012, effective August 22, 2012.

The document number of this limited liability company is L12000108117.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on January 13, 2020, 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 Twelfth day of August, 2020*



Randy R. Levine
Secretary of State

Tracking Number: 4202750005CU

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

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

AC#8632519

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/07/2018	PH 26367	103906

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**

EAGLE PHARMACY
Eagle Pharmacy
350 EAGLES LANDING DRIVE
LAKELAND, FL 33810

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
4:1 PHARMACY TECHNICIAN RATIO APPROVED

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 8632519
DATE 11/07/2018
LICENSE NO. PH 26367
CONTROL NO. 103906

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

EAGLE PHARMACY

LICENSEE SIGNATURE



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 26367. 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

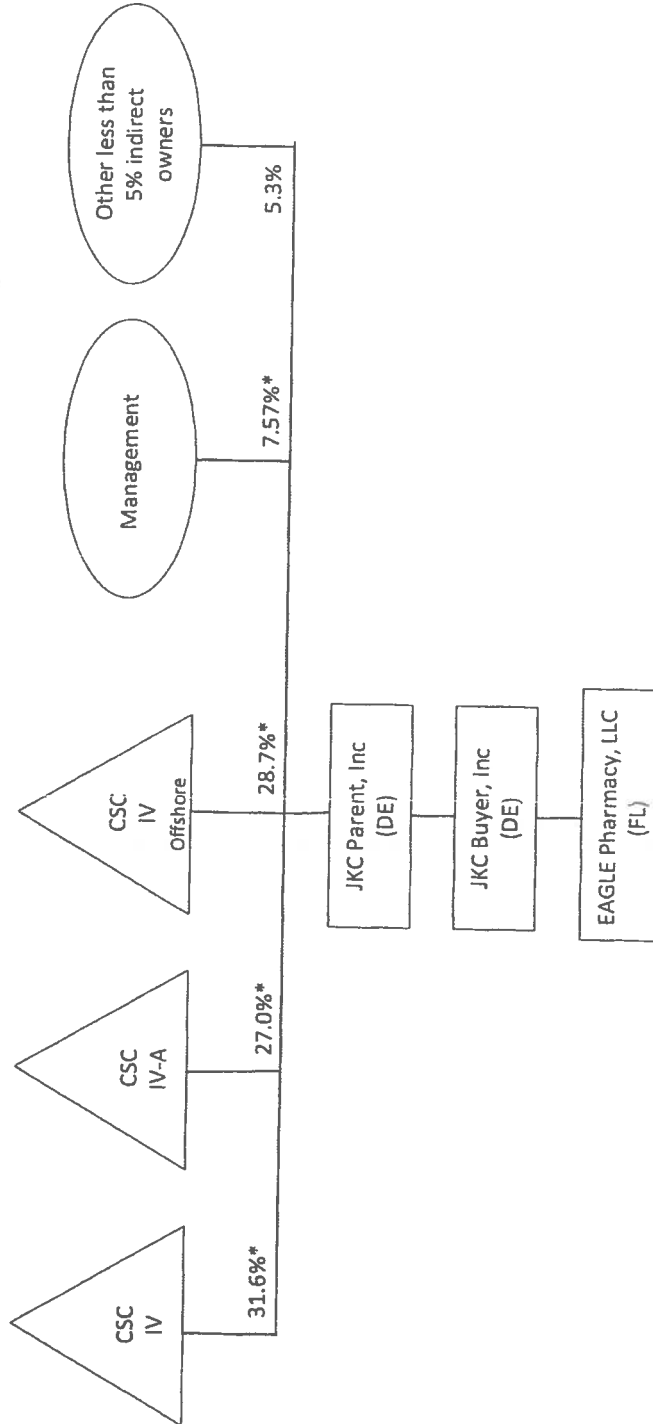
You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes



EAGLE PHARMACY, LLC OFFICERS:

NAME	TITLE	ADDRESS
Michael J. Laferrera	Director	One Healthcare Way Lakewood, NJ 08701
Frank McNicholas	Director	One Healthcare Way Lakewood, NJ 08701
Stacy Huss	President	350 Eagles Landing Drive Lakeland, FL 33810
Miriam Davis	Chief Operating Officer	350 Eagles Landing Drive Lakeland, FL 33810
Recie Bomar	General Manager	350 Eagles Landing Drive Lakeland, FL 33810

Post-Closing



*Ownership percentages subject to change

CSC Fund IV names are as follows:
 Court Square Capital Partners IV, L.P.
 Court Square Capital Partners IV-A, L.P.
 Court Square Capital Partners (Executive) IV, L.P.
 Court Square Capital Partners (Offshore) IV, L.P.

March 5, 2020

JKC BUYER, INC.
a Delaware corporation

Stock Ledger

<u>Common Stock Certificate No.</u>	<u>Date Issued</u>	<u>Issued To</u>	<u>No. of Shares</u>	<u>Issuing Information</u> \$1.00/share	<u>Status</u>
1	8/02/2019	JKC Parent, Inc.	100	Original purchase price \$100	Outstanding
		TOTAL	100	\$100	

INCORPORATED UNDER THE LAWS
OF THE STATE OF DELAWARE



JKC Buyer, Inc.

COMMON STOCK, PAR VALUE \$0.01 EACH

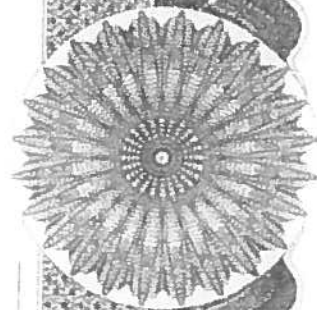
Witnesseth, that JKC Parent, Inc. ***** *is the owner of*
** One Hundred ***** *fully paid and*
non-assessable Shares of the above Corporation transferable only on the
books of the Corporation by the holder hereof in person or by duly authorized
Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed
by its duly authorized officers and to be sealed with the Seal of the Corporation.

Dated

Kurt Ellinger, President

Jeffrey Abramoff, Vice President & Secretary



4F

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 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Health Haven Pharmacy

Physical Address: 1 Chestnut Street Suite 34, Nashua, NH 03060

Mailing Address: 1 Chestnut Street Suite 34

City: Nashua State: NH Zip Code: 03060

Telephone: 877-289-2839 Fax: 877-289-1113

✓ Toll Free Number: 877-289-2839 (Required per NAC 639.708)

E-mail: Info@HealthHavenRx.com Website: www.HealthHavenRx.com

Managing Pharmacist: YINKA OJUALAYO License Number: PHCY-04552

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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

AYOLINKA OSTALAYA
Print Name of Authorized Person

11/04/20
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: Healthy Quit Inc.
 Mailing Address: 1 Chestnut Street Suite 34
 City: Nashua State: NH Zip: 03060
 Telephone: 877-289-2839 Fax: 877-289-1113
 Contact Person: Yinka OJUTALAYO

For any corporation non publicly traded, disclose the following:

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

a) AYOYINKA OJUTALAYO ELM STREET, N. READING, MA 01864
 Name Address
 b) Robert Embhoff 2 Matianuck Ave, Windsor CT 06095
 Name Address
 c) HealthWildcatters Fund VI 1 Pacific Ave, Suite Dallas, TX 75201
 Name Address
 d) _____
 Name Address

- 2) Provide the number of shares issued by the corporation. 5,547,805
 3) What was the price paid per share? \$0.061
 4) What date did the corporation actually receive the cash assets? \$30,000
 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 12 am 8 pm Saturday 12 am 8 pm
 Sunday 1 am 8 pm 24 Hours On-call

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, AYOLINKA OJINAWAYO

Responsible Person of Health Haven 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

AYOLINKA OJINAWAYO
Print Name of Authorized Person

11/04/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Massachusetts)
Essex) ss. COUNTY)

I, Ayolinka Ogunlana, 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 Pharmacy Manager for Health Haven 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, Ayolinka Ogunlana do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Ayolinka Ogunlana
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
26th day of October, 2020.

[Signature]
 NOTARY PUBLIC



MICHAEL A ZABBO
 Notary Public
 Commonwealth of Massachusetts
 My Commission Expires Nov. 27, 2026

DIVISION OF HEALTH PROFESSIONS

BOARD OF PHARMACY

121 South Fruit Street, Suite 401

Concord, NH 03301-2412

Phone 603-271-2350 • Fax 603-271-2856

www.oplc.nh.gov/pharmacy

OPLC

David Grosso

Executive Director

Board of Pharmacy

Michael D. Bullock, R.Ph.

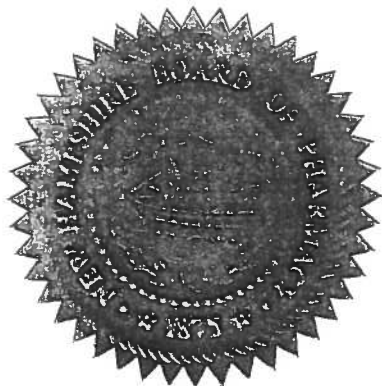
Administrator / Chief of Compliance



July 13, 2020

This Letter is to certify that the permit for the facility listed below is a true and accurate report directly from the New Hampshire Board of Pharmacy database. This Letter of Verification further certifies that the undersigned is the keeper of the records and duly certifies this information is accurate and complete as of the date listed above. In order to expedite the processing of license verifications, this form letter has been created and is used for all verifications requested from the New Hampshire Board of Pharmacy.

Permit Holder Name	HEALTH HAVEN PHARMACY
License Type	In-State Pharmacy
Sub Type	Community Pharmacy - Entire Store
Address of record	1 CHESTNUT STREET SUITE 3Y Nashua NH 03060
Permit Number	00993
Issue Date	May 1, 2020
Expiration Date	December 31, 2021
Permit Status	Active
Restrictions	NONE
Disciplinary Action	NONE



Karla Lutz
License Clerk

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHY QUIT, 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 OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY QUIT, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2018.



6955375 8300

SR# 20207931365

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: 203954532

Date: 10-28-20



State of New Hampshire Board of Pharmacy

Pharmacy Permit Number 00993

This permit certifies that:

**HEALTH HAVEN PHARMACY
1 CHESTNUT STREET SUITE 3Y
NASHUA NH 03060**

Is licensed and authorized to do business in the State of New Hampshire in
accordance with RSA 318. 318-B and Ph100 - Ph2000

**Ayoyinka Oladipupo Ojutalayo is authorized to perform the
Pharmacist in Charge duties effective 05/01/2020**

Issue Date: May 1, 2020 Expiration Date: December 31, 2021

Important Notice:

Per the NH Code of Administrative Rules (Ph 306.02), the Board must be notified within 15-days of any change of name, address, licensed area, pharmacist-in-charge, or ownership. To submit changes, go to the Board's website at: www.oplc.nh.gov/pharmacy

A new application and fee must be submitted for any change of pharmacy name, address, licensed area, pharmacist-in-charge, or ownership.

All Pharmacy Permits expire annually on December 31st regardless of the date of initial licensure. As there is no statutory provision for extended or pro-rated licenses, your initial license will be for less than a full year.

Please note the expiration date of your license – renewals will be available on the Board's website 60-days prior to the expiration date of the license. It is the responsibility of all licensees to renew prior to the expiration of their license.

STOCK PURCHASE AGREEMENT

THIS STOCK PURCHASE AGREEMENT (the “**Agreement**”), dated as of November __, 2019 (the “**Effective Date**”), is entered into by and between Health Wildcatters Fund VI, LLC, a Delaware limited liability company (“**Purchaser**”), located at 1910 Pacific Avenue, Suite 20000, Dallas, Texas 75201, and **Healthy Quit, Inc.**, a Delaware corporation (the “**Company**”), located at 129 Newbury St, Boston, MA 02111.

RECITALS

WHEREAS, the Company desires to sell, and the Purchaser desires to purchase from the Company, **487,805 shares** of Common Stock (as defined below) of the Company (the “**Purchased Shares**”), upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. Purchase and Sale. Subject to the terms and conditions set forth herein, on the Effective Date, the Company shall sell, transfer, and assign to the Purchaser, and the Purchaser shall purchase from the Company, all of the Company’s right, title, and interest in and to the Purchased Shares. The aggregate purchase price for the Purchased Shares shall be **\$30,000** (the “**Purchase Price**”). The Purchaser shall pay the Purchase Price to the Company in two equal installments. The first installment shall be paid on the Effective Date, and the second installment shall be paid six weeks after the Effective Date.

2. Closing. Subject to the terms and conditions contained in this Agreement, the purchase and sale of the Purchased Shares contemplated hereby shall take place on the Effective Date at the Purchaser’s offices, or at such other place or on such other date as the Purchaser and the Company may mutually agree upon in writing. On the Effective Date, the Company shall deliver to the Purchaser a stock certificate or certificates evidencing the Purchased Shares, free and clear of all Liens (as defined herein), duly endorsed in blank or accompanied by stock powers or other instruments of transfer duly executed in blank, and the Purchaser shall deliver to the Company the Purchase Price by check or by wire transfer of immediately available funds to an account designated in writing by the Company to the Purchaser.

3. Closing Conditions.

(a) The obligation of the Company to sell, transfer, and assign the Purchased Shares to the Purchaser hereunder is subject to the satisfaction of the following conditions as of the Effective Date:

(i) the representations and warranties of the Purchaser in Section 5 shall be true and correct on and as of the Effective Date; and

HEALTHY QUIT, INC.

RESTRICTED STOCK PURCHASE AGREEMENT

This Restricted Stock Purchase Agreement (this “**Agreement**”) is made by and between Healthy Quit, Inc., a Delaware corporation (the “**Company**”), and Ayoyinka Ojutalayo (the “**Stockholder**”). In consideration of the mutual promises and covenants contained in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows in connection with the issuance of the number of shares of Common Stock, par value \$0.00001 per share (the “**Common Stock**”), of the Company specified below (the “**Shares**”), subject to the terms and conditions stated below and those attached hereto, all of which terms and conditions are incorporated herein and made a part hereof.

Name of Stockholder:	Ayoyinka Ojutalayo
Address of Stockholder:	Stonewood Lane A
	Baldwinsville, NY 13027
Permanent Email Address of Stockholder:	1
Date of this Agreement:	June 29, 2018
Number of Shares:	2,750,000
Purchase Price per Share:	\$0.00001
Aggregate Purchase Price:	\$27.50
Repurchase Price per Share:	\$0.00001
Number of Shares that are Vested Shares on the Vesting Start Date:	0
Number of Shares that are Unvested Shares on the Vesting Start Date:	2,750,000
Vesting Start Date:	June 29, 2018

Vesting Schedule (subject to acceleration as provided below):

The Unvested Shares shall vest as follows: 25% of the Unvested Shares shall vest and become Vested Shares on the one-year anniversary of the Vesting Start Date (the “**Cliff Date**”), and the remaining 75% of the Unvested Shares shall vest and become Vested Shares in thirty-six equal monthly installments commencing on the first day of the month following the Cliff Date, until all Unvested Shares shall vest, all subject to the vesting conditions herein. When calculating the number of shares that vest and become Vested Shares, fractional shares shall be rounded down to the nearest whole share, except that on the last date on which vesting is contemplated under this Agreement, all remaining Unvested Shares shall vest and become Vested Shares. Notwithstanding anything to the contrary contained herein, vesting shall cease and no Shares shall vest or become Vested Shares after termination of the Stockholder’s Business Relationship (as defined below) with the Company for any reason whatsoever.

Acceleration (Double-trigger acceleration):

Notwithstanding anything to the contrary contained herein, from and after the closing of an Acquisition (as defined below) that is not a Private Transaction (as defined below), if the Stockholder’s Business Relationship with the Company is terminated by the acquiring or surviving

HEALTHY QUIT, INC.

RESTRICTED STOCK PURCHASE AGREEMENT

This Restricted Stock Purchase Agreement (this "**Agreement**") is made by and between Healthy Quit, Inc., a Delaware corporation (the "**Company**"), and Robert Emhoff (the "**Stockholder**"). In consideration of the mutual promises and covenants contained in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows in connection with the issuance of the number of shares of Common Stock, par value \$0.00001 per share (the "**Common Stock**"), of the Company specified below (the "**Shares**"), subject to the terms and conditions stated below and those attached hereto, all of which terms and conditions are incorporated herein and made a part hereof.

Name of Stockholder:	Robert Emhoff
Address of Stockholder:	
Permanent Email Address of Stockholder:	_____.com
Date of this Agreement:	September 1, 2019
Number of Shares:	2,250,000
Purchase Price per Share:	\$0.00001
Aggregate Purchase Price:	\$22.50
Repurchase Price per Share:	\$0.00001
Number of Shares that are Vested Shares on the Vesting Start Date:	0
Number of Shares that are Unvested Shares on the Vesting Start Date:	2,250,000
Vesting Start Date:	September 1, 2019

Vesting Schedule (subject to acceleration as provided below):

The Unvested Shares shall vest as follows: 25% of the Unvested Shares shall vest and become Vested Shares on the one-year anniversary of the Vesting Start Date (the "**Cliff Date**"), and the remaining 75% of the Unvested Shares shall vest and become Vested Shares in thirty-six equal monthly installments commencing on the first day of the month following the Cliff Date, until all Unvested Shares shall vest, all subject to the vesting conditions herein. When calculating the number of shares that vest and become Vested Shares, fractional shares shall be rounded down to the nearest whole share, except that on the last date on which vesting is contemplated under this Agreement, all remaining Unvested Shares shall vest and become Vested Shares. Notwithstanding anything to the contrary contained herein, vesting shall cease and no Shares shall vest or become Vested Shares after termination of the Stockholder's Business Relationship (as defined below) with the Company for any reason whatsoever.

Acceleration (Double-trigger acceleration):

Notwithstanding anything to the contrary contained herein, from and after the closing of an Acquisition (as defined below) that is not a Private Transaction (as defined below), if the Stockholder's Business Relationship with the Company is terminated by the acquiring or surviving

State of New Hampshire
Department of State

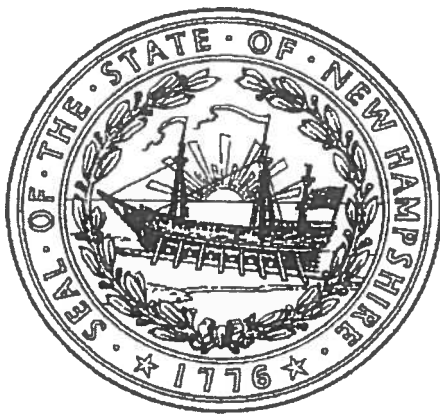
CERTIFICATE OF REGISTERED TRADE NAME
OF
HEALTH HAVEN PHARMACY

This is to certify that **HEALTHY QUIT INC** is registered in this office as doing business under the Trade Name **HEALTH HAVEN PHARMACY**, at **1 Chestnut Street, Suite 3-Y, Nashua, NH, 03060, USA** on **01/21/2020**

The nature of business is **44-Retail Trade - 110-Pharmacies and Drug Stores**

Expiration Date: **01/21/2025**

Business ID: **835083**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 21st day of January A.D. 2020.

A handwritten signature in black ink, appearing to read "William M. Gardner".

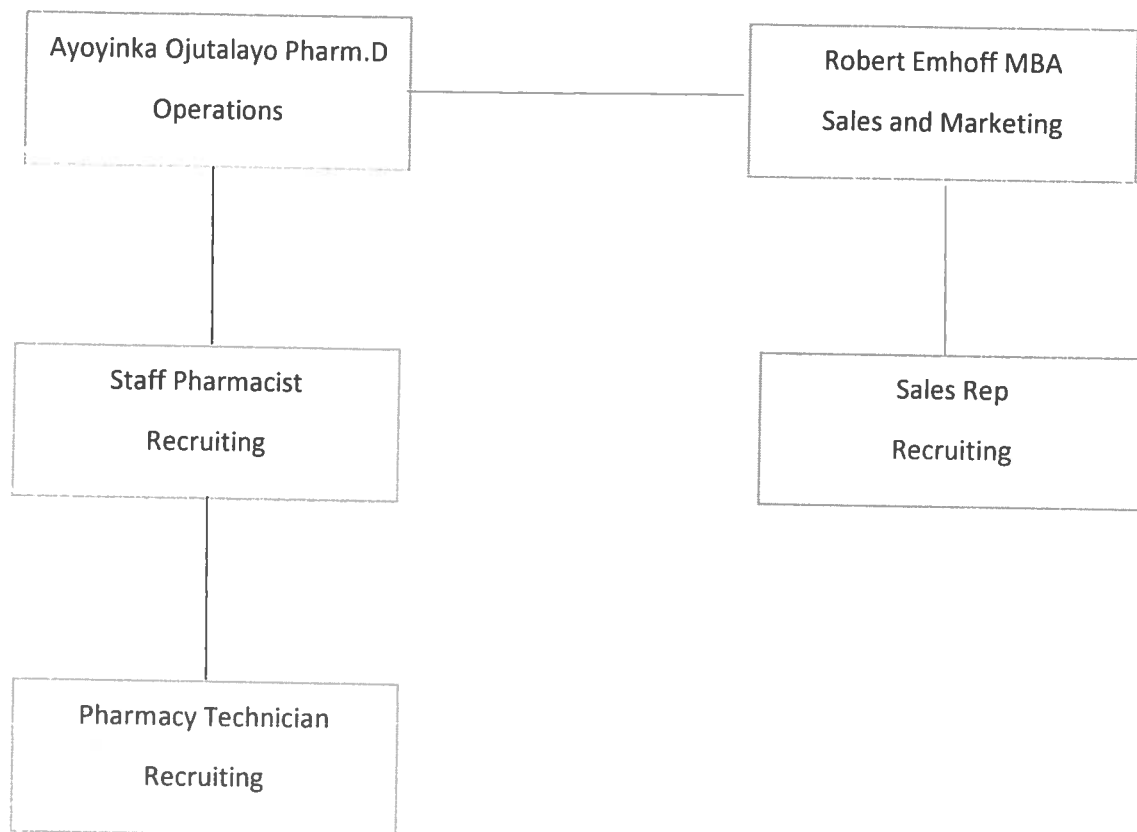
William M. Gardner
Secretary of State

Healthy Quit Inc dba Health Haven Pharmacy

<u>Name</u>	<u>Ownership</u>	<u>Email</u>
Ayoyinka Ojutalayo	50%	x.com
Robert Emhoff	41%	rx.com
<i>Health Wildcatter Fund</i>	<i>9%</i>	

VII

Organization Structure Chart



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 04207**)
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: MedWiseRx

Physical Address: 2001 W. Camelback Road, Suite 290

Mailing Address: 2001 W. Camelback Road, Suite 290

City: Phoenix State: AZ Zip Code: 85015

Telephone: (602) 281-9433 Fax: (602) 314-6027

Toll Free Number: (844) 866-3735 (Required per NAC 639.708)

E-mail: mwr-phx@trhc.com Website: sinfoniarx.com

Managing Pharmacist: Kristin Calabro License Number: S017956

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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: Medication Therapy Mgmt

****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.

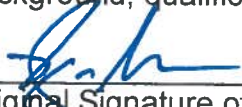
Within the last five (5) years:

- 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

Brian W. Adams

Print Name of Authorized Person

Date

10/21/20

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: Delaware Corporation Name: Tabula Rasa HealthCare, Inc.Parent Company if any: Tabula Rasa HealthCare, Inc.Mailing Address: 228 Strawbridge Dr., Suite 100City: Moorestown State: NJ Zip: 08057Telephone: 866-648-2767 Fax: 856-235-0254Contact Person: Richard Greene, VP Regulatory Affairs

For any corporation non publicly traded, disclose the following:

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

Tabula Rasa HealthCare, Inc. (owns

a) 100% of shares of TRHC OpCo Group, Inc.) 228 Strawbridge Dr, Suite 100; Moorestown, NJ 08057

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$0.0001 par value per share4) What date did the corporation actually receive the cash assets? 6/30/2014

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

CareKinesis, Inc. changed its name to TRHC OpCo, Inc. on 1/1/2020. TRHC OpCo, Inc. owns the applicant pharmacy (MedWiseRx)

List any physician shareholders and percentage of ownership.

Name: N/A

%: _____

Name: _____

%: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:00 am 5:30 pmSaturday 9:00 am 12:00 pmSunday 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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brian W. Adams

Responsible Person of Tabula Rasa HealthCare, Inc. dba MedWiseRx

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

Brian W. Adams

Print Name of Authorized Person

12/21/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
Burlington) ss.
COUNTY)

I, Brian W. Adams, 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/CFO for MedWiseRx (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.

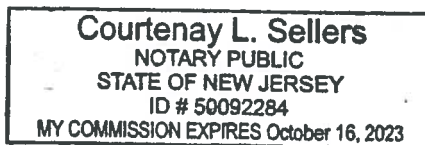
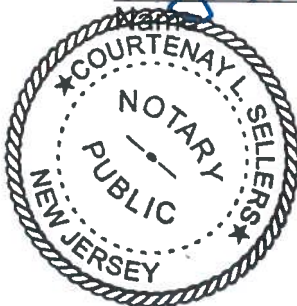
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Brian W. Adams, 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
28th day of October, 2020.

Courtenay L. Sellers
 NOTARY PUBLIC



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 AMENDMENT OF "CAREKINESIS, INC.", CHANGING ITS NAME FROM "CAREKINESIS, INC." TO "TRHC OPCO, INC.", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019, AT 4:56 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



4674249 8100
SR# 20198800595

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: 204276857
Date: 12-20-19

**CERTIFICATE OF AMENDMENT
TO THE FOURTH AMENDED AND RESTATED
CERTIFICATE OF INCORPORATION
OF
CAREKINESIS, INC.**

CareKinesis, Inc., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

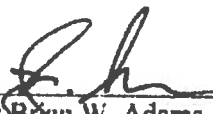
"The name of the Corporation is TRHC OpCo, Inc. (the "Corporation")."

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed
this 20th day of December, 2019.

CAREKINESIS, INC.

By: 
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

[Signature Page to Certificate of Amendment]

EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN As joint tenants with right of survivorship and
not as tenants in common
TEN COM As tenants in common

TEN ENT As tenants by the entireties
UNIF GIFT MIN ACT Uniform Gifts to Minors Act
CUST Custodian for
UNIF TRANS MIN ACT Uniform Transfers to Minors Act

For Value Received, _____ hereby sell, assign and transfer unto
PLEASE INSERT SOCIAL SECURITY NUMBER
IDENTIFYING NUMBER OF ASSIGNEE

_____ Shares represented by the within
Certificate, and do hereby irrevocably constitute and appoint

_____ Attorney
to transfer the said Shares on the books of the within named Corporation with
full power of substitution in the premises.

Dated _____ 20____
In presence of _____

NOTICE: THE SIGNATURE OF THE ASSIGNEE MUST BE PRESENTED TO THE
NEW YORK STOCK EXCHANGE, INC. FOR RECORDING IN THE
TRANSFER BOOKS OF THE EXCHANGE. THE ASSIGNEE MUST
FURNISH A VALIDATION OF THE SIGNATURE OF THE ASSIGNEE.



THE SECURITIES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR ANY STATE SECURITIES LAWS. THE SECURITIES REPRESENTED BY THIS CERTIFICATE MAY NOT BE TRANSFERRED EXCEPT (A) PURSUANT TO AN EFFECTIVE REGISTRATION UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS, OR (B) IN A TRANSACTION WHICH IS EXEMPT FROM REGISTRATION UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TABULA RASA HEALTHCARE GROUP, 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-THIRD DAY OF JULY, A.D. 2020.



4674249 8300

SR# 20206379304

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 in a small font.

Authentication: 203339011

Date: 07-23-20



ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

03/03/2020

EQUIPMENT LOG

Pharmacy Name: Medwise RX
Address: 2001 W Camelback RD STE 290
City: Phoenix AZ 85015
Phone Number: 602-283-4339
Fax Number: 602-314-6027
Classification: Ownership change

AFFIX PHARMACY LABEL

☐ New Pharmacy ☐ Remodel ☒ Ownership Change ☐ Location Change

PHARMACISTS	LICENSE #	POSTED	PHARMACISTS	LICENSE #	POSTED
PIC: <u>Taylor Brady</u>	<u>S023986</u>	☒			☐
		☐			☐

Pharmacy Permit: Y008299
NonRx Drug Permit na
DEA Reg. Number na
CMG Permit na
DEA Inventory na
Opening Date _____
Annual Date _____

SECURITY

1. Key Access RPh
2. Barrier complete per Dec insp

EQUIPMENT

	NA	Temp
1. Refrigerator	NA	
2. Comp.		OK
3. Patient Profiles		OK
4. Schedule V Reg.	NA	
5. Graduates (ass't)	NA	
6. Mortar and Pestle (I)	NA	
7. Steel Spatulas (ass't)	NA	
8. Rubber Spatulas (I)	NA	
9. Ointment Tile	NA	
10. Prescription Label	NA	
11. Fed. Transfer Labels	NA	
12. Warning Labels	NA	
13. Red "C" Stamp	NA	
14. Generic Rx Blanks	NA	
15. Approved Rx Balance	NA	
16. Weights	NA	
17. Class 100 Hood	NA	

PHARMACY LIBRARY

1. Current Reference for Each Subject Area
A. Pharmacology or Toxicology ONLINE
B. Therapeutics ONLINE
C. Drug Compatibility ONLINE
D. Drug Product Equivalency ONLINE
2. Sterile Products Reference NA
3. Policy and Procedure Manual ONLINE
A. Technician ONLINE
B. Pharmacy Operations ONLINE
4. Arizona Laws and Rules ONLINE
5. Current Antidotes NA
6. Poison Control # Posted PROVIDED

PHARMACY DEPARTMENT

	OK	Size
Enclosed	OK	
Lighting	OK	Shelves <u>NA</u>
Counter	NA	Aisles <u>NA</u>
Sink / Water	NA	Hot <u>NA</u> Cold <u>NA</u>
Sneeze Barrier (66")	NA	
Receiving / Checking Area	NA	
Consultation Area	na	
Restroom	OK	
Sterile Prod Cpdg Area	NA	

General Remarks:

Pharmacy providing MTM services only

Inspection Rating: SATISFACTORY
Pharmacist (signature): _____

Arizona State Board of Pharmacy
1616 W. Adams, Suite 120, Phoenix, AZ 85007
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 3-2-20

Medwise RX
 2001 W Camelback Ste 290
 Phoenix AZ 85015
 7008299

COMPLIANCE OFFICER

(INSPECTOR): Karol Hess / Melanie Thayer

ACCOMPANIED BY: _____

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).
2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.
3. Fees for the inspection are: Not Applicable J Authorized by _____ as follows: _____
4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents
6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.
7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.
8. If you have any questions regarding this inspection, you may contact: Karol Hess 623-518-0337
9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R. S. § 12-901 et seq..
10. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Cheryl Frush, Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Elizabeth Dodge

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative _____

Title of Authorized Representative _____

Date: 3/2/2020



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: 01/24/2020
 Receipt Number: 202081159
 Receipt Amount \$: 480.00

Pharmacy - Limited Service

PERMIT NO
Y008299

EXPIRES
10/31/2021

Issued to : MedWiseRx
 TRHC OpCo, Inc.
 228 STRAWBRIDGE DRIVE SUITE 100
 MOORESTOWN, NJ 08057

MedWiseRx
 2001 W. CAMELBACK ROAD SUITE 290
 PHOENIX, AZ 85015

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 : TRHC OpCo, Inc.
 LICENSE NUMBER : Y008299
 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 :	MedWiseRx
Address :	2001 W. Camelback Road Suite 290 Phoenix AZ 85015
License No :	Y008299
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	02/20/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

A handwritten signature in cursive script, reading "Kam Gandhi".

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 10/16/2020



MedWiseRx Description of Services

Patients with chronic illness face a number of challenges managing their day-to-day and long-term health, in part because medications are complex, confusing, costly, and potentially dangerous. MedWiseRx was founded to optimize medication use and improve the health of patients with chronic illness by providing Medication Therapy Management (MTM).

We offer a comprehensive approach to patient care and population health, with our team of dedicated pharmacists solely focused on providing medication reviews and clinical interventions to improve health, wellness and the management of chronic health conditions.

MedWiseRx operates a pharmacist-run call center that provides phone-based medication therapy management (MTM) services. This is not retail or mail order pharmacy. It does not purchase, stock, compound, or dispense medications of any kind. Thus, it is not required to have either a state or federal controlled substance license.

The pharmacists make and receive calls to and from patients and physicians Monday through Friday from 8:00 am to 5:30 pm and Saturday from 9:00 am to 12:00 pm MST. However, patients and healthcare providers have access to a pharmacist 24 hours per day, 7 days a week, toll-free at 844-866-3735.

The pharmacy complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All patient records are only available to personnel as needed to provide service to patients. Paper records are kept in a secure storage system within the pharmacy.



Officers – Directors

President - Director

Orsula V. Knowlton

Spyglass Circle

Fernandina Beach, FL 32034-6579

Chief Executive Officer – Chairperson, Director

Calvin H. Knowlton

Spyglass Circle

Fernandina Beach, FL 32034-6579

Secretary

Brian W. Adams

Station Avenue

Haddonfield, NJ 08033

Work Address for all three:

Strawbridge Drive, Suite

Moorestown, NJ 08057-4600



**Change of Ownership to Tabula Rasa HealthCare Group, Inc. dba MedWiseRx
(formerly) TRHC OpCo, Inc. dba MedWiseRx**

RE: Explanation of Change of Ownership for Applicant

SinfoniaRx, Inc. was merged into TRHC OpCo, Inc. resulting from a company-wide reorganization on 1/1/2020. This reorganization resulted in a change in ownership changing the EIN from: 90-1014939 to 26-4642609. At the same time, the name of the pharmacy changed from SinfoniaRx to MedWiseRx. Therefore, the enclosed Change in Ownership/Change in Name application is attached.

On June 23, 2020 TRHC OpCo, Inc. legally changed its name to Tabula Rasa HealthCare Group, Inc. Neither the parent company (Tabula Rasa Health Care, Inc.) nor the officers have changed. This was a name change of the owner of the pharmacy and not a change in ownership.

The new name of the pharmacy is MedWiseRx.

The enclosed application and attachments provide a full documentation of the above events.

MedWiseRx is a non-dispensing pharmacy that provides medication therapy management services.

Delaware

The First State

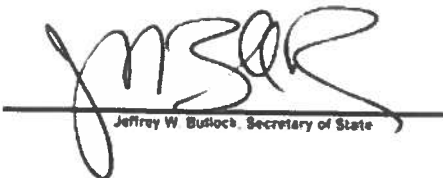
Page 1

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 MERGER, WHICH MERGES:

"SINFONÍARX, INC.", AN ARIZONA CORPORATION,
WITH AND INTO "TRHC OPCO, INC." UNDER THE NAME OF "TRHC OPCO, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019, AT 4:11 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2020 AT 12 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

4674249 8100M
SR# 20198827796

Authentication: 204290358
Date: 12-23-19

CERTIFICATE OF MERGER**MERGING**

SINFONÍARX, INC.
(an Arizona corporation)

WITH AND INTO

TRHC OPCO, INC.
(a Delaware corporation)

(Pursuant to Section 252 of the
Delaware General Corporation Law)

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:11 PM 12/23/2019
FILED 04:11 PM 12/23/2019
SR 20198827796 - File Number 4674249

TRHC OpCo, Inc., a Delaware corporation, hereby executes this Certificate of Merger for the purpose of merging SinfoníaRX, Inc., an Arizona corporation ("SinfoníaRX"), with and into TRHC OpCo, Inc. (the "Merger") pursuant to the provisions of Section 252 of the Delaware General Corporation Law (the "DGCL");

1. The names and states of incorporation of the constituent corporations in the merger (the "Constituent Corporations") are as follows:

<u>Name</u>	<u>State of Incorporation</u>
SinfoníaRX, Inc.	Arizona
TRHC OpCo, Inc.	Delaware

2. An Agreement and Plan of Merger, dated as of the date hereof, has been approved, adopted, certified, executed and acknowledged by each of the Constituent Corporations in accordance with Section 252 of the DGCL.

3. The name of the surviving corporation is TRHC OpCo, Inc. (the "Surviving Corporation").

4. The Certificate of Incorporation of the Surviving Corporation shall be the Certificate of Incorporation of TRHC OpCo, Inc. as in effect on the date hereof.

5. This Certificate of Merger, and the merger provided for herein, shall become effective on January 1, 2020 at 12:00 a.m.

6. The Agreement and Plan of Merger is on file at 228 Strawbridge Drive, Suite 100, Moorestown, NJ 08057, the place of business of the Surviving Corporation.

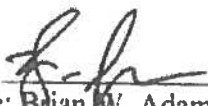
7. A copy of the Agreement and Plan of Merger will be furnished by the Surviving Corporation on request, without cost, to any stockholder of either of the Constituent Corporations.

8. The authorized capital stock of SinfoníaRX is: 100,000 shares of common stock, no par value per share.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Surviving Corporation has caused this Certificate of Merger to be signed by its duly authorized officer this 23rd day of December, 2019.

TRHC OPCO, INC.

By: 
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

[Signature Page to Certificate of Merger]

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 AMENDMENT OF "TRHC OPCO, INC.", CHANGING ITS NAME FROM "TRHC OPCO, INC." TO "TABULA RASA HEALTHCARE GROUP, INC.", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020, AT 10:33 O'CLOCK A.M.



4674249 8100
SR# 20205843172

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: 203158771
Date: 06-23-20

**CERTIFICATE OF AMENDMENT
TO THE FOURTH AMENDED AND RESTATED
CERTIFICATE OF INCORPORATION
OF
TRHC OPCO, INC.**

TRHC OpCo, Inc., a corporation organized and existing under the laws of the State of Delaware (the “Corporation”), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

“The name of the Corporation is Tabula Rasa HealthCare Group, Inc. (the “Corporation”).”

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed
this 23rd day of June, 2020.

TRHC OPCO, INC.

By: 

Name: Brian W. Adams

Title: Chief Financial Officer and Secretary

Recorded By: SMJ

DEPUTY RECORDER
5017



118

MAIL

CORPORATION SERVICE COMPANY
8825 N 23RD AVE 100
PHOENIX AZ 85021

SEQUENCE: 20200290204
NO. PAGES: 2
01/29/2020
10:49:53

Corporation Service Company
8825 N. 23rd Avenue
Suite 100
Phoenix, AZ 85021

(this area reserved for county recorder)

CAPTION HEADING:

CERTIFICATE OF DOING BUSINESS UNDER FICTITIOUS NAME

DO NOT REMOVE

This is part of the official document.

CERTIFICATE OF DOING BUSINESS UNDER FICTITIOUS NAME
GENERAL FORM
PURSUANT TO PROVISION OF A.R.S. SEC.44-1236

KNOWN ALL MEN BY THESE PRESENTS:

1. That TRHC OpCo, Inc. whose
(Name of Owner)
address is 228 Strawbridge Drive, Ste 100 Moorestown, NJ 08057
(Address of Owner)
are conducting a business in Arizona under the name and style of: MedWiseRx
(Name of Business)

The General nature of the business is: Provide and coordinate medication management services.
(Type of Business)

2. The business will be conducted at 2202 North Forbes Blvd, Suite 252
(Address of Business)
city of Tucson, county of Pima, State of Arizona

If corporation, show state of Incorporation: Delaware
(Article of Incorporation)

Signed: [Signature]
(Signature of Owner)

By: Brian W. Adams Its: Chief Financial Officer
(Printed name of Owner) (Title Owner wants to be known as)

Signed: _____
(Signature of Owner)

By: _____ Its: _____
(Printed name of Owner) (Title Owner wants to be known as)

State of NJ
County of Burlington

Subscribed and sworn before me on this 22nd day of January 2020

Notary Public signature Maureen E. Vurgason (seal)

MAUREEN E. VURGASON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/25/2024

4H

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: Children's Hospital Los Angeles Specialty Pharmacy

Physical Address: 4650 Sunset Blvd Room 1503 Los Angeles, CA 90027

Mailing Address: 4650 Sunset Blvd Room 1503

City: Los Angeles State: California Zip Code: 90027

Telephone: 323.361.8839 Fax: 323.361.7135

✓ Toll Free Number: (855) 245-2740 (Required per NAC 639.708)

E-mail: eyee@chla.usc.edu Website: www.chla.org

Managing Pharmacist: Christopher Lehmer, Pharm.D License Number: RPH 76951 - California

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 (Pediatric Suspensions)
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: Specialty Pharmacy Svcs Eg: Hemophilia
Sickle Cell Anemia, Transplant Therapies

****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.

Carol Taketomo

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

Carol Taketomo, Pharm.D

Print Name of Authorized Person

July 28, 2020

Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

California Non-Profit Corporation
Secretary of State #: C0032876**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: California Secretary of State File Number: C0032876 (Attachment A)
 Parent Company if any: Children's Hospital Los Angeles
 Mailing Address: 4650 Sunset Blvd
 City: Los Angeles State: CA Zip: 90027
 Telephone: 323.361.8839 Fax: 323.361.7135
 Contact Person: Edmond Yee

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 N/A
 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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 7 pm Saturday 9 am 5 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

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 Attachment A (State of California) Attachment B (California)
Board of Pharmacy Inspection

Paul S. Viviano - CEO and President

Max Scott Lieberenz - CFO and Sr. Vice President

Judith Kline - Secretary

Carol Taketomo - Chief Pharmacy Officer

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Carol Taketomo - Chief Pharmacy Officer & Pharmacist-In-Charge

Responsible Person of Children's Hospital Los Angeles 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.

Carol Taketomo

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

Carol Taketomo

Print Name of Authorized Person

July 28, 2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss. City of Los Angeles
Los Angeles COUNTY)

I, Carol Taketomo, 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 Children's Hospital Los Angeles 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, Carol Taketomo, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

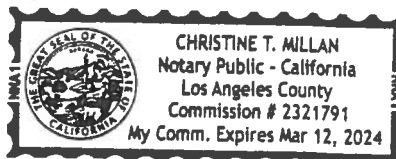
Carol Taketomo
 Name

Carol Taketomo, Chief Pharmacy Officer, Pharmacist-In-Charge

SUBSCRIBED AND SWORN TO
 before me, a notary public this

23rd day of July, 2020.

[Signature]
 NOTARY PUBLIC



State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

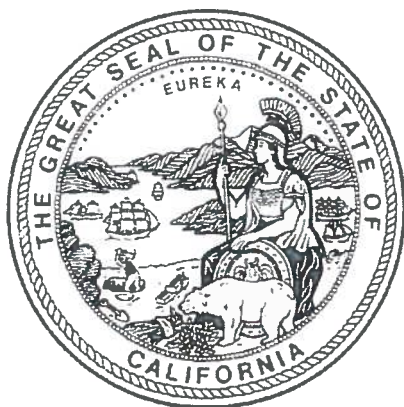
CHILDREN'S HOSPITAL LOS ANGELES

FILE NUMBER: C0032876
FORMATION DATE: 04/04/1901
TYPE: DOMESTIC NONPROFIT 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 April 21, 2020.

ALEX PADILLA
Secretary of State



Secretary of State Certificate of Status

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

Entity Name: CHILDREN'S HOSPITAL LOS ANGELES
 File Number: C0032876
 Registration Date: 04/04/1901
 Entity Type: DOMESTIC NONPROFIT CORPORATION
 Jurisdiction: CALIFORNIA
 Status: ACTIVE (GOOD STANDING)

As of October 25, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any 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 26, 2020**.

ALEX PADILLA
Secretary of State

Certificate Verification Number: R35B7DY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.



BOARD OF PHARMACY



LICENSING DETAILS FOR: PHY 53922

ADDRESS
4653 SUNSET BLVD ROOM 1603
LOS ANGELES CA 90027
LOS ANGELES COUNTY

CLERK—A CLEAR LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE. UNLESS A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON AN ALTERNATIVE STATUS, OR IF UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY BOARD, OR IF THE BOARD WHEN THE WORD "PROBATION" APPEARS UNDER "YEAR OF THE BOARD" DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE CREDENTIAL.

LICENSE RELATIONSHIPS

ADDRESS NOT DISCLOSED

Attachment C



Retail Pharmacy Permit

Renewal Certificate

 CALIFORNIA STATE BOARD OF PHARMACY
 2720 GATEWAY OAKS DRIVE, SUITE 100
 SACRAMENTO, CA 95833
 (916) 518-3100

 LICENSE NO. PHY 53922
 RECEIPT NO. 00060687

VALID UNTIL FEBRUARY 01, 2021

 CHILDRENS HOSPITAL LOS ANGELES SPECIALTY PHARMACY
 4650 SUNSET BLVD ROOM 1503
 LOS ANGELES CA 90027

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.

 1/08/20
 1/08/20

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

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

4I

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 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nationwide Compounding Rx, LLC

Physical Address: 14000 N Hayden Rd, Suite 185; Scottsdale, AZ 85260

Mailing Address: 14000 N Hayden Rd, Suite 185

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 480-499-8379 Fax: 480-699-5341

✓ Toll Free Number: 1-833-650-9836 (Required per NAC 639.708)

E-mail: compliance.nationwide@gmail.com Website: www.nationwidecompounding.com

Managing Pharmacist: Austin Lucht License Number: S019833

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.

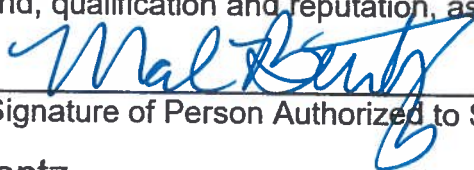
Within the last five (5) years:

- 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

Mark Bentz

Print Name of Authorized Person

Date

9-21-2020

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: AZ
 Parent Company if any: N/A
 Mailing Address: 14000 N Hayden Rd, Suite 185
 City: Scottsdale State: AZ Zip: 85260
 Telephone: 480-499-8379 Fax: 480-699-5341
 Contact Person: Austin Lucht

For any corporation non publicly traded, disclose the following:

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

a) Mark Bentz N 1st St Scottsdale AZ 85251
 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?

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00AM am 3:30PM 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

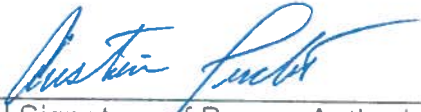
I, Austin Lucht

Responsible Person of Nationwide Compounding Rx, 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

Austin Lucht

Print Name of Authorized Person



Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
maricopa COUNTY ss.)

I, Mark Bentz, 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 Nationwide Compounding Rx, 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, Mark Bentz, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Mark Bentz

SUBSCRIBED AND SWORN TO
 before me, a notary public this
21st day of Sept., 2020.
Rebecca Blue
 NOTARY PUBLIC



List of Officers – Nationwide Compounding Rx, LLC

Name	% Ownership	Title/Position	Date of Birth	Address	SSN
Mark Bentz	100%	Owner		N th Street Scottsdale, AZ 85254	
Austin Lucht	0 %	Director of Pharmacy		Street; Unit Scottsdale, AZ 85251	

List of Officers – Nationwide Compounding Rx, LLC

Name	% Ownership	Title/Position	Date of Birth	Address	SSN
Mark Bentz	100%	Owner		N Street Scottsdale, AZ 85254	
Austin Lucht	0 %	Director of Pharmacy		Street; Unit Scottsdale, AZ 85251	



Pharmacy - Independent

Compounding - Non-Sterile, Retail

PERMIT NO
Y006765

EXPIRES
10/31/2021

Issued to :

Nationwide Compounding Rx, LLC
Mark Bentz
14000 N. HAYDEN RD., SUITE 185
SCOTTSDALE, AZ 85260

Nationwide Compounding Rx, LLC
14000 N. HAYDEN RD., SUITE 185
SCOTTSDALE, AZ 85260

Kam Gendin
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 : Mark Bentz
LICENSE NUMBER : Y006765
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 : Nationwide Compounding Rx, LLC
Address : 14000 N. Hayden Rd., Suite 185 Scottsdale AZ 85260
License No : Y006765
Permit Type : Pharmacy
Sub Type : Independent
Date Issued : 01/14/2016
Expiration Date : 10/31/2021
Status : OPEN
Discipline : No

A handwritten signature in blue ink that reads "Kam Gandhi".

Kam Gandhi

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

NATIONWIDE COMPOUNDING RX, LLC

ACC file number: L20184686

was incorporated under the laws of the State of Arizona on 07/09/2015, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/29/2020**



Matthew Neubert, Executive Director

4J

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: Embody, Inc.

Physical Address: 4111 Monarch Way, Ste 408 Norfolk, VA 23508

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4211 Monarch Way, Ste 500

City: Norfolk State: VA Zip Code: 23508

Telephone: 757-777-5674 Fax: N/A

E-mail: cnelson@embody-inc.com Website: https://embody-inc.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: Christine Nelson

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>Rx Medical 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: Corporation Service Company

Telephone: 1-800-927-9800

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Jeff Conroy

Print Name of Authorized Person

Date

10-19-20

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia
 Parent Company if any: N/A
 Corporation Name: Embody, Inc.
 Mailing Address: 4211 Monarch Way, Ste. 500
 City: Norfolk State: VA Zip: 23508
 Telephone: 757-777-5674 Fax: N/A
 Contact Person: Christine Nelson

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>Jeff Conroy /</u>	<u>Willow Drive. Vienna, VA 22191</u>
	Name	Address
b)	<u>Michael Francis ,</u>	<u>Powhatan Ave. Norfolk, VA 23508</u>
	Name	Address
c)	<u>Rob Brown /</u>	<u>Blake Rd. Lexington, MA 02420</u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

- 2) Provide the number of shares issued by the corporation. 20,000,000
- 3) What was the price paid per share? \$0.0001
- 4) What date did the corporation actually receive the cash assets? December 13, 2018
- 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.

Embody, Inc. Officer List

Name	Title	% of Ownership	Phone	Business Address
Jeff Conroy	Chief Executive Officer	51%		Monarch Way, Ste Norfolk, VA 23508
Michael Francis	Chief Science Officer	7%		Monarch Way, Ste Norfolk, VA 23508
Rob Brown	Chief Commercial Officer	1%		Monarch Way, Ste Norfolk, VA 23508
Christine Nelson	Director of Production & Logistics	0%		Monarch Way, Ste Norfolk, VA 23508

Entity Information

Entity Information

Entity Name: Embody, Inc.

Entity ID: 08388225

Entity Type: Stock Corporation

Entity Status: **Active**

Formation Date: 12/13/2018

Reason for Status: Active and In Good Standing

VA Qualification Date: 12/13/2018

Status Date: 12/13/2018

Industry Code: 0 - General

Period of Duration: Perpetual

Jurisdiction: VA

Annual Report Due Date: 12/31/2020

Registration Fee Due Date: 12/31/2020

Charter Fee: \$5000.00

Registered Agent Information

RA Type: Individual

Locality: FAIRFAX COUNTY

RA Qualification: Director of the Corporation

Name: JEFFREY CONROY

Registered Office Address: 2720 WILLOW DRIVE, VIENNA, VA, 22181 - 0000,
USA

Principal Office Address

Address: 2720 Willow Dr, Vienna, VA, 22181, USA

[Privacy Policy \(https://www.scc.virginia.gov/privacy.aspx\)](https://www.scc.virginia.gov/privacy.aspx) [Contact Us](#)

https://www.scc.virginia.gov/alk/alk_contact.aspx

Principal Information
https://www.scc.virginia.gov/cis/cis_contact.aspx
<https://www.facebook.com/VirginiaStateCorporationCommission>
<https://twitter.com/VASateCorpComm>

Title	Director	Name	Address	Last Updated
Chief Executive Officer	Yes	Jeffrey Conroy	Willow Dr, Vienna, VA, 22181, USA	01/14/2020
Chief Science Officer	Yes	Michael Francis	Powhatan Ave, Norfolk, VA, 23508, USA	01/14/2020
	Yes	Tim Meyers	Shallow Creek Pl, Great Falls, VA, 22066, USA	01/14/2020
	Yes	Rob Ball	Beach Ridge Ct, West Olive, MI, 49460, USA	01/14/2020
Chief Financial Officer	No	Thomas J Dulca	Saber Jet Place, Ashburn, VA, 20147, USA	01/14/2020

Current Shares

Total Shares: 32766896

[Filing History](#) [RA History](#) [Name History](#) [Previous Registrations](#)

[Garnishment Designees](#) [Image Request](#)

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https://www.scc.virginia.gov/cis/cis_contact.aspx



CERTIFICATE OF LIABILITY INSURANCE

150

DATE (MM/DD/YYYY)

7/9/2020

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 Arthur J. Gallagher Risk Management Services, Inc. 5950 Symphony Woods Rd Suite 314 Columbia MD 21044		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):
INSURED Embody, Inc. 4111 Monarch Way Lab 3 Norfolk VA 23508		EMBOLLC-01		
INSURER(S) AFFORDING COVERAGE				
INSURER A: Berkley National Insurance Company				NAIC # 38911
INSURER B: Berkley Regional Insurance Company				29580
INSURER C:				
INSURER D:				
INSURER E:				
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 20658187

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 ☐ PRO-JECT ☐ LOC OTHER:		LPK505443410	8/5/2019	8/5/2020	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		LCA505443210	8/5/2019	8/5/2020	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 \$		LPK505443410	8/5/2019	8/5/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 / A	LWC505443310	8/5/2019	8/5/2020	☒ 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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

**ARTICLES OF INCORPORATION
OF**

EMBODY, INC.
(a Virginia corporation)

The undersigned, pursuant to Chapter 9 of Title 13.1 of the Code of Virginia, states as follows:

FIRST: The name of the Corporation is Embody, Inc. (the "Corporation").

SECOND: The Corporation is authorized to issue an aggregate of twenty million (20,000,000) shares, of which seventeen million five hundred thousand (17,500,000) shares shall be Common Stock, \$0.0001 par value per share and two million five hundred thousand (2,500,000) shares shall be Preferred Stock, \$0.0001 par value per share.

The Board of Directors of the Corporation is hereby expressly authorized to provide, by resolution or resolutions, out of the unissued shares of Preferred Stock, for series of Preferred Stock with such voting powers, designations, preferences and relative, participating, optional or other special rights, and qualifications, limitations or restrictions as shall be determined and fixed by the Board of Directors.

The voting powers, designations, preferences and relative, participating, optional or other special rights, and qualifications, limitations or restrictions of each series of Preferred Stock, if any, may differ from those of any and all other series at any time outstanding. All shares of any one series of Preferred Stock shall be identical in all respects with all other shares of such series, except that shares of any one series issued at different times may differ as to the dates from which dividends thereon shall accrue and/or be cumulative. Different series of Preferred Stock shall not be construed to constitute different classes of shares for the purpose of voting by classes unless otherwise specifically set forth herein.

THIRD: The name of the Corporation's registered agent is Jeffrey Conroy, who is a resident of Virginia and an initial director of the Corporation.

FOURTH: The Corporation's registered office address, which is identical to the business office of the registered agent, is 2720 Willow Drive, Vienna, Virginia 22181, located in Fairfax County.

FIFTH: In furtherance of and not in limitation of powers conferred by statute, it is further provided:

1. The business and affairs of the Corporation shall be managed by or under the direction of the Board of Directors.
2. Election of directors need not be by written ballot.
3. The Board of Directors is expressly authorized to adopt, amend, alter or repeal the Bylaws of the Corporation.

SIXTH: Except to the extent that the Virginia Stock Corporation Act (the "Act") prohibits the elimination or limitation of liability of directors for breaches of fiduciary duty, no director of the Corporation shall be personally liable to the Corporation or its shareholders for

monetary damages for any breach of fiduciary duty as a director, notwithstanding any provision of law imposing such liability. No amendment to or repeal of this provision shall apply to or have any effect on the liability or alleged liability of any director of the Corporation for or with respect to any acts or omissions of such director occurring prior to such amendment.

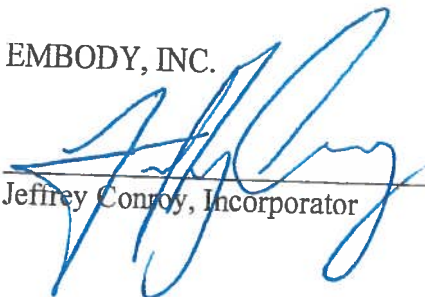
SEVENTH: Provided that the Corporation is a not a public corporation, as defined in section 13.1-657 of the Act, any action required or permitted by the Act to be taken at a meeting of the shareholders may be taken without a meeting and without prior notice, if the action is taken by shareholders who would be entitled to vote at a meeting of holders of outstanding shares having voting power to cast not less than the minimum number (or numbers, in the case of voting by groups) of votes that would be necessary to authorize or take the action at a meeting at which all shareholders entitled to vote thereon were present and voted.

EIGHTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute and these Articles of Incorporation, and all rights conferred upon shareholders herein are granted subject to this reservation.

[Signature Page Follows]

EXECUTED as of December __, 2018.

EMBODY, INC.


Jeffrey Conroy, Incorporator

4K

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 ☐ 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: First Nation Group, LLC

Physical Address: 11457 Shoemaker St. Detroit, MI. 48213

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4566 Hwy. 20 East Courtyard Plaza #208

City: Niceville State: FL Zip Code: 32578

Telephone: 850-389-8448 Fax: 850-389-8543

E-mail: Statelicensing@firstnationgroup.com Website: www.Firstnationgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00am to 6:00pm Tue: 9:00am to 6:00pm Wed: 9:00am to 6:00pm Thu: 9:00am to 6:00pm Fri:

9:00am to 6:00pm Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Zachary Holzer

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: Zachary Holzer

Telephone: 313-264-6168

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: _____
☒ 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.

Cheryl L Nilsson

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

Cheryl Nilsson

Print Name of Authorized Person

10/26/2020
Date

Board Use Only

Received: _____

Amount: *500.00*

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A LIMITED LIABILITY COMPANY

General _____ Limited _____

Partnership Name: First Nation Group, LLCMailing Address: 4566 Hwy. 20 East Courtyard Plaza #208City: Niceville State: FL Zip: 32578Telephone: (850) 389-8448 Fax: N/AContact Person: Cheryl Nilsson

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>Cheryl Nilsson – Member</u>	<u>L</u>	<u>51.50</u>
<u>Patton Holdings, Inc. - Member</u>	<u>L</u>	<u>48.5</u>

List names of 4 largest partners and percentage of ownership:

Name: <u>Cheryl Nilsson – Member</u>	%: <u>51.50</u>
Name: <u>Patton Holdings, Inc. - Member</u>	%: <u>48.5</u>
Name: _____	%: _____
Name: _____	%: _____

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

P508274

FIRST NATION GROUP, LLC
11457 SHOEMAKER ST
DETROIT, MI 48213

LICENSE NO.
5306006357

EXPIRATION DATE
8/11/2022

20225070821

THIS DOCUMENT IS ONLY
VALID WHEN PRESENTED WITH
THE STATE OF MICHIGAN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/2019

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 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
Hylant - Toledo
811 Madison Ave.
Toledo OH 43604

CONTACT NAME:

PHONE
(A/C, No, Ext): 419-255-1020

FAX
(A/C, No): 419-255-7557

E-MAIL
Address: toledo_hmi@hylant.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
First Nation Group, LLC
4566 Highway 20, Suite 208
Niceville FL 32578

License#: 23894
FIRSNAT-01

INSURER A: Hanover American Insurance Company

36064

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 741390405

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	X	COMMERCIAL GENERAL LIABILITY		ZDWH11352900	12/1/2019	12/1/2020	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO-JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						\$
		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	X	UMBRELLA LIAB	X	UHW11353200	12/1/2019	12/1/2020	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB					AGGREGATE	\$ 10,000,000
		DED X RETENTION \$ 0						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N				E L EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				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

First Nation Group LLC
4566 Hwy. 20 East
Courtyard Plaza, Suite 208
Niceville FL 32578

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

Handwritten signature

Attachment to First Nation Group, LLC's Medical Device Equipment and Gas New Application (State of Nevada State Board of Pharmacy)

First Nation Group, LLC's Officers

Name	Title	Address
Cheryl L. Nilsson	Chief Executive Officer	Antiqua Way, Niceville, FL 32578
Stephen D. Baugh	President	Middle Gulf Dr., Sanibel, FL 33957
Wendy Tommelleo	Executive Vice President	Thorn Wood Dr., Fort Myers, FL 33908
Michael Jarosz	Chief Financial Officer	Commons Dr. West Unit Destin, FL 32541

4L

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: First Nation Group, LLC

Physical Address: 11901 Amedicus Lane Ft. Myers, FL. 33907
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4566 Hwy. 20. East Courtyard Plaza #208

City: Niceville State: FL Zip Code: 32578

Telephone: 850-389-8448 Fax: 850-389-8543

E-mail: Statelicensing@firstnationgroup.com Website: www.Firstnationgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00am to 6:00pm Tue: 9:00am to 6:00pm Wed: 9:00am to 6:00pm Thu: 9:00am to 6:00pm Fri: 9:00am to 6:00pm
 Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Richard Thomas

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: Richard Thomas Telephone: 239-308-1225

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: <u>n/a</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.

- 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

Cheryl Nilsson

Print Name of Authorized Person

10/26/2020
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A LIMITED LIABILITY COMPANY

General _____ Limited _____

Partnership Name: First Nation Group, LLCMailing Address: 4566 Hwy. 20 East Courtyard Plaza #208City: Niceville State: FL Zip: 32578Telephone: (850) 389-8448 Fax: N/AContact Person: Cheryl Nilsson

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>Cheryl Nilsson – Member</u>	<u>L</u>	<u>51.50</u>
<u>Patton Holdings, Inc. - Member</u>	<u>L</u>	<u>48.5</u>

List names of 4 largest partners and percentage of ownership:

Name: Cheryl Nilsson – Member %: 51.50Name: Patton Holdings, Inc. - Member %: 48.5

Name: _____ %: _____

Name: _____ %: _____

Feingold, Laura

From: Burnett, Rebecca ralicense.com>
Sent: Monday, February 26, 2018 7:23 AM
To: Feingold, Laura
Cc: Azzaro-Bass, Rose
Subject: RE: Quick Question Re: Device Distributors

[External Email]

Good Morning Laura,

Thank you for your inquiry. If a company is only distributing a device (no prescription drugs), a permit is not required by our office to distribute a device.

Rebecca

From: Feingold, Laura [ralicense.com]
Sent: Wednesday, February 21, 2018 1:21 PM
To: Burnett, Rebecca
Cc: Burnett, Rebecca; Azzaro-Bass, Rose
Subject: Quick Question Re: Device Distributors

Good afternoon, Rebecca,

We have a new client that will be a medical device distributor for its parent company. The parent is the holder of an FDA approved 510(K) medical device that does not contain a prescription drug, and the subsidiary company will distribute these medical devices from its Florida warehouse.

From reading the Florida statutes, we have concluded that the subsidiary company is not required to obtain a manufacturer nor distributor license in Florida.

Could you please reply to this email affirming that the subsidiary company is not required to obtain a manufacturer or distributor license in Florida.



Laura K. Feingold, PLS
 State Licensing Specialist
 7400 W 110th St, Suite 300, Overland Park, KS 66210
 913.661.3858 dir | 913.451.3846 fax
www.cardinalhealth.com/regulatorysciences

This message is for the designated recipient only and may contain privileged, proprietary or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

DDC permitting requirements as regards drugs, (medical) devices and cosmetics fall into two main categories: (a) manufacturing and repackaging of drugs, medical devices and cosmetics conducted in Florida, and (b) distributing drugs, medical devices and cosmetics in and into Florida.

Activity Description	Location	Permit (Generally) Required under Chapter 499?
Manufacturing a Drug, Device or Cosmetic	In Florida	Yes
Repackaging a Drug, Device or Cosmetic	In Florida	Yes
Distributing a Prescription Drug	In or Into Florida	Yes
Distributing an Over-the-Counter Drug	In or Into Florida	No
Distributing a Device	In or Into Florida	No
Distributing a Cosmetic	In or Into Florida	No

- What is a "drug", "device", or "cosmetic"?

Refer to Section 499.003, Florida Statutes: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections/0499.003.html
Please note that "drug" specifically includes active pharmaceutical ingredient (API). Also, "devices" that contain "drugs" are classified as drugs if any of the principal intended purposes is achieved through chemical action.

- What is "distributing"?

Understanding this term is critical to avoid violating Chapter 499, Florida Statutes. Florida law defines "distributing" or "distribution" to implicate both physical possession and legal title or ownership. The term means to sell; offer to sell; give away; transfer, whether by passage of title,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/2019

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PRODUCER Hylant - Toledo 811 Madison Ave. Toledo OH 43604	CONTACT NAME: PHONE (A/C, No, Ext): 419-255-1020 FAX (A/C, No): 419-255-7557 E-MAIL ADDRESS: toledo_hmi@hylant.com														
INSURED First Nation Group, LLC 4566 Highway 20, Suite 208 Niceville FL 32578	License#: 23894 FIRSNAT-01 <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 : Hanover American Insurance Company</td> <td>36064</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 : Hanover American Insurance Company	36064	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Hanover American Insurance Company	36064														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 741390405

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 ☐ PRO-JECT ☒ LOC OTHER:		ZDWH11352900	12/1/2019	12/1/2020	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 \$ 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 \$ 0		UHW11353200	12/1/2019	12/1/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

First Nation Group LLC 4566 Hwy. 20 East Courtyard Plaza, Suite 208 Niceville FL 32578	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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Attachment to First Nation Group, LLC's Medical Device Equipment and Gas New Application (State of Nevada State Board of Pharmacy)

First Nation Group, LLC's Officers

Name	Title	Address
Cheryl L. Nilsson	Chief Executive Officer	Antiqua Way, Niceville, FL 32578
Stephen D. Baugh	President	Middle Gulf Dr., Sanibel, FL 33957
Wendy Tommelleo	Executive Vice President	Thorn Wood Dr., Fort Myers, FL 33908
Michael Jarosz	Chief Financial Officer	Commons Dr. West Unit , Destin, FL 32541

4M

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: White Consulting, LLC DBA Mohawk DME

Physical Address: 447 Frogtown Road, Ste 102, Akwesasne, NY 13655
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 447 Frogtown Road, Ste 102

City: Akwesasne State: NY Zip Code: 13655

Telephone: 518-358-1449 Fax: 518-333-0616

E-mail: lance@mohawkdme.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 4:00 Tue: 9:00 to 4:00 Wed: 9:00 to 4:00 Thu: 9:00 to 4:00 Fri: 9:00 to 4:00
 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lance White

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: Lance White Telephone: 518-358-1449

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	7811120001	
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Lance White
Print Name of Authorized Person

11.13.20
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: Lance White

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Cornwall State: Ontario Country: Canada

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: Blair Road City: Bombay

State: NY Zip Code: 12914 Telephone Number: _____ Fax Number: 518-333-0616

Previous address (last 5 years):

Address: Blair Road City: Bombay State: NY Zip Code: 12914

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: White Consulting, LLC DBA Mohawk DME

Current Business Address: 447 Frogtown Road, Ste 102

City: Akwesasne State: NY Zip Code: 13655

Telephone Number: 518-358-1449 Fax Number: 518-333-0616

Previous Employment (last 5 years):

Name: Self employed Address: Blair Road

City: Bombay State: NY Zip Code: 12914

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/06/2019

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 JJ BROKERS LLC 01311140 PO BOX 669 HOGANSBURG NY 13655	CONTACT NAME:	
	PHONE (518) 358-3462 (A/C, No, Ext):	FAX (518) 358-3462 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
NAIC# 29459		
INSURED WHITE CONSULTING, LLC DBA MOHAWK DME PO BOX 293 ROOSEVELT TOWN NY 13683-0293		

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 ☒ General Liability			01 SBM BF0308	12/06/2019	12/06/2020	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER.						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Excluded
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE ☐ RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	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)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

National Supplier Clearinghouse
 PO Box 100142
 Columbia SC 29202

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

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.

4N

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE 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 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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Aurinia Pharma U.S., Inc.

Physical Address: 77 Upper Rock Circle, Suite 700

City: Rockville State: MD Zip Code: 20850

Telephone Number: 571-442-4304 Fax Number: N/A

Toll Free Number: N/A

E-mail: cfelish@auriniapharma.com Website: www.auriniapharma.com

Facility Manager: Cara Felish

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and Nursing Home Pharmacies

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 LICENSEThis 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?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration) See Attachment C

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 Attachment D

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

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.

DocuSigned by:

Cara Felish

59524113B8FE4D4

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

06-Oct-20

Cara Felish

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 CORPORATIONState of Incorporation: DelawareParent Company if any: Aurinia Pharmaceuticals Inc.Mailing Address: 77 Upper Rock Circle, Suite 700City: RockvilleState: MDZip: 20850Telephone: 571-442-4304Fax: N/AContact Person: Cara Felish

For any corporation non-publicly traded, disclose the following:

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

a) Aurinia Pharmaceuticals Inc.1203-4464 Markham St., Victoria, BC V8Z 7X8

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. 1,0003) What was the price paid per share? \$0.01A 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 Attachment ECertificate 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 Attachment F

Attachment A**Regarding the Resident State License and Verification**

The Maryland resident state license was recently issued. Provided is online verification of the license. A copy of the license has yet to be received. Once received, a copy of the Maryland license and will be provided to your office.

DISTRIBUTOR REGISTRATION

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Aurinia Pharma Us Inc
77 Upper Rock Circle
Suite 700
Rockville MD 20850

STATE OF MARYLAND
DEPARTMENT OF HEALTH

110110

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Aurinia Pharma Us Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D06792	05/31/2021

SIGNATURE OF BEARER

State of  Maryland

110110

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Aurinia Pharma Us Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D06792	05/31/2021



SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

SIGNATURE OF BEARER

Details

Demographic Information

Name: Aurinia Pharma US Inc

Address Information

Address: 77 Upper Rock Circle

Suite 700

City: Rockville

State: MD

Zip: 20850

Maryland License\Permit Information

Number: D06792

Type: Distributor

Status: Active

**Original
Issued:** 7/17/2020

**Date
Renewed:**

Expires: 5/31/2021

Specialty Information

No Specialty Information

Related Documents

Cara Felish

Washington, DC area

COMMERCIAL OPERATIONS EXECUTIVE

Passionate Commercial Operations Executive who energizes teams to work towards shared goals, views cross functional collaboration as critical to success with an intense focus on developing talent. Operational expert building complex efficient systems that enable business performance. Global Experience.

PROFESSIONAL EXPERIENCE

Aurinia Pharmaceuticals, Rockville, MD

2019 - present

Vice President, Commercial Operations

Responsible for establishing all commercial operations functions to support a successful product launch, functions include: Sales Operations, Commercial Insights (Analytics, Forecasting, Competitive Intelligence, Market Research), Sales Operations & Effectiveness, Field Technology Enablement (Data Warehouse, CRM, Effectiveness tools), Events Management, Marketing Operations, and Launch Readiness.

Mallinckrodt Pharmaceuticals, Bedminster, NJ

2016 - 2019

o **Vice President, Commercial Excellence & Chief of Staff**

o **Executive Sponsor, Inclusion & Diversity**

Executive oversight of all Commercial Operations enabling Mallinckrodt's effectiveness through quality services & tools, delivering strategic insights and fostering a culture of continuous improvement. Completely transformed a St Louis, MO based transactional focused division aligned Operations team to a Bedminster, NJ based enterprise shared service focused on delivering commercial excellence in 3 months. (~35 FTEs) Functional teams include Sales Operations, Business Insights (Analytics & Market Research), Sales Training, Marketing Operations, and Marketing Services/Effectiveness. Supporting specialty pharmaceuticals in-line brands Acthar (Autoimmune Rare Disease Therapeutic Areas: Rheumatology, Pulmonology, Nephrology, Ophthalmology, Neurology IS/MS) and Hospital products Ofirmev, Therakos, and INOmax.

Assumed additional Chief of Staff (to the Chief Commercial Officer) responsibilities to include leading organization's Operating Committee, leading enterprise strategic programs focused on revenue growth and cost savings, and oversight of enterprise strategic long-term planning for New Product Commercialization (Launch Excellence), QBRs, and SG&A initiatives.

Drove enterprise wide initiatives to enhance business performance:

- *Commercial IT Enablement* drove the development and execution of the enterprise IT roadmap and created the IT Portfolio Governance Team driving investment decisions and implementation practices for the organization. Executive Champion for Field Effectiveness investments (Veeva Enhancements, Territory Alignment Tools, Patient Services CRM, Hub Services Enablement, PRC Software migration, Meeting App)
- Oversight of *all Commercial Strategic Programs* including a robust Revenue Growth initiative focused on driving in-line brand performance, enhancing the Market Access organization, evolved Patient Services & Reimbursement model, and robust Commercial Productivity efforts enhancing all Sales Force Effectiveness & Enablement.
- *Revamped Supplier Model* across Commercial teams reducing duplicative service models while optimizing delivery and cost. (Optimized suppliers: Meeting & Events, Fleet, Print Fulfillment, Commercial modeling)
- Reformed both the *Incentive Compensation Governance LT* and *Promotional Review Committee LTs* for improved decision making
- *Inclusion & Diversity Executive Champion* – Created the Women in Business BRG (established mentorship circles, Dress for Success program, HBA, Speaker Series, and programs specifically for early/mid/senior career levels); Ally for LGBTQ. Mallinckrodt Won #2 (out of 1,330 Companies) 2017 ERG & Diversity Council Award and #4 in 2018.

Thermo Fisher Scientific,

2014 – 2016

Based in four locations: Berlin, Germany. Helsinki, Finland. Fremont, CA. Middletown, VA

o **Global Director, Sales Operations**

Created the Worldwide Commercial Operations vision for Thermo Fisher Scientific's Clinical Diagnostics Division (CDD.) Established new global department to optimize commercial effectiveness by implementing best in class Sales Operations, Training, and technology solutions across each of the four business units across Global Sales Regions: N. America, S. Europe, N. Europe, APAC, and New Emerging Markets.

- Division Technology Solutions: Set three-year division strategy map and led implementations for:
 - o CRM Solution
 - o Contract Pricing Quoting tools
 - o Marketing Regional Applications
 - o Data Warehouse & Customer Master
- Sales Operations process to optimize effectiveness
 - o Commission Plans – Developed Global Commissions Council establishing strategic commission planning, transitioned plans to revenue-based model, improved commission calculation process
 - o Creation of Data Governance Council and Data Management COE
 - o eBusiness Strategy (Global Web Initiative, Distributor Portals)

- o Meeting Production for International Sales & Marketing Meetings, Sales Leadership Meetings
- Sales Training
 - o Competitive Selling Product Training & New Hire Training
 - o Leadership development strategy and Management Coaching
 - o Delivered training to global Sales & Marketing teams (Cultural learning principles & translation services critical to success)

MedImmune, an AstraZeneca company, Gaithersburg, MD

- o **Senior Director, Sales & Marketing Operations** **2008 – 2014**
(2011 to 2014)
- o **Director, Sales & Marketing Operations** (2009 to 2011)
- o **Associate Director, Sales Operations** (2008 to 2009)

Strategic oversight of the Sales & Marketing Operations (SMO) department which provided valuable tools and insights to optimize Commercial Performance. SMO partnered to implement operational solutions to improve the effectiveness of our two in-line Marketing Brands (FluMist and Synagis) as well as our sales force teams (Infectious Disease Sales Team, Public Health Sales Team, Field Reimbursement Team and Managed Markets.)

- *Incentive Compensation* – Revamped complete incentive design aligned with industry benchmarking. Speaker at ZS Associates Incentive Compensation Conference *"How to gain buy-in on your Incentive Compensation Plan"*
- *Sales Operations*: Transformed field teams moving from Hospital Sales to a Field Reimbursement team ensuring all operational support transitioned flawlessly. Intense focus on improving data accuracy via implementation of Data Warehouse, data automation and validation tools and broader service delivery.
- *Marketing Operations*: Leading the Promotional Review Committee (PRC) process ensuring Medical, Regulatory, and Legal approval of all marketing pieces. Speaker Programs, Brand Project Management Support, Strategic Communications Plans. Transitioned all print and warehouse services to optimize services and cost
- *Sales Force Effectiveness*: Established New SFE Team focused on CRM, SFA tools, Targeting, Strategic tool development, Apps
- *MedImmune Enterprise Project Teams*:
 - o Leading Through People – Innovation Team
 - o IT team lead focused on proper enterprise resource model
 - o Sales Professional Development Program (SPDP)
 - o Commercial Lead for operational solutions to implement Sunshine Act - HCP Aggregate Spend solutions (Item of Value Capture, Speaker Programs, Lunch In-Service Sales calls)

UnitedHealthcare

Based in Washington DC area & San Diego, CA

1999 – 2008

- o **Market Deployment Consultant (UnitedHealthcare)**

(2007-2008)

Project Management for multiple lines of service, including Neuroscience Orthopaedic Spinal, Radiology, and Pharmacy. Applied six sigma principles to national roll out of programs focused on Quality and Affordability to improve healthcare outcomes while minimizing unnecessary healthcare spend. Focus primarily on deploying programs and monitoring the Control phase.

- Project Leader overseeing the national Radiology Notification and Imaging Accreditation programs to include delivery of National Training series (internal UHC employees and external Physicians)
- Delivered mass presentations to CO & FL Physicians on Physical Medicine Rehabilitation Services Physician Office Notification Program.

- o **Associate Director, Provider Contracting Sales (UnitedHealthcare Dental)** (2005-2007)
- o **Manager, Provider Contracting Sales (UnitedHealthcare Dental)** (2003-2005)
- o **Network Recruiter, Provider Contracting Sales (UnitedHealthcare Dental)** (2000-2003)

Sales leadership oversight of the Network Development contracting team. The team was responsible for contracting Dental providers with a heavy focus on financial negotiation and complex contractual terms for a variety of product lines including DHMO, PPO, FFS, and Medicaid & Medicare. The team built nationwide network of dental practitioners via office presentations, telesales, convention presentations and direct mail. Led all Sales Operations initiatives - Responsible for all performance reporting, incentive compensation designs, targeting, and sales support systems. Focus on operational excellence, process improvement, and department process mapping.

- Consistently exceeded annual contracting sales goals for four years with an overall increase in network by 215%. Territories included: NY, NJ, IA, IN, NH, ME, PA, MA and HI. Increased Nation Ranking in 14 states, Increased Specialist ratio of total network to 25%, and decreased Out of Network Utilization by 5%.
- Led Sales Operations Initiatives: Implementation of new CRM System, Designed new Incentive program, improved performance reporting
- Acquisitions/Integrations. Served as integration lead for three acquired company in two years.

- o **Account Management, Client & Provider Services (UnitedHealthcare Dental)(1999-2000)**

Managed dental networks relationship with providers, members, and clients for PPO, DHMO, VAPP, FFS, and Medicaid programs. Operational Excellence - Six Sigma Green Belt

EDUCATION

Virginia Tech

Bachelor of Science in Communication Studies, Primary Focus Public Relations; Minor in Health Care Management

Jeremy Hanman

From:
Sent: Sunday, April 19, 2020 5:25 AM
To: Jeremy Hanman
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 19-APR-2020
Labeler DUNS: 117485579
Labeler Name: Aurinia Pharma U.S., Inc.
Labeler Code: 75626

*Verified
11/19/20
ms*

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).

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Clipboard

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General

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Number

Conditional Formatting Table

Q16995

A	B	C	D	E	F	G	H	I	J	K	L	M	N
NDC/NHR	IC	Labeler	Firm Name										
16989	64475		Les Importations Herbasante Inc										
16990	75553		Blue Wolf Sales & Service, Inc.										
16991	80781		Miguel Cabrera Foundation, Inc.										
16992	52534		Laboratoire Osma										
16993	64541		Millenium Natural Health Products, Inc										
16994	51408		Plenish Skin Care										
16995	63708		EMPIRE MANAGED SOLUTIONS LLC										
16996	50452		Phoenix Research Industries, Inc.										
16997	68569		CID LINES NV										
16998	76690		Five Points Spirits LLC										
16999	41391		Myo-Breathe										
17000	66300		ChemPacific Corporation										
17001	76378		Enzyme Solutions, Inc.										
17002	14208		California Tool and Welding Supply, LLC										
17003	60489		OL PHARMA TECH, LLC										
17004	65457		Aptuit (Kansas City) LLC dba Aptuit, Inc.										
17005	74341		Newacme LLC										
17006	68033		Wyeth Farma SA										
17007	74335		Litt Spirits Inc										
17008	75626		Aurinia Pharma U.S., Inc.										
17009	58567		CARBOGEN AMCIS AG										
17010	53499		Schwabe North America, Inc										
17011	62959		Ultratab Laboratories, Inc.										
17012	70585		RLABS, LLC										
17013	78899		Kairon Corp.										
17014	72361		Oasis Health, LLC										
17015	72957		Private Label Skin Care										
17016	51900		Galaxy Pharmaceuticals, Inc.										
17017	86109		Chewy, Inc.										
17018	76853		Block LLC										
17019	74313		Viking Chemical Co.										
17020	62630		ZRG DETOX, INC.										
17021	69737		B & J Group										
17022	60867		Safehands Distribution Ne. LLC										
17023	50813		Dr. Elena M. Morreale, Chiropractic Life Center										
17024	79044		Happy Go Lucky LLC										
17025	73073		IV & Respiratory Care Services dba IV and Respiratory Care										
17026	69811		D.J.H. INC										

Attachment D**Nature of Business**

Aurinia Pharma U.S., Inc. (Aurinia) is a prescription drug manufacturer. Aurinia will use contract manufacturers to produce its product and a third party logistics provider to distribute. Accordingly, Aurinia will not physically handle product at its business office. The contact information for the third parties are provided below.

Contract Manufacturers:

Lonza AG
Lonzastrasse, CH – 3930, Switzerland, Visp
FDA Registration #: 3002930340

Catalent Pharma Solutions, LLC,
2725 Scherer Drive N
St. Petersburg, FL 33716
FDA Registration #: 1811396

Third Party Logistics Provider:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Attachment E**Corporate Officer and Director Information**

Aurinia Pharma U.S., Inc.
77 Upper Rock Circle, Suite 700
Rockville, MD 20850

Corporate Officers:

Peter Greenleaf
Chief Executive Officer

Matthew (Max) Donley
EVP, Internal Operations and Strategy

Massimiliano Colao
Chief Commercial Officer

Erik Eglite
Senior VP, General Counsel & Chief Corporate Compliance Officer

Joseph Miller
Chief Financial Officer

Directors:

George M. Milne
Daniel Billen
H. Hector MacKay-Dunn
Peter Greenleaf
Joseph P. Hagan
Michael Hayden
David R. W. Jayne
Jill Leversage
Timothy Walbert

The corporate officers may be reached at the address above.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AURINIA PHARMA U.S., 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 JULY, A.D. 2020.

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.



5425723 8300

SR# 20206088057

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: 203233344

Date: 07-07-20

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. 017240398

Application/License No. _____

Aurinia Pharma U.S., Inc., doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
77 Upper Rock Circle; Rockville, MD 20850, as
Address of Applicant/Principal
PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New Hampshire
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
62 Maple Avenue; Keene, NH 03431 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 TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), 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 12, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 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 NAC 639.5937 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 and NAC 639.5937. 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
12th day of June, 2020.

APPLICANT/PRINCIPAL

DocuSigned by:
Joe Miller
 B7C50E14658B4AF
 Authorized Representative

SURETY COMPANY

DocuSigned by:
John Hinkle
 B7C50E14658B4AF
 Surety Company's Representative

John Hinkle, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

DocuSigned by:
[Signature]
 BAE7C437A88D409

SIGNED and SEALED in the presence of:
Amanda Gonzales
 Witness



Seal No. 8339

DocuSigned by:
Candice Lyman Nudling
 9E4832A229F44D3

DocuSigned by:
Ian Hoffman
 Witness

Countersigned by:

[Signature]
 Nevada Resident Agent



Certificate Of Completion

Envelope Id: 95E3AF441A724DA594BFCB4C4CBE182A

Subject: Nevada License Packet

Source Envelope:

Document Pages: 28

Certificate Pages: 1

AutoNav: Enabled

Envelope Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 1

Initials: 0

Status: Completed

Envelope Originator:

Kevin Wilmot

1203-4464 Markham Street

Victoria, BC V8Z7X8

IP Address: 100.34.1.2

Record Tracking

Status: Original

10/6/2020 7:17:50 AM

Holder: Kevin Wilmot

Location: DocuSign

Signer Events

Cara Felish

Vice President, Commercial Operations- US

Commercial

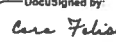
Aurinia Pharmaceuticals Inc.

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signature

DocuSigned by:

 59524113B8FE4D4

Signature Adoption: Pre-selected Style

Using IP Address: 72.73.23.215

Timestamp

Sent: 10/6/2020 7:20:42 AM

Viewed: 10/6/2020 9:39:32 AM

Signed: 10/6/2020 9:46:53 AM

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

10/6/2020 7:20:42 AM

Certified Delivered

Security Checked

10/6/2020 9:39:32 AM

Signing Complete

Security Checked

10/6/2020 9:46:53 AM

Completed

Security Checked

10/6/2020 9:46:53 AM

Payment Events

Status

Timestamps

40

10/21/20

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Metuchen Pharmaceuticals, LLC

Physical Address: 200 U.S. Highway 9, Suite 500

City: Manalapan Township State: NJ Zip Code: 07726

Telephone Number: 848-233-5568 Fax Number: N/A

Toll Free Number: N/A

E-mail: aharvey@metuchenpharma.com Website: www.metuchenpharma.com

Facility Manager: Keith F. Lavan

Professional qualifications and experience of facility manager: See attached CV

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: Truepill, Inc.

Address: 3121 Diablo Avenue, Hayward, CA 94598

Name: ABC (Amerisource Bergen)

Address: 227 Washington Street, Conshocken, PA19428

Name: Cardinal

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: McKesson

Address: 6555 State Highway 161, Irving, TX 75039

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.

Keith FL

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

Keith F. Lavan

Print Name of Authorized Person

10-13-20

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/AMailing Address: 200 U.S. Highway 9, Suite 500City: Manalapan Township State: NJ Zip: 07726Telephone: 848-233-5568 Fax: N/AContact Person: Angela Harvey

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>Juggernaut Capitol Partners III, L.P.</u>	<u>5301 Wisconsin Ave NW, Suite 570, Washington, DC 20015</u>
Name	Business Address

b) <u>L Mazur Associates, JV</u>	<u>32 Arden Road, Mountain Lakes, NJ 07046</u>
Name	Business Address

c) <u>Iroquois Capital Investment Group</u>	<u>205 East 42nd Street, 20th Floor, New York, NY 10017</u>
Name	Business Address

d) <u>METP Holding, LLC</u>	<u>5301 Wisconsin Ave NW, Suite 570, Washington, DC 20015</u>
Name	Business Address

2) Provide the number of shares issued by the corporation. N/A3) 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

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.

National Drug Code Directory

SHARE (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%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

EMAIL (mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through November 19, 2020

You have searched Finished drug products

Search Results '72384'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

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	Market Category	Package Description	Pharm
Stendra	72384-751-30	50 mg/1	TABLET	ORAL	NDA202276	Metuchen Pharmaceuticals LLC	72384-751	avanafil	AVANAFIL	HUMAN PRESCRIPTION DRUG	12/27/2013	N/A	NDA	30 TABLET in 1 BOTTLE (72384-751-30)	Phospho 5 Inhibitor
Stendra	72384-752-30	100 mg/1	TABLET	ORAL	NDA202276	Metuchen Pharmaceuticals LLC	72384-752	avanafil	AVANAFIL	HUMAN PRESCRIPTION DRUG	12/27/2013	N/A	NDA	30 TABLET in 1 BOTTLE (72384-752-30)	Phospho 5 Inhibitor
Stendra	72384-752-99	100 mg/1	TABLET	ORAL	NDA202276	Metuchen Pharmaceuticals LLC	72384-752	avanafil	AVANAFIL	HUMAN PRESCRIPTION DRUG	12/27/2013	N/A	NDA	6 BLISTER PACK in 1 CARTON (72384-752-99) > 1 TABLET in 1 BLISTER PACK (72384-752-01)	Phospho 5 Inhibitor
Stendra	72384-753-30	200 mg/1	TABLET	ORAL	NDA202276	Metuchen Pharmaceuticals LLC	72384-753	avanafil	AVANAFIL	HUMAN PRESCRIPTION DRUG	12/27/2013	N/A	NDA	30 TABLET in 1 BOTTLE (72384-753-30)	Phospho 5 Inhibitor
Stendra	72384-753-99	200 mg/1	TABLET	ORAL	NDA202276	Metuchen Pharmaceuticals LLC	72384-753	avanafil	AVANAFIL	HUMAN PRESCRIPTION DRUG	12/27/2013	N/A	NDA	6 BLISTER PACK in 1 CARTON (72384-753-99) > 1 TABLET in 1 BLISTER PACK (72384-753-01)	Phospho 5 Inhibitor

Showing 1 to 5 of 5 entries

[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

Previous 1 Next

Verified
11/19/20
MC

Current Date: 08-JUN-2018

Labeler DUNS: 080405758

Labeler Name: Metuchen Pharmaceuticals LLC

Labeler Code: 72384

Metuchen Pharmaceuticals, LLC*Officer List*

Fady Boctor	President	Haverhill Road Chester Springs, PA 19425 D/O/B: SSN:	(
Keith F. Lavan	Chief Financial Officer	McCollum Drive Clark, NJ 07066 D/c SSN POB: Jersey City, NJ	(



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

P.O. Box 369, Trenton, New Jersey 08625-0369

0741220

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:

200 US 9, STE 500 MANALAPAN, NJ 07726-

Reg. No.
5005810

METUCHEN PHARMACEUTICALS, LLC
200 US 9, STE 500
MANALAPAN, NJ 07726-

ISSUED PURSUANT TO

N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Keith F. Lavan

McCollum Drive
Clark, N.J 07066
com

PROFESSIONAL SUMMARY

A results oriented professional with proven leadership skills providing strategic direction in a high growth business environment. Diverse functional areas of responsibility have included: Finance, Cash Management, Supply-Chain, Inventory/Cost accounting, Budget and Planning, Project Management, Payroll, Accounts Payable, Expense Reporting, Sarbanes-Oxley, Staff Supervision. Establish and maintain accounting standards and financial operations procedures and document the critical accounting policies and issues. Have outstanding organizational, analytical and process improvement skills.

PROFESSIONAL EXPERIENCE

Metuchen Pharmaceuticals, Manalapan, NJ

Oct. 2016 – Present

Chief Financial Officer

- Assist in formulating the company's future directions and supporting tactical initiative.
- Participate in key decisions as a member of the executive management team.
- Oversee the issuance of financial information, report financial results to the board of directors.
- Develop financial and tax strategies.
- Manage capital request and budgeting processes, monitor cash balances and cash forecast.
- Manage the accounting, human resources, investor relations, legal, tax and treasury departments.
- Understand and mitigate key elements of the company's risk profile.
- Maintain appropriate insurance coverage
- Ensure that the company complies with all legal and regulatory requirements.

Akrimax Pharmaceuticals, Cranford, NJ

Oct. 2008 – Oct. 2016

V.P. of Financial Operations

- Direct all Supply Chain, Purchasing and Production Planning for Third Party Manufacturing globally.
- Developed Monthly KPI's for Supply Chain, Inventory and Distribution.
- Direct all financial interaction with distribution center along with the outsourcing of Account Receivable.
- Direct all budget and planning for Company (Sales & Marketing, Supply Chain, Regulatory, G&A and Distribution). Cash flow analysis for supply chain inventory purchases.

Glaxo Smith Kline/Reliant Pharmaceuticals, Liberty Corner, NJ

Feb. 2005 – Oct. 2008

Associate Director of Financial Operations

- Responsible for Payroll, Expense Reporting, Accounts Payable and Inventory/Cost Accounting for a \$650M with over 1000 employee organization. Direct 8 employees.
- Direct all budget and planning for Commercial Operations, Manufacturing, Distribution and Quality Assurance/Control. Cash flow analysis for supply chain inventory purchases.
- Implemented monthly/quarterly inventory reconciliation and reporting for Raw Material, Work-In-Process (WIP) and Finished Goods for all Third Party Manufacturing and Distribution.
- Integrated an approval flow system (Liquid Office) for Purchase Orders and Check Requisitions with the financial systems (ACCPAC).
- Directed all financial interaction with the conversion of our Distribution center along with the outsourcing of Account Receivable.
- Create and execute a plan to facilitate Sarbanes-Oxley within the areas of responsibility.
- Develop and maintain accurate standard costs for all products. Prepare monthly analysis for variances related to actual cost vs. standard cost.
- Manage of all vendor profit split arrangements.

Keith F. Lavan

Integra LifeSciences Corporation, Plainsboro, NJ

August 2004-February 2005

Group Controller

- Responsible for all financial functions at five plants through-out the United States. Direct 15 employees.
- Member of Due Diligence Team responsible to assess potential products and companies acquisitions.
- Assisted in closing one plant that reduced costs by over \$2M.
- Developed and implemented monthly/quarterly inventory reconciliation and reporting for Raw Material, Work-In-Process (WIP) and Finished Goods for all plants.
- Member of cross-functional team to create and execute a plan to facilitate Sarbanes-Oxley.

Alpharma Pharmaceutical, Inc. Elizabeth, NJ

January 2001 – August 2004

Director of Finance Operation

- Manage Cost Accounting, Inventory Control, Accounts Payable and Operational Spending for three plants. Managed 15 associates.
- Develop and monitor reports that track the spending associated with the implementation of Quality Systems Corrective Action Plan.
- Developed new reports to integrate three plants and a distribution center to track standards, absorption, spending and variances.
- Create and execute a plan to facilitate Sarbanes-Oxley within the plants and Distribution center.
- Worked on the development of 5-year STRAP Plan.
- Lead the integration of the plant and distribution accounting.
- Provided information to Standard & Poor's for the calculation of the asset of Faulding for purchase price allocation purpose.
- Worked on the preparation and the audit of the 2-year restatement of the financials to GAAP.
- Worked with PWC on the auditing of Inventory on the acquisition date.
- Improved inventory DOS from 132 to 110.
- Improved Accounts Payable days from 26 to 36 by working with purchasing and supplies to extended terms.
- Financial Champion of Lean/Six Sigma in Two Manufacturing Plants.

Manager of Finance Operation

December 1999 – January 2001

- Manage Cost Accounting, Inventory Control, Accounts Payable and Operational Spending for one plant. Managed 5 associates.
- Ensure all standards are accurately calculated and maintained in MFG/PRO and the development of yearly standards.
- Manage of all vendor profit split arrangements.
- Preparation of Monthly account analysis and reports for financial package.
- Monthly forecast and management of Inventory levels, A/P balances and Capital spending.

William Grant & Sons, Inc. Edison, NJ

February 1995 – December 1999

Business System Development/Cost Accountant Manager

- Managed Cost Accountant, Inventory Control and Accounts Payable.
- Financial expert implementing J.D. Edwards at Manufacturing Company.
- Integration of Phase One (G.L. and A/P) with Phase Two (Sales Order Processing, Inventory Control, Shop Floor Control, Manufacturing Accounting, P.O's, and A/R.)
- Development of documentation and procedures for on-going training of J.D. Edwards.
- Monthly reconciliation of variance accounting for eight components of inventory.
- Handle Foreign Exchange Gains & Losses for five currencies.
- Implemented new month-end procedures that shorted the inventory reconciliation by seven days.

Education

Bachelor of Science, Accounting, 1991 – Kean University, Union, New Jersey

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METUCHEN PHARMACEUTICALS 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METUCHEN PHARMACEUTICALS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2016.

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



6081414 8300

SR# 20207254936

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203650171

Date: 09-14-20

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 "METUCHEN
PHARMACEUTICALS LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH
DAY OF JUNE, A.D. 2016, AT 1:13 O'CLOCK P.M.



6081414 8100
SR# 20164679796

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: 202571505
Date: 06-28-16

CERTIFICATE OF FORMATION
OF

METUCHEN PHARMACEUTICALS LLC

(Pursuant to Section 18-201 of the Delaware Limited Liability Company Act)

The undersigned, as an authorized person, in order to form a limited liability company under the Delaware Limited Liability Company Act, does hereby certify as follows:

1. The name of the limited liability company is Metuchen Pharmaceuticals LLC (the "Company").
2. The address of the registered office of the Company in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.
3. The name and address of the registered agent for service of process on the Company in the State of Delaware is Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Formation on the 28th day of June, 2016.

/s/ Michael J. Lerner

Michael J. Lerner, Esq.
Authorized Person

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. LPM9348038

Application/License No. _____

Metuchen Pharmaceuticals, LLC, doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
200 US 9 Suite 500, Manalapan Township, NJ 07726, as
Address of Applicant/Principal
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
Surety Company
 corporation organized under the laws of the state of IL
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056 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 25, 2020.
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.

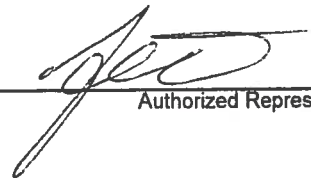
THIS BOND is subject to the following conditions:

- (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
25th day of September, 2020.

APPLICANT/PRINCIPAL
 Metuchen Pharmaceuticals, LLC
 COMPANY



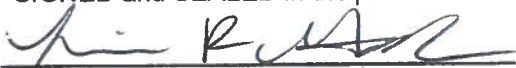
 Authorized Representative

SURETY
 Fidelity and Deposit Company of Maryland



 Surety Company's Representative
Donna M. Chiancone, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:



 Witness



 Witness

SIGNED and SEALED in the presence of:



 Witness Lori N. Baybutt



 Witness Travis W. Shaffer

Countersigned by:



Bond Number LPM9348038Obligee Nevada State Board of Pharmacy

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Donna M. Chiancone, its true and lawful agent and Attorney-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 and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

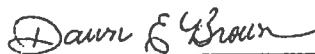
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND



By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 25th day of September, 2020.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND

1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition

As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments.....	2,878,421
Reinsurance Recoverable	25,356,035
Federal Income Tax Recoverable.....	140,480
Other Accounts Receivable.....	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

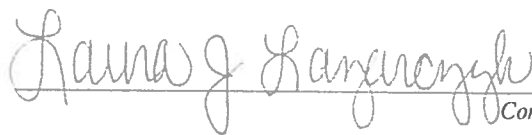
LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates.....	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders.....	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

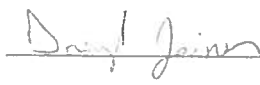
Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.


Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.


Notary Public



4P

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Myovant Sciences, Inc.

Physical Address: 2000 Sierra Point Pkwy Suite 900

City: Brisbane State: CA Zip Code: 94005

Telephone Number: (650) 392-0222 Fax Number: _____

Toll Free Number: _____

E-mail: eileen.ring@myovant.com Website: https://www.myovant.com/

Facility Manager: My Khai La

Professional qualifications and experience of facility manager: _____
See Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies

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)

*updated
11/9/20*

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: N/A - New company and no sales within past 12 months

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

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.

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

Lynn Seely
Print Name of Authorized Person

16 July 2020
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: DE

Parent Company if any: Myovant Sciences Limited

Mailing Address: Suit 1, 3rd Floor, 11-12 St. Jame's Square

City: London State: United Zip: SW1Y 4LB

Telephone: +442074003335 Fax: N/A

Contact Person: Jason Antony Reader

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

Business Address

b)

Name

Business Address

c)

Name

Business Address

d)

Name

Business Address

2) Provide the number of shares issued by the corporation. See Attached

3) What was the price paid per share? See Attached

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.



Description of Operations

Myovant Sciences, Inc. is a Virtual Manufacturer. Myovant Sciences, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies and Wholesalers by their Third-Party Logistics Provider, UPS Supply Chain Solutions Inc. , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

Bushu Pharmaceuticals Ltd.

1 Takeno Kawagoe Sitama, Japan 350-0801

FDA Establishment Number: 3005709762

Contact Person: Iadan Khodrang

Contact Number: (905) 812-6799

Patheon manufactures Myovant Sciences, Inc.'s product and packages finished product. At no time does Patheon own the product, contract with Myovant Sciences, Inc.'s customers, invoice, nor sell a Myovant Sciences, Inc. product. Myovant Sciences, Inc.'s products are not Controlled Substances.

Labeler Code:

72974

*verified
11/9/20
MS*

Third Party Logistic information:

For distribution into the commercial supply channels, UPS Supply Chain Solutions Inc. acts as Myovant Sciences, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Myovant Sciences, Inc.'s product to Specialty Pharmacies and Wholesalers throughout the United States. UPS Supply Chain Solutions Inc.'s address is:

UPS Supply Chain Solutions Inc.

1920 Outer Loop

Louisville, KY 40219

Vince Kerns (502)492-8613

Myovant Sciences, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



Product List

Relugolix – Labeler code 72974

72974 Myovant Sciences, Inc.

<https://www.fda.gov/industry/structured-product-labeling-resources/ndcnhric-labeler-codes>

Per FDA, labeler code assignment can be found at the above link.

Verified
MS
11/9/20



Company/Ownership Information

Myovant Sciences, Inc.
 2000 Sierra Point Pkway, Suite 900
 Brisbane, CA 94005
 P: 650-392-0222
 E-mail: statelicensing@myovant.com

Tax ID:

State of Formation: Delaware
 Date Incorporated: 04/21/2016

Myovant Sciences, Inc. is a 100% Wholly owned subsidiary of Myovant Holdings Limited.

Parent Company

Myovant Holdings Limited
 Suit 1, 3rd Floor, 11-12 St. Jame's Square
 London, UK SW1Y 4LB

Officers

Lynn Seely, Chief Executive Officer
 Sierra Point Pkway, Suite
 Brisbane, CA 94005

Lutz Karbe, President & Chief Financial Officer
 Sierra Point Pkway, Suite
 Brisbane, CA 94005

Juan Camilo Arjona Ferreira, Chief Medical Officer
 Sierra Point Pkway, Suite
 Brisbane, CA 94005

Matthew Lang, Chief Administrative & Legal Officer and Corporate Secretary
 Sierra Point Pkway, Suite
 Brisbane, CA 94005

F

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. 016229538

Application/License No. _____

Myovant Sciences, Inc. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2000 Sierra Point Parkway, 9th Floor, Brisbane, CA 94005, as
Address of Applicant/Principal
PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Massachusetts
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02117 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 22, 2020.
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 September, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Myovant Sciences, Inc.


Authorized Representative

Liberty Mutual Insurance Company


Surety Company's Representative

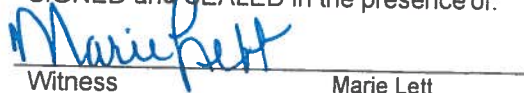
Sandy McElhaney, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Marie Lett


Witness Bonnie Rice

Countersigned by:

N/A
Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Sandy McElhaney all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021

Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies 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 22nd day of September, 2020.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYOVANT SCIENCES, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYOVANT SCIENCES, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2016.

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



6022197 8300

SR# 20207312614

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: 203671030

Date: 09-16-20

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7767

NAME: MYOVANT SCIENCES, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN.

ADDRESS

2000 SIERRA POINT PKWY STE 900
BRISBANE CA 94005
SAN MATEO COUNTY

ISSUANCE DATE

JUNE 19, 2020

EXPIRATION DATE

JUNE 1, 2021

CURRENT DATE / TIME

DECEMBER 8, 2020
10:46:28 AM

LICENSE RELATIONSHIPS

NAME: LA, MY KHAI

LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST

LICENSE NUMBER: 71379 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Raymond La, PharmD

6

QUALIFICATIONS	▪ Highly motivated and accomplished individual with years of pharmaceutical industry experience in medical communications and commercial regulatory affairs ▪ Recognized for teamwork, innovation, and performance by medical and commercial teams and executive leadership
EDUCATION	University of California, San Francisco, School of Pharmacy: PharmD University of California, Berkeley, College of Letters & Science: BA, Molecular & Cell Biology
LICENSURE	California Registered Pharmacist № 71379
EXPERIENCE	Myovant Sciences: Associate Director, Medical Communications and Operations 12.2019 – Present Brisbane, CA ▪ Support Medical Communications and Operations activities across women's health and prostate cancer for Myovant Sciences Actelion Pharmaceuticals US, Inc: Senior Manager, Regulatory Advertising and Promotion 10.2018 – 12.2019 South San Francisco, CA ▪ Provide regulatory guidance for advertisement and promotional materials on all Actelion marketed products in pulmonary arterial hypertension (PAH) for both professional and consumer audiences (e.g., sales aids, journal ads, educational materials, disease education, press releases, websites, and speaker presentations) ▪ Provide regulatory guidance to the Medical Review Committee on advisory board materials, MSL slide decks, and Managed Market Medical Liaison slide decks ▪ Lead training on regulatory issues pertaining to promotion of Actelion marketed products to office and field colleagues, as well as medical booth staff for congresses Actelion Pharmaceuticals US, Inc: Senior Manager, Medical Communications 09.2014 – 09.2018 South San Francisco, CA ▪ Promoted from Manager to Senior Manager in January 2017 and supervised a team of 3 Medical Communications Managers ▪ Responsible for delivering current and balanced medical information on all Actelion marketed products in cardiology/pulmonology, oncology, and metabolic disease therapeutic areas ▪ Led development of medical information request management system in collaboration with global colleagues ▪ Supported publications including abstract, poster, and manuscript content development ▪ Developed and updated AMCP dossiers for Actelion marketed products ▪ Prepared written and oral materials for state Medicaid Preferred Drug List review of Actelion marketed products ▪ Medical Communications lead for PAH franchise – Developed presentation materials in collaboration with Medical Affairs for field medical team – Developed materials and led medical and commercial training – Reviewed and provided medical guidance to the Commercial organization to assist in the development and execution of internal training and external promotional and education materials ▪ Led Medical Communications activities at scientific congresses (American College of Cardiology, American Thoracic Society, and American College of Chest Physicians) – Developed content for and staffed medical booth – Led competitive intelligence gathering activities to deliver daily highlights and post-congress summary reports to US and Global colleagues – Developed internal database to organize congress presentations, abstracts, and posters ▪ Developed Investigator Directory platform to provide up-to-date information on US investigators involved in Actelion and competitor sponsored clinical trials in pulmonary hypertension ▪ Mentored and trained new colleagues, including postdoctoral fellows and pharmacy student interns

EXPERIENCE**Walgreens Pharmacy: Graduate Intern Pharmacist**

06.2014 – 09.2014 | South San Francisco, CA

- Conducted patient interviews to obtain a complete drug history and relevant medical information in order to provide appropriate and comprehensive care for pharmacy patients
- Performed health screenings to promote patient wellness and provide education on management of hypertension, diabetes, and dyslipidemia
- Recognized for efficient and comprehensive patient interviews which resulted in patients receiving recommended vaccinations and improved adherence to medication regimens

Costco Pharmacy: Graduate Intern Pharmacist

01.2012 – 09.2014 | South San Francisco, CA

- Promoted from Intern Pharmacist to Graduate Intern Pharmacist in June 2014
- Provided comprehensive counseling on over-the-counter and prescription medications
- Contacted prescribers regarding prescription clarifications, prior authorizations, and refill requests
- Communicated with third party payers for rejection clarifications, insurance overrides, and prior authorizations
- Managed daily medication inventory orders with McKesson and AmerisourceBergen
- Recognized for high quality of customer service

TEACHING**Physical Chemistry Teaching Assistant**

09.2011 – 12.2011 | University of California, San Francisco, School of Pharmacy

- Instructed weekly physical chemistry conference section for first year pharmacy students
- Reviewed lecture material and facilitated assigned workshops for students during each conference
- Led weekly course office hours and facilitated exam reviews

Undergraduate and Graduate Student Instructor

01.2008 – 08.2012 | University of California, Berkeley, College of Chemistry

- Instructed weekly undergraduate organic chemistry laboratory course
- Led weekly office hours for laboratory and lecture portions of the course and facilitated exam reviews

RECOGNITIONS

- Johnson & Johnson Leadership Award | 2019
- Actelion Encore Award for Significant Contributions to Launch Readiness Efforts | 2019
- Actelion Medical Department Award | 2016
- UCSF School of Pharmacy Alumni Scholarship | 2013
- UCSF School of Pharmacy Scholarship for Student Status and Honors | 2012, 2013
- UCSF School of Pharmacy Apple Award for Dean's Recognition for Excellence in Teaching | 2012
- UC Berkeley, Graduated with Honors Recognition | 2009



October 5, 2020

Via Fed Ex

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

To Whom It May Concern:

On behalf of Myovant Sciences, Inc. ("Myovant"), attached is Myovant's application for Out of State Wholesale license.

Myovant is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, UPS, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Myovant's office. Myovant's product is not a controlled substance. Accordingly, Myovant is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Myovant's application. If you have a question regarding this application, please contact me at 614-578-3827 or via email at jordan.spadafora@twolabs.com. Please also address all written communication to me. My address is 1340 / Rd, Columbus, OH 43224.

Thank you in advance for your consideration.

A handwritten signature in blue ink, appearing to read 'J. Spadafora', is written above the printed name.

Jordan Spadafora
Licensing Analyst

4Q

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Solco Healthcare U.S. LLC

Physical Address: 700 Atrium Dr. Suite A

City: Somerset State: NJ Zip Code: 08873

Telephone Number: 6096551688 Fax Number: 6096551658

Toll Free Number: 866-931-9829

E-mail: license@solcohealthcare.com Website: https://www.solcohealthcare.com

Facility Manager: Hai Wang

Professional qualifications and experience of facility manager: Please see 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?

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)

Please NDC code list

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. Please see attachment

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: _____

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 ☒

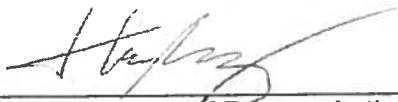
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Hai Wang, President

11/30/2020

Print Name of Authorized Person

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: Princeton Pharmaceutical Inc.

Mailing Address: 700 Atrium Dr. Suite B

City: Somerset State: NJ Zip: 08873

Telephone: 6096551688 Fax: 6096551658

Contact Person: Jun Du

For any corporation non-publicly traded, disclose the following: Please see attachment

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

a) _____
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. _____

- 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 corporation

List of officers and directors Please see attachment

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. Please see attachment

Contact

www.huahaipharm.com (Company)
 www.prinstonpharm.com
 (Company)
 www.solcohealthcare.com
 (Company)

Top Skills

Business Development
 Pharmaceutical Industry
 FDA

Hai Wang

President at Solco Healthcare U.S., LLC
 Princeton

Summary

Pharmaceutical executive with industrial experience in both generic company and major corporation. Knowledge and experience in product in-licensing, product co-development, sales & marketing, forecasting and financial assessment, mergers and acquisitions, deal making and relationship network related to pharmaceutical industry.

Specialties:

- Pharmaceuticals sales & marketing
- Business development
- Strategy development and strategic planning
- Portfolio management
- Product in-licensing and out-licensing
- Mergers and acquisitions

Experience

Solco Healthcare US Inc.

President

June 2016 - Present (4 years 3 months)

Cranbury

Provide leadership in leading one of the fastest growing generic pharmaceutical companies in the U.S.

Prinston Pharmaceutical Inc.

Sr. Vice President, Business Development & Marketing

July 2011 - Present (9 years 2 months)

New Jersey

Huahai US, Inc.

15 years 5 months

Senior VP

January 2010 - Present (10 years 8 months)

Reporting to the CEO and Chairman of the company. Responsibilities include strategic partnership, corporate strategy, API and generic pharmaceuticals sales and marketing in North American markets, strategic planning and portfolio management. Proven track record in deal making and M&A. Established and managed partnerships with both major pharma and generic companies.

VP

April 2005 - December 2009 (4 years 9 months)

Vice President, Business Development

Pfizer PGRD

Scientist

September 1997 - April 2005 (7 years 8 months)

Senior Scientist, Pharmaceutical Science

Vintage Pharmaceuticals

Scientist

May 1994 - September 1997 (3 years 5 months)

Shanghai Institute of Pharmaceutical Industry

Process Engineer

June 1986 - July 1992 (6 years 2 months)

Education

Rensselaer Polytechnic Institute - The Lally School of Management

MBA, Management · (2003 - 2005)

East Tennessee State University

MS, Chemistry · (1992 - 1995)

East China University of Science and Technology

BS, Pharmaceutical Science · (1982 - 1986)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

SOLCO HEALTHCARE US, LLC
0600384729

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on March 19, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020

I further certify that the registered agent and office are:

REGISTERED AGENTS INC.
FIVE GREENTREE CENTRE, STE. 104
525 ROUTE 73 NORTH
MARLTON, NJ 08053



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of October, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6112221168

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Handwritten notes: 12/1/12, 12/1/12, 12/1/12

U.S. Department of Health & Human Services

FDA

U.S. FOOD & DRUG ADMINISTRATION

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SEARCH

FDA Application

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NDC Search Results on Package Code: 43547-

Click on Proprietary Name to view the label.

Proprietary Name	NDC	Company Name	Application Number or Regulatory Citation	Product Type	Marketing Category
Levetiracetam	43547-221-15	Solco Healthcare US, LLC	ANDA078106	HUMAN PRESCRIPTION DRUG	ANDA
Levetiracetam	43547-222-11	Solco Healthcare US, LLC	ANDA078106	HUMAN PRESCRIPTION DRUG	ANDA
Levetiracetam	43547-222-15	Solco Healthcare US, LLC	ANDA078106	HUMAN PRESCRIPTION DRUG	ANDA
Levetiracetam	43547-223-15	Solco Healthcare US, LLC	ANDA078106	HUMAN PRESCRIPTION DRUG	ANDA
Levetiracetam	43547-224-06	Solco Healthcare US, LLC	ANDA078106	HUMAN PRESCRIPTION DRUG	ANDA
Methocarbamol	43547-226-10	Solco Healthcare LLC	ANDA086988	HUMAN PRESCRIPTION DRUG	ANDA
Methocarbamol	43547-226-50	Solco Healthcare LLC	ANDA086988	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-268-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-268-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-269-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-269-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-270-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-270-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-271-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-271-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-272-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-272-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-273-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-273-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-274-10	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
ropinirole hydrochloride	43547-274-50	SOLCO HEALTHCARE US, LLC	ANDA078110	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-275-03	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-275-09	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-275-11	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-276-03	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-276-09	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
donepezil hydrochloride	43547-276-11	Solco Healthcare US, LLC	ANDA200292	HUMAN PRESCRIPTION DRUG	ANDA
liranesartan	43547-277-03	Solco healthcare U.S. LLC	ANDA203071	HUMAN PRESCRIPTION DRUG	ANDA

National Drug Code Directory

SHARE <https://www.facebook.com/shareto/harper.phillips/> https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

TWEET https://twitter.com/content7/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

EMAIL (mailto:?) mailto:subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

Current through January 04, 2021

You have searched Finished drug products

Search Results: 43547

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Display 50 records per page

Search for text in the table: solco

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	Market Category	Package Description	Pharm. Class.
AMPHETAMINE SULFATE	43547-457-10	5 mg/1	TABLET	ORAL	ANDA211861	Solco Healthcare U.S. LLC	43547-457	amphetamine sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	04/02/2020	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-457-10)	Centr Nerv Syst Stim [EPC Nerv Syst Stim] [FE]
AMPHETAMINE SULFATE	43547-458-10	10 mg/1	TABLET	ORAL	ANDA211861	Solco Healthcare U.S. LLC	43547-458	amphetamine sulfate	AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	04/02/2020	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-458-10)	Centr Nerv Syst Stim [EPC Nerv Syst Stim] [FE]
ARIPIPIRAZOLE	43547-305-09	15 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-305	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	80 TABLET in 1 BOTTLE (43547-305-09)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-305-10	15 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-305	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-305-10)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-304-50	10 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-304	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-304-50)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-306-50	20 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-306	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-306-50)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-303-10	5 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-303	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-303-10)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-307-10	30 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-307	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-307-10)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-303-09	5 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-303	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	90 TABLET in 1 BOTTLE (43547-303-09)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-304-09	10 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-304	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	90 TABLET in 1 BOTTLE (43547-304-09)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-306-03	20 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-306	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-306-03)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-307-50	30 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-307	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-307-50)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-302-03	2 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-302	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-302-03)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-302-50	2 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-302	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-302-50)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-305-03	15 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-305	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-305-03)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-307-09	30 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-307	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	90 TABLET in 1 BOTTLE (43547-307-09)	Atyp Antip [EPC]
ARIPIPIRAZOLE	43547-302-09	2 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-302	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	90 TABLET in 1 BOTTLE (43547-302-09)	Atyp Antip [EPC]

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	Market Category	Package Description	P
ARIPIPIRAZOLE	43547-302-10	2 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-302	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-302-10)	Aty An [EF]
ARIPIPIRAZOLE	43547-303-03	5 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-303	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-303-03)	Aty An [EF]
ARIPIPIRAZOLE	43547-303-50	5 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-303	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-303-50)	Aty An [EF]
ARIPIPIRAZOLE	43547-304-03	10 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-304	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-304-03)	Aty An [EF]
ARIPIPIRAZOLE	43547-306-09	20 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-306	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	90 TABLET in 1 BOTTLE (43547-306-09)	Aty An [EF]
ARIPIPIRAZOLE	43547-307-03	30 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-307	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	30 TABLET in 1 BOTTLE (43547-307-03)	Aty An [EF]
ARIPIPIRAZOLE	43547-305-50	15 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-305	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (43547-305-50)	Aty An [EP]
ARIPIPIRAZOLE	43547-306-10	20 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-306	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-306-10)	Aty An [EP]
ARIPIPIRAZOLE	43547-304-10	10 mg/1	TABLET	ORAL	ANDA205363	Solco Healthcare U.S. LLC	43547-304	aripiprazole	ARIPIPIRAZOLE	HUMAN PRESCRIPTION DRUG	12/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (43547-304-10)	Aty An [EP]
Benazepril Hydrochloride	43547-336-10	10 mg/1	TABLET COATED	ORAL	ANDA076118	Solco Healthcare U.S. LLC	43547-336	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	100 TABLET COATED in 1 BOTTLE (43547-336-10)	Ang Cor Enz Inhi [Mo/ Dec Bloo Pres]
Benazepril Hydrochloride	43547-337-10	20 mg/1	TABLET COATED	ORAL	ANDA076118	Solco Healthcare U.S. LLC	43547-337	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	100 TABLET COATED in 1 BOTTLE (43547-337-10)	Ang Cor Enz Inhi [Mo/ Dec Bloo Pres]
Benazepril Hydrochloride	43547-335-10	5 mg/1	TABLET COATED	ORAL	ANDA076118	Solco Healthcare U.S. LLC	43547-335	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	100 TABLET COATED in 1 BOTTLE (43547-335-10)	Ang Cor Enz Inhi [Mo/ Dec Bloo Pres]
Benazepril Hydrochloride	43547-338-10	40 mg/1	TABLET COATED	ORAL	ANDA076118	Solco Healthcare U.S. LLC	43547-338	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	100 TABLET COATED in 1 BOTTLE (43547-338-10)	Ang Cor Enz Inhi [Mo/ Dec Bloo Pres]
Benazepril Hydrochloride	43547-335-03	5 mg/1	TABLET COATED	ORAL	ANDA076118	Solco Healthcare U.S. LLC	43547-335	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	30 TABLET COATED in 1 BOTTLE (43547-335-03)	Ang Cor Enz Inhi [Mo/ Dec Bloo Pres]

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	Market Category	Package Description	Pharmacological Class
+ Benazepril Hydrochloride	43547-336-03	10 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-336	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	30 TABLET, COATED in 1 BOTTLE (43547-336-03)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ Benazepril Hydrochloride	43547-337-03	20 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-337	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	30 TABLET, COATED in 1 BOTTLE (43547-337-03)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ Benazepril Hydrochloride	43547-338-03	40 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-338	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	30 TABLET, COATED in 1 BOTTLE (43547-338-03)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ Benazepril Hydrochloride	43547-336-50	10 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-336	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	500 TABLET COATED in 1 BOTTLE (43547-336-50)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ Benazepril Hydrochloride	43547-337-50	20 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-337	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	500 TABLET COATED in 1 BOTTLE (43547-337-50)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ Benazepril Hydrochloride	43547-338-50	40 mg/1	TABLET COATED	ORAL	ANDA076118	Solco healthcare U.S. LLC	43547-338	Benazepril Hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/01/2014	N/A	ANDA	500 TABLET COATED in 1 BOTTLE (43547-338-50)	Angiotensin Converting Enzyme Inhibitor [MoA] Decreases Blood Pressure
+ bupropion	43547-288-10	100 mg/1	TABLET EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-288	Bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	100 TABLET EXTENDED RELEASE in 1 BOTTLE (43547-288-10)	Aminoreuptake Inhibitor [MoA] Increases Dopamine Activity Norepinephrine Uptake Inhibitor [MoA]

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	Market Category	Package Description	Ph Cl.
+ bupropion	43547-290-50	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-290	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	500 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-290-50)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo
+ bupropion	43547-290-09	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-290	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-290-09)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo
+ bupropion	43547-290-10	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-290	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	100 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-290-10)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo
+ bupropion	43547-289-09	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-289	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-289-09)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo
+ bupropion	43547-290-06	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-290	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	60 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-290-06)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo
+ bupropion	43547-288-06	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-288	Bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	60 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-288-06)	Amin [EP Dep Upta Inhib [Mo Incr Dep Acti Incr Nore Acti Nore Upta Inhib [Mo

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	Market Category	Package Description	Pha Clas
+ bupropion	43547-288-09	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-288	Bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	90 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-288-09)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA
+ bupropion	43547-289-10	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-289	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	100 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-289-10)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA
+ bupropion	43547-289-50	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-289	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	500 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-289-50)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA
+ bupropion	43547-288-50	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-288	Bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	500 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-288-50)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA
+ bupropion	43547-289-06	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-289	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	60 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-289-06)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA
+ bupropion	43547-289-25	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA202304	Solco Healthcare US LLC	43547-289	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2014	N/A	ANDA	250 TABLET, EXTENDED RELEASE in 1 BOTTLE (43547-289-25)	Amin- [EPC Dopa Uptal] Inhibi [MoA Incre. Dopa Activi Incre. Nore] Activi Nore] Uptal Inhibi [MoA

Showing 1 to 50 of 389 entries

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Previous 1 2 3 4 5 8 Next

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

[illegible]



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0737600

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

P.O. Box 369, Trenton, New Jersey 08625-0369

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:

700 ATRIUM DR, STE A SOMERSET, NJ 08873-
700 ATRIUM DR, STE B SOMERSET, NJ 08873-

Reg. No.
5004252

PRINSTON PHARMACEUTICAL INC
SOLCO HEALTHCARE US LLC
700 ATRIUM DR, STE A
SOMERSET, NJ 08873-

ISSUED PURSUANT TO

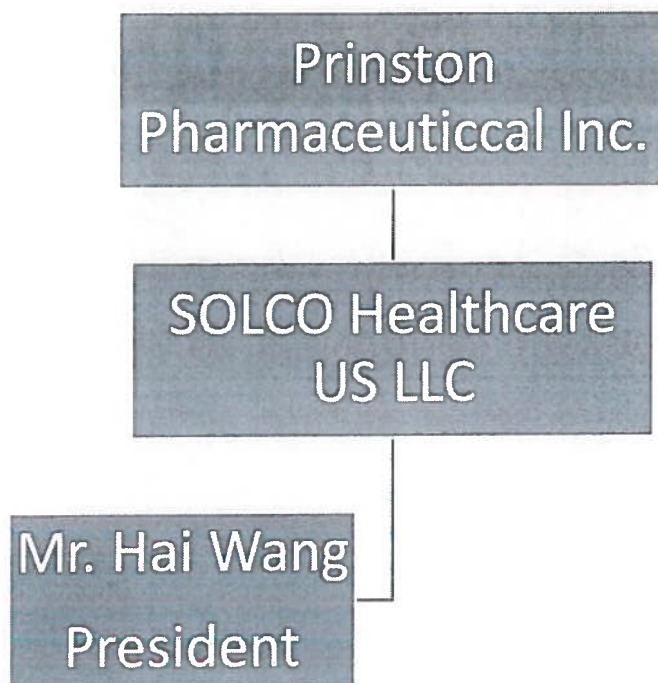
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

SOLCO's ownership organizational chart

SOLCO is fully owned by Princeton Pharmaceutical Inc. (100% ownership)



Princeton Pharmaceutical Inc. - Parent Company

Address: 700 Atrium Dr. Suite B, Somerset, NJ, 08873

Ownership: 100%

****Please note: Below is the only corporate officer for Princeton Pharmaceutical Inc.****

Jun Du - CEO

Address: 700 Atrium Dr. Suite B, Somerset, NJ, 08873

Tel: 6096551688

4R

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Urovant Sciences, Inc.

Physical Address: 5281 California Ave. Suite 100

City: Irvine State: CA Zip Code: 92617

Telephone Number: (949) 556-3727 Fax Number: _____

Toll Free Number: N/A

E-mail: licensing@urovant.com Website: www.urovant.com

Facility Manager: Biljana Nadjombati

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: Retail Pharmacies, Long-Term Care/Assisted Living, Military

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: N/A

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

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.

Christine Ocampo

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

Christine Ocampo

Print Name of Authorized Person

11-24-2020

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: DE

Parent Company if any: Urovant Holdings Limited

Mailing Address: 5281 California Ave. Suite 100

City: Irvine State: CA Zip: 92617

Telephone: 949-556-3727 Fax: _____

Contact Person: Christine Ocampo

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

Business Address

b) _____

Name

Business Address

c) _____

Name

Business Address

d) _____

Name

Business Address

2) Provide the number of shares issued by the corporation. See Attached

3) What was the price paid per share? See Attached

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.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7834

NAME: UROVANT SCIENCES INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

5281 CALIFORNIA AVE STE 100

IRVINE CA 92617

ORANGE COUNTY

ISSUANCE DATE

NOVEMBER 12, 2020

EXPIRATION DATE

MARCH 15, 2021

CURRENT DATE / TIME

NOVEMBER 28, 2020
8:50:14 AM

LICENSE RELATIONSHIPS

NAME: NADJSOMBATI, BILJANA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 20614 **PRIMARY STATUS:** CLEAR



Board of Pharmacy

Wholesale Drug Permit



LICENSE NO. WLS 7834

ISSUE DATE NOVEMBER 12, 2020

UROVANT SCIENCES INC

5281 CALIFORNIA AVE STE 100
IRVINE CA 92617

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

CORPORATION
BILJANA NADJSOMBATI

EXEMPTEE IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL MARCH 15, 2020

RECEIPT NUMBER 00000000

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

In accordance with section 4060 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 NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

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

11/12/20

11/12/20

DPHWS1 09/30/19 WLS

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UROVANT SCIENCES, 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-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UROVANT SCIENCES, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2016.

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



6210087 8300

SR# 20206464253

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: 203366174

Date: 07-29-20



Description of Operations

Urovant Sciences, Inc. ("Urovant") is a Virtual Manufacturer. Urovant is a privately-owned company. Urovant's products are manufactured by a contract manufacturer and will be distributed by their third party logistics provider, who is licensed to ship pharmaceutical products into your state.

Urovant's product is manufactured by the following contract manufacturer:

Patheon Pharmaceuticals, Inc.
2110 East Galbraith Road
Cincinnati, OH 45237

Products:

Patheon Pharmaceuticals, Inc. manufactures Urovant's product and packages finished product. At no time is commercial product manufactured at, stored at, or distributed from Urovant's Irvine office. Urovant's products are not controlled substances.

Labeler Code: 73336

Third Party Logistics Information:

Urovant will be utilizing a Third Party Logistics Provider (3PL) to distribute their product. The following 3PL will be utilized:

UPS SCS Inc.
1920 Outer Loop Door 140
Louisville, KY 40219

Urovant's hours of operation are 8:00am-5:00pm Pacific Standard Time

Urovant Sciences, Inc. -- Labeler Code

Labeler Code: 73336

Labeler Name: Urovant Sciences, Inc.

Labeler DUNS: 081330666

Labeler Address: 5281 California Ave., Suite 100, Irvine, CA 92617

NOTE: Labeler code originally assigned to Urovant Sciences GmbH in September 2019; code assignment updated to Urovant Sciences, Inc., in June 2020.

FDA List of Electronically-Submitted NDC/NHRIC Labeler Codes

<https://www.fda.gov/industry/structured-product-labeling-resources/ndcnhric-labeler-codes>

Urovant Sciences, Inc. NDC Numbers

30-count bottle: 73336-100-01

90-count bottle: 73336-100-02

7-count bottle (physician sample) and carton: 73336-100-03

File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do

Cut Copy Paste Format Painter Clipboard

Font Arial 10 A A B I U Font Alignment

Wrap Text Merge & Center

General \$ % .00 .00 Number

Conditional Formatting Table

Normal Neutral

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	NDC/NHR	Firm													
1	Labeler	Name													
16291	68041	Chemcor Chemical Corporation													
16292	76265	Luosun (Shanghai) Bio-Tech Co. Ltd.													
16293	0025	Pfizer Laboratories Div Pfizer Inc													
16294	79667	ELEFThERIA LLC													
16295	69701	Starman Consulting LLC													
16296	52138	Cleanphirst, LLC													
16297	41525	PBS Co., Ltd													
16298	80190	CARSON'S NUT-BOLT AND TOOL COMPANY INCORPORATED													
16299	40099	Safeguard Chemical Corporation													
16300	75890	Costree Co., Ltd													
16301	12072	Bayer Bitterfeld GmbH													
16302	23594	Aytu Therapeutics, LLC													
16303	49317	Abbott Welding Supply													
16304	81204	Accumed Biotech LLC													
16305	61133	Bimeda, Inc.													
16306	78480	THE NAVY UNITED STATES DEPARTMENT OF													
16307	76014	Avadel Legacy Pharmaceuticals, LLC													
16308	71714	Tiege Hanley LLC													
16309	63428	Breathe E-Z Medical Equipment													
16310	73336	Urovant Sciences, Inc.													
16311	86014	McKinley Resources Inc													
16312	43288	Praelia Pharmaceuticals Inc													
16313	61156	JACKS MFG INC													
16314	70983	Saje Natural Business Inc.													
16315	73013	OurPharma, LLC													
16316	79359	Maine Craft Distilling, LLC													
16317	74411	Kolani Distillers LLC													
16318	70117	Emorno Technologies Inc													

Verified
12/28/20

From: !
To: [David Hovland](#)
Subject: Labeler Code Request Approved
Date: Wednesday, September 4, 2019 7:52:39 AM

eDRLS - Electronic Drug Registration & Listing System

Current Date: 04-SEP-2019
Labeler DUNS: 480158219
Labeler Name: Urovant Sciences GmbH
Labeler Code: 73336

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email.



Ownership

Urovant Sciences, Inc. (Urovant) is a privately-owned, California based virtual manufacturer of pharmaceutical drugs.

Company Information

Urovant Sciences, Inc.

5281 California Ave. Suite 100

Irvine, CA 92617

(949) 556-3727

Tax ID: 82-0667009

licensing@urovant.com

Corporate Officers

Ajay Bansal, Chief Financial Officer

James Robinson, President and Chief Executive Officer

C. Walt Johnston, Senior Vice President Commercial

Christine G. Ocampo, Senior Vice President and Chief Accounting Officer

Contact

mail.c

(LinkedIn)

Biljana Nadjombati

VP CMC at Urovant Sciences

Orange County

Summary

Pharmaceutical development and supply chain professional with 20+ years of diverse experience as an individual contributor and team leader.

Proven track record of successful development and implementation of the chemistry, manufacturing and controls (CMC) strategy, regulatory approval, and commercial launch of small molecule and drug-device products.

Broad range of technical experience including formulation and manufacturing process development, device development, technology transfer, scale-up, analytical development and validations. Held leadership positions in the start-up and mid-size companies.

Experience

Urovant Sciences

VP CMC

April 2018 - Present (2 years 5 months)

Orange County, California Area

Avanir Pharmaceuticals

11 years 5 months

Sr. Director Pharmaceutical Development and Supply Chain

May 2015 - Present (5 years 4 months)

Director Pharmaceutical Development and Supply Chain

October 2013 - Present (6 years 11 months)

Aliso Viejo, CA

Associate Director Pharmaceutical Development and Supply Chain

October 2011 - September 2013 (2 years)

Aliso Viejo, CA

Sr. Manager CMC & Quality

December 2009 - April 2012 (2 years 5 months)

Pharmaceutical Manufacturing Consultant
April 2009 - December 2009 (9 months)

Valeant Pharmaceuticals
Sr. Manager Pharmaceutical Sciences
2006 - March 2009 (3 years)

Valeant R&D
Associate Principal Scientist Pharmaceutical Development
2002 - 2006 (4 years)

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. 016228523

Application/License No. _____

Urovant Sciences, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
5281 California Avenue, Suite 100, Irvine, CA 92617, as
Address of Applicant/Principal
PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Massachusetts
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 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 4, 2020.
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
4th day of September, 2020

APPLICANT/PRINCIPAL

Urovant Sciences, Inc.

Christine A. Ocampo
 Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

Mary Y. Volmar
 Surety Company Representative

Mary Y. Volmar, Attorney-in-fact
 print name



SIGNED and SEALED in the presence of:

Paul [Signature]
 Witness

SIGNED and SEALED in the presence of:

Lori Wright
 Witness Lori Wright

Nina Ocampo
 Witness

Jeremy Knap
 Witness Jeremy Knap

Countersigned by:

Loretta Jones
 Nevada Resident Agent
 Loretta Jones



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Mary Y. Volmar all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies 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 4th day of September, 2020.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2019

Assets		Liabilities	
Cash and Bank Deposits.....	\$778,754,989	Unearned Premiums.....	\$8,007,146,482
*Bonds — U.S Government.....	2,780,808,610	Reserve for Claims and Claims Expense	21,532,853,787
*Other Bonds.....	12,645,608,792	Funds Held Under Reinsurance Treaties.....	507,868,920
*Stocks.....	16,385,435,431	Reserve for Dividends to Policyholders.....	1,143,826
Real Estate.....	235,608,378	Additional Statutory Reserve.....	125,722,000
Agents' Balances or Uncollected Premiums.....	6,217,983,641	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	102,273,390	Other Liabilities.....	4,117,460,075
Other Admitted Assets.....	11,957,106,292	Total	\$34,292,195,090
Total Admitted Assets	<u>\$51,103,579,523</u>	Special Surplus Funds.....	\$32,768,443
		Capital Stock.....	10,000,075
		Paid in Surplus.....	10,044,978,933
		Unassigned Surplus.....	6,723,636,983
		Surplus to Policyholders.....	16,811,384,434
		Total Liabilities and Surplus.....	<u>\$51,103,579,524</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2019, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 27th day of March, 2020.

Tim Mikolajewski

Assistant Secretary

4S

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: Xiros, Inc

Physical Address: 20 Cabot Blvd, Suite 300

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-618-1337 Fax Number: _____

Toll Free Number: _____

E-mail: john.mahoney@xirosna.com Website: https://xirosna.com/

Facility Manager: John Mahoney

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: <u>Medical Devices</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?
(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: Xiros LTD

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: _____

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 D Mahoney
Print Name of Authorized Person

9/29/20
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: Xiros LTDMailing Address: 20 Cabot Blvd, Suite 300City: Mansfield State: MA Zip: 02048Telephone: 508-618-1337

Fax: _____

Contact Person: John Mahoney

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 Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

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.

OFFICER LIST

Chairman and Owner
Dr Bahaa Seedhom

Xiros Inc
General
Manager USA
John Mahoney

Sales and
Marketing
(UK and ROW)
Interim Head of
Sales and
Marketing
Rob Parker
Interim Head of
Product
Management
Mark Taylor

R & D Director
Dr Bahaa
Seedhom

Operations
Director
Dr Jonathan
Lorrison

Compliance
Director
Dr Steve Curran

CFO
Jon Joyce

HR Director
Kate de Juan



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

New Search

[Back To Search Results](#)

Establishment:

XIROS, INC.

20 Cabot Boulevard

Suite 300

Mansfield, MA 02048

Registration Number: 3015525389

FEI Number*: 3015525389

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2020

Verified 11/19/20 MS

Owner/Operator:

Xiros, Inc.⁶

20 Cabot Boulevard

Suite 300

Mansfield, MA US 02048

Owner/Operator Number: 10060876⁷

Official Correspondent:

John Mahoney

20 Cabot Boulevard

Suite 300

Mansfield, MA 02048

Phone: 1-508-8180822

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain>
2. <http://www.addthis.com/bookmark.php>
3. <https://www.fda.gov/>
4. <https://www.fda.gov/Medical-Devices>
5. <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>
6. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10060876&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10060876&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)
7. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10060876&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10060876&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)



Registration Information

Facility

Registration Number

3015525389

FEI Number

3015525389

Registration Status

Active

Registration Status Reason

Registration number assigned

Initial Importer

Y

Facility Name

XIROS, INC.

Facility Address20 CABOT BOULEVARD , SUITE 300
MANSFIELD , MASSACHUSETTS , 02048 , UNITED STATES

Owner/Operator

Owner/Operator Number

10060876

Contact Name

JOHN MAHONEY

Business Name

XIROS, INC.

Address20 CABOT BOULEVARD SUITE 300
MANSFIELD , MASSACHUSETTS , 02048 , UNITED STATES**Phone Number**

1 - 508 - 8180822

Fax Number**E-mail**

John.Mahoney@xirosna.com

Official Correspondent

Contact Name

JOHN MAHONEY

Business Name

XIROS, INC.

Address20 CABOT BOULEVARD , SUITE 300
MANSFIELD , MASSACHUSETTS , 02048 , UNITED STATES**Phone Number**

1 - 508 - 8180822

Fax Number**E-mail**

John.Mahoney@xirosna.com

Registration Status

Expiration Date

2020-12-31

PIN - PCN

50269592 - 20420169

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
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XIROS LTD	SPRINGFIELD HOUSE , WHITEHOUSE LANE , YEADON, Leeds, LS19 7UE, UNITED KINGDOM	JDR	Staple, fixation, bone	K913461	277
XIROS LTD	SPRINGFIELD HOUSE , WHITEHOUSE LANE , YEADON, Leeds, LS19 7UE, UNITED KINGDOM	JDR	Staple, fixation, bone	K010051	
XIROS LTD	SPRINGFIELD HOUSE , WHITEHOUSE LANE , YEADON, Leeds, LS19 7UE, UNITED KINGDOM	GAT	SUTURE, NONABSORBABLE, SYNTHETIC, POLYETHYLENE	K002172	
XIROS LTD	SPRINGFIELD HOUSE , WHITEHOUSE LANE , YEADON, Leeds, LS19 7UE, UNITED KINGDOM	HTN	WASHER, BOLT NUT	K180243	

[< Previous \(drfm.htm?_flowExecutionKey=_c5100C732-B4B9-C086-A5B0-689256E189E4_k82E421D3-8906-60CA-B15F-B0CD7E8049CD&_eventId=back\)](#)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XIROS, 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XIROS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2019.



7251494 8300

SR# 20206739158

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: 203467141

Date: 08-13-20

Health and Human Services

[Mass.Gov Home](#)
[State Agencies](#)
[State Online Services](#)

Mass.Gov

Licensee Information

Note: to print this page properly select File, Page Setup, and Landscape.

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing in adherence to Governor Baker's [Order Extending the Registrations of Certain Licensed Professionals](#) and [Order Extending the Registrations of Certain Licensed Health Care Professionals](#). Please note that all expiration dates have been removed from this site, until Governor Baker declares the end of the state of emergency in the Commonwealth of Massachusetts. Licenses, certifications, permits, and certificates of registration in good standing that were due to expire during the state of emergency beginning March 10, 2020 through the date of termination of the state of emergency will be assigned a new temporary expiration date equal to 90 days after the termination date of the state of emergency. Licenses, certifications, permits, and certificates of registration that expired prior to March 10, 2020 will continue to show an expired license status.

[Close Window](#)

Name

Full Name: **Xiros Inc**

License Information

License Number:	CC1046		
Profession:	PHARMACEUTICAL DEVICE	License Type:	Pharmaceutical Device
	MFGR.		Mfgr.
Issue Date:	7/6/2020	Date of Last Renewal:	
		(See COVID-19 message for Exp. Date)	
License Status:	Current	Today's Date:	9/23/2020
Reciprocity State:			

Address Information

City: Mansfield
 State: MA
 Zipcode: 02048
 Country: United States

Education Information

No Education Information

Prerequisite Information

No Prerequisite Information

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

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. 107349870

Application/License No. _____

Xiros Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
20 Cabot Blvd., Suite 300, Mansfield, MA 02048, 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
One Tower Square , Hartford, CT 06183 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 TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), 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 December 15, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 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 NAC 639.5937 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 and NAC 639.5937. 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
15th day of December, 2020.

APPLICANT/PRINCIPAL

Xiros Inc

By: _____

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

By: _____

Surety Company's Representative



William T. Krumm, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness _____

Witness _____

SIGNED and SEALED in the presence of:

Witness Karen Socha _____

Witness _____

Countersigned by: _____

Nevada Resident Agent Non-resident lic #223019

Posted February 20, 2020

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

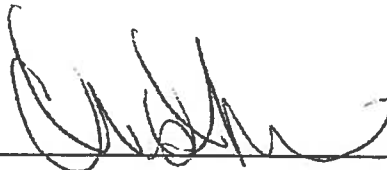
State of Illinois } ss:
 County of Cook

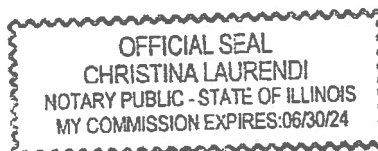
On this 15th day of December in the year two thousand twenty before me, Christina Laurendi, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared William T. Krumm, known to me to be the duly authorized Attorney-in-fact of Travelers Casualty and Surety Company of America and the same person whose name is subscribed to the within instrument as the Attorney-in-fact of said Company, and the said William T. Krumm, duly acknowledged to me that he subscribed the name of Travelers Casualty and Surety Company of America and thereto as Surety and his own name as Attorney-in-fact.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

My Commission Expires

6/30/2024


 Notary Public in and for Christina Laurendi
 County, State of Dupage, Illinois





Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty 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 **William T. Krumm** of Rolling Meadows, IL, 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, including the following bond:

Surety Bond No.: 107349870
OR

Principal: Xiros Inc

Obligee: Nevada State Board of Pharmacy
 (License & Permit): SAAcode=900

Project Description: NV Pharmaceutical Wholesaler Bond - 25000

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 6th day of May, 2019.



State of Connecticut

City of Hartford ss.

By: _____

Robert L. Raney
 Robert L. Raney, Senior Vice President

On this the 6th day of May, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies 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



Anna P. Nowik
 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, 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 each of the Companies, 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 15th day of December, 2020.



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 this Power of Attorney is attached.

JOHN D. MAHONEY

Myrtle St.
Norfolk, MA 02056

Phone: " " " "

Cell:

Email omcast.net

Exec Summary:

- Management of large number of global managers and direct employees
- Strong customer relationship skills spanning global societies and surgeon contracts
- Strong change management skills in combining disparate groups to form one functional unit
- Integration of digital education and advanced training modalities
- Global New Product development launch experience
- Sales of surgical implants, capital equipment and disposables
- Manage clinical trials
- Previous target markets Orthopedic Surgery, Urology, General Surgery, Neuro-Surgery, Spinal Surgery, Maxillo-facial Surgery and Robotic Surgery

EXPERIENCE

Xiros Inc

General Manager/President

Mansfield, MA

February, 2019 – Present

- Starting US sales and Marketing operations for Xiros LTD, a UK based Medical Device Manufacturing company
- Incorporate company and setup all business aspects to meet FDA guidelines for Medical Device Distribution in the US
- Oversee development of Quality management system
- Implement HealthCare compliance program
- Hire team of sales and marketing executives
- Build out the US distribution network
- Implement end to end web sales ordering and electronic processing program incorporating 5 different systems

Integra Lifesciences, Orthopedic and Tissue Technologies

Vice President of Professional Education

Plainsboro, NJ

April 2016 – January 2019

- Develop Integra Center of Excellence
- Develop team and procedures to support double digit business growth
- Implement HCP contracting and management systems
- Implement event management tools and metrics
- Begin implementation of digital education programs
- Analyze innovation in education modalities

Smith & Nephew ASD, A Full line orthopedic company

Group Director of Global Medical Education

Andover, MA

October 2011- April 2016

- Manage Global team for Medical Education across 6 business units
- Manage 7 direct reports on Global basis, 43 total reporting
- Develop and implement long term medical education strategy
- Develop Smith & Nephew centers of training excellence around the globe
- Collaborate with societies to support the education goals of Smith & Nephew
- Manage contracts with surgeons and societies
- Manage budget of ~\$20 Million
- Align with global launch of new products

Smith & Nephew, Endoscopy, A medical device company focused on arthroscopic surgery

Andover, MA

Group Director, Clinical Marketing and Medical Education

August 2008 – October 2011

- Manage Global team for Medical Education across Endoscopy Division
- Manage 4 direct reports on Global basis, 23 total reporting
- Develop and implement long term medical education strategy
- Develop Smith & Nephew centers of training excellence around the globe
- Collaborate with societies to support the education goals of Smith & Nephew
- Manage contracts with surgeons and societies
- Manage budget of ~ \$9Million

Smith & Nephew, Endoscopy, A medical device company focused on arthroscopic surgery

Andover, MA

Director, Clinical Marketing

January 2007 – August 2008

- Manage team of 5 field marketing specialist supporting repair business globally focusing on new product launches
- Develop program to better manage fellowship programs throughout US in funding, support, and tracking for targeting purposes
- Coordinate launch strategies with market managers to ensure quickest uptake of product
- Develop key opinion leader relationships to support launches and to produce clinical papers supporting product efficacy
- Coordinate all lab based activities for tradeshow and education programs
- Train specialists on S&N repair products
- Managed demo inventory for Global Endoscopy tradeshow and Med Ed programs

Senior Marketing Manager, Clinical Marketing

August 2006 – January 2007

- Manage team of 3 US based field marketing specialists
- Assimilate team into S&N as they were picked up in acquisition of OBI
- Drive sales of OBI product in new S&N regulatory setting
- Convert all marketing materials to S&N brand within new regulatory setting

Senior Marketing Manager, Hip Repair

February 2006 – August 2006

- Drive product development process to bring quality products to market in a timely manner
- Develop and execute product launches in key developing market
- Manage all communications to the field sales force and international marketing team
- Manage all activities at trade shows pertaining to the hip repair franchise
- Manage consulting relationships with key opinion leaders
- Lead surgeon visits for training on surgical technique and product development

Marketing Manager, Knee Repair

April 2004 – February

2006

- Manage consulting relationships with key opinion leaders
- Drive product development process to bring quality products to market in a timely manner
- Develop and execute product launches in key \$135M market
- Manage all communications to the field sales force and international marketing team
- Manage all activities at trade shows pertaining to the knee repair franchise
- Lead surgeon visits for training on surgical technique and product development

endoVia Medical, A medical device company specialized in surgical robotics for minimally invasive surgery

Marketing Manager

Norwood, MA

June 2002 – December 2003

- Develop and implement detailed marketing plan for US and Europe that ensures successful rollout and launch of revolutionary surgical system
- Define, develop and deliver training and user education programs to support clinical trials and new product launch
- Establish and develop key international and domestic educational centers to support clinical trials and product launch

- Develop strategic alliances that enable endoVia to enter new markets and launch additional new products
- Develop corporate marketing and external presentation materials
- Provide key input to research and development teams to help define additional product features and next generation products

Catalyst On-line, An Internet Marketing firm specializing in the Healthcare arena Brookline, MA
Manager, New Business Development 2000-2001

- Clients include Pfizer, Biogen, Pharmacia, Bayer, GlaxoSmithKline, Boehringer-Ingelheim, The Hartford
- Developed marketing and advertising campaigns
- Consulted in Internet strategy for multinational insurance company
- Wrote speech for Director of Internet Marketing at International pharmaceutical company

Zimmer New England, A Bristol Myers Squibb Company, Medical device distributor Woburn, MA
Sales Associate

Accomplishments 1995-1999

- Increased sales by 20% annually from 1995–1999 within competitive Boston-based market
- Increased account base from 4 to 13 in first two years
- Worked with 13 hospitals and over 100 surgeons

Responsibilities

- Train surgeons on all facets of surgical technique for implantation of medical devices
- Negotiate national contracts for hip, knee and trauma implants with hospital administration
- Sales forecasting and quarterly and annual reporting of all sales activities
- Sold orthopedic implants, maxillo-facial implants neuro-surgical drills, and capital equipment to surgeons as well as softgoods and wound care products to hospitals

Zimmer Docherty Associates Concord, MA
Inventory Manager 1994 – 1995

- Managed \$1.5 million surgical inventory
- Scheduled surgeries and coordinated delivery of instrumentation and prosthetics to hospitals
- Coordinated the movement of inventory throughout northern New England

Service Associate 1992 - 1994

- Served as liaison between sales staff and main office
- Maintained relations between office and client hospital accounts
- Managed inventory distribution
- Inspected equipment for surgical readiness

EDUCATION

F.W. Olin Graduate School of Business - Babson College Wellesley, MA
 Master of Business Administration, Marketing and Entrepreneurship concentrations May 2001

Awards: First prize in **The Douglas Foundation Graduate Business Plan Competition**, May 2001
 Presented to the individual or team who prepares and presents the most promising venture opportunity

First runner up in **National Moot Corp Competition** Austin, Texas May 2001

Boston College Chestnut Hill, MA
 Bachelor of Arts Degree in Mathematics May 1991

Other related activities

Boston College, Men's Varsity Lacrosse

Assistant Coach September 2000- May 2002

- Responsible for training and teaching defensive technique and game planning to players

Boston Scientific*Internship*

Natick, MA

Academic Year 1999-2000

- Academically sponsored, team based consulting project
- Performed competitive analysis and benchmarking including full financial analysis, competitive product analysis, market share analysis, acquisition analysis and future direction analysis

WBUR

Boston, MA

Fall 2000

- Academically sponsored consulting project analyzing the WBUR web audience and strategies to increase viewer base

Personal Interests: Founder of *Tournament of Champions*: A Charity Lacrosse Tournament to benefit the *New England Home for the Little Wanderers*; Captain of Boston College Men's Varsity Lacrosse Team 1991; Boston College Men's Lacrosse Coaches Award 1990

4T

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: McKesson Medical-Surgical Inc.

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Toll Free Number: _____

E-mail: elaine.stutman@mckesson.com Website: www.mckesson.com

Facility Manager: Charles Jennings

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?

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: New facility - no purchases yet.

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: _____

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 ☐

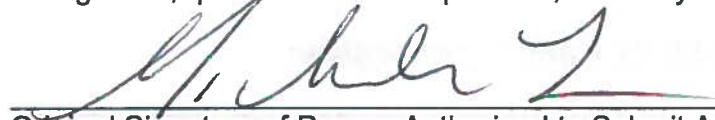
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Michele Lau

Print Name of Authorized Person

12/07/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: VirginiaParent Company if any: McKesson Medical-Surgical Holdings, Inc.

Corporation Name: _____

Mailing Address: McKesson Corp Attn: Regulatory Affairs: 6651 Gate ParkwayCity: Jacksonville State: FL Zip: 32256

Telephone: _____ Fax: _____

Contact Person: Elaine Stutman

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.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended March 31, 2020

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: 1-13252

MCKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

94-3207296

(I.R.S. Employer Identification No.)

6555 State Hwy 161,

Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<i>(Title of each class)</i>	<i>(Trading Symbol)</i>	<i>(Name of each exchange on which registered)</i>
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

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 ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-I (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one).

Large accelerated filer

☒

Accelerated filer

☐

Non-accelerated filer

☐

Smaller reporting company

☐

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. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2019, was approximately \$25 billion.

Number of shares of common stock outstanding on April 30, 2020: 161,853,218

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2020 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 22, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

SUBSIDIARIES OF THE REGISTRANT

There is no parent of the Company. The following is a listing of the significant subsidiaries of the Company.

	JURISDICTION OF ORGANIZATION
ClarusONE Sourcing Services LLP	United Kingdom
McKesson Europe AG	Germany
McKesson International Bermuda IP5A Limited	Bermuda
McKesson Medical-Surgical Inc.	United States
McKesson Medical-Surgical Supply Chain Services LLC	United States
McKesson Sourcing Services Inc.	United States
McKesson Specialty Care Distribution LLC	United States
McKesson Strategic Services Limited	United Kingdom
McKesson UK Finance I Limited	United Kingdom
McKesson US Finance Corporation	United States
Northstar Healthcare Holdings Unlimited Company	Ireland
US Oncology Holdings, Inc.	United States

McKesson Medical-Surgical Inc.
Officer Listing

Title	Name	Address	Phone	DOB
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		
VP & Treasurer; Director	Timothy Skansi	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		4
VP & Secretary; Director	Michele Lau	1 Post Street San Francisco, CA 94104	7	

Ownership Information

McKesson Medical-Surgical Inc. (Federal ID 94-2640465), located at
is 100% owned by

McKesson Medical-Surgical Inc., (Federal ID 94-2640465), 9954 Mayland Drive, Suite 4000, Richmond,
VA 23233 which is 100% owned by

McKesson Medical-Surgical Holdings Inc., (Federal ID 13-3734754), 9954 Mayland Drive Suite 4000
Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Top Holdings Inc., (Federal ID 59-2280364), 6651 Gate Parkway, Jacksonville,
FL 32256 which is 100% owned by:

McKesson Corporation, (Federal ID 94-3207296), 6535 N. State Highway 161, Irving, TX 75039-- a
publicly held company

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

The foregoing is a true copy of the certificate of amendment of McKesson Medical-Surgical Inc. issued July 27, 2001.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
August 29, 2001*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

**ARTICLES OF AMENDMENT OF
McKESSON GENERAL MEDICAL CORP.**

ONE

The name of the corporation (hereinafter called the corporation) is McKesson General Medical Corp.

TWO

The text of the amendment that was adopted is as follows:

Article I of the Amended and Restated Articles of Incorporation of this corporation is amended to be read as follows:

"I.

The name of the corporation is McKesson Medical-Surgical Inc. (the "Corporation")."

THREE

The foregoing amendment was adopted by the corporation's board of directors acting by unanimous written consent on July 18, 2001

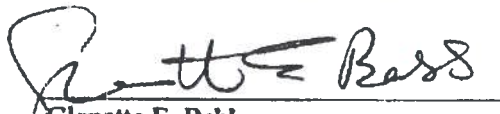
FOUR

The amendment was adopted by the corporation's sole stockholder acting by written consent on July 18, 2001

The undersigned Assistant Secretary is authorized to act on behalf of the corporation and declares that the facts herein stated are true as of July 25, 2001

McKESSON GENERAL MEDICAL CORP.

By:


Glenette E. Babb
Assistant Secretary

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

July 27, 2001

The State Corporation Commission has found the accompanying articles submitted on behalf of McKesson Medical-Surgical Inc. (formerly MCKESSON GENERAL MEDICAL CORP.) to comply with the requirements of law, and confirms payment of all related fees.

Therefore, it is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective July 27, 2001, at 11:46 AM.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By

A handwritten signature in black ink, appearing to read "T. Morrison", is written over the word "By".

Commissioner

01-07-26-0079
AMENACPT
CIS0436

CHARLES JENNINGS

Hoffman Trace Drive, Columbus, OH 43213 ·
charles.jennings@mckesson.com

Seeking Leadership Position in a dynamic, fast-paced, highly automated Distribution Center to continue my growth and development by expanding my distribution knowledge and skills, as I prepare for positions with increased responsibilities and accountability.

EXPERIENCE

AUGUST 2013 – CURRENT

DISTRIBUTION CENTER LEADER, McKESSON MED-SURG

Responsible for managing a 92,000 Sq. ft. Distribution Center that generates approximately \$45 Million in annual revenues. Responsible for providing quality next day service to our customers in OH, KY, IN, WV, PA, and MI. Responsible for the safety of 43 Team Members. Responsible for inspiring, motivating, and developing those team members as well as achieving daily performance standards and metrics. Responsible for approximately \$5 Million in Physical Inventory, Inbound/Outbound Operations, Admin Operations, Facility Maintenance, and a Private Fleet with 17 vehicles and trailers.

- Built a strong culture based on ICARE and ILEAD principles
- Achieved one of the lowest employee turnover rates in the past 2 years
- Finished 4 of 33 Distribution Centers on the FY19 OE Challenge
- Only DC in Region to consistently achieve 100% on the Bi-weekly LMS Health Report
- Meet or exceeded all FY19 & FY20 Financial Goals
- Maintaining one of the best Overtime % ratings in the Region
- Achieved 98% SPI Ranking in FY20 one of the highest rating in the Region
- Successfully integrated First Choice business into our operations now successfully servicing ActivStyle one of MMS largest customers

JUNE 2008 – AUGUST 2013

DISTRIBUTION CENTER LEADER, GULF SOUTH MEDICAL SUPPLY

Responsible for managing a 60,000 Sq. ft. Distribution Center that generated approximately \$30 Million in annual revenues. Responsible for providing quality next day service to our customers in TN, KY, SC, NC, and VA. Responsible for the safety of 32 Team Members. Responsible for inspiring, motivating and developing those team members as well as achieving daily performance standards and metrics. Responsible for \$3.5 Million in Physical Inventory, all Inbound/Outbound Operations, Admin Operations, Facility Maintenance, and a Private Fleet of 12 vehicles.

JANUARY 2002 – JUNE 2008

OPERATIONS MANAGER, PSS WORLD MEDICAL

Maintained various leadership positions, in several location, to include Warehouse Manager in Memphis, TN from 01/2002 to 06/2003, and Operations Manager in Jacksonville and St. Petersburg, FL from 06/2003 to 06/2008. In Jacksonville, I was highly instrumental in growing the Strategy Sourcing Group from a \$5M operation to a \$17M operation in less than 3 years.

JANUARY 2002 – JUNE 2008a

OPERATIONS AREA MANAGER, NIKE

Over a 6 year span, I was responsible for a 17 member Picking Department, a 35 member Night Shift, and a member of a Performance Engineering Project Team, in a highly automated 1.2 million Sq. Ft. Apparel Distribution Center. The Distribution Center serviced the entire U.S. with over a billions of dollars in annual sales.

While Leading the Picking Department and Night Shift, I was responsible for the aspiring, developing, and motivating team members while ensuring we met or exceeded all performance expectations. Additionally, I was

responsible for the physical inventory, maintenance of our department, and all applicable equipment.

As a member of the Performance Engineering Project Team, I was the internal advisor to 8 contracted Industrial Engineers assembled to improve efficiencies. Our team was responsible for creating, developing, testing, and implementing engineered standards, on a new state of the art WMS, our studies were used as the foundation for a newly developed paid-for-performance program for over 300 warehouse employees.

Our team exceeded all expectations and helped ensure Nike maintained its position as the world's leading sports and apparel distributors.

AUGUST 1987 – APRIL 1995

MILITARY OFFICER (CAPTAIN), U.S. ARMY

Served various leadership positions, and a few staff position, during my tenure in the military. In most positions, I was Officer in Charge of anywhere between 13 to 45 Soldiers. As an Infantry Officer, I was directly responsible for a Platoon Size Element (30 soldiers) and over \$800,000 worth of equipment and vehicles. As a Finance Officer I was responsible for a Detachment of approximately 60 Soldiers and a Finance Facility (similar to bank) that serviced thousands of soldiers and General Officers assigned to the base. Additionally, I was responsible for the accountability and disbursement of up to \$1.2M in Military Funds. I served in several locations to include, Ft. Benning, GA; Ft. Lewis, WA; Frankfurt, Germany; and Ft. Bragg, NC.

EDUCATION

ONGOING

MBA – FINANCE, KAPLAN UNIVERSITY

- 50% complete
- GPA 3.8

DECEMBER 1986

BACHELOR'S IN BUSINESS ADMINISTRATION, EAST TENNESSEE STATE UNIVERSITY

- BBA – Business Management 2.7 GPA
- Finished in Top 10% ROTC Graduating Class
- President of Social Fraternity
- Council Member of Student Union
- Track Member (freshmen year)

STRENGTH & SKILLS

- Proficient in Inventory Management
- Proficient with E1, webpage, LMS, RF Devices
- Proficient with warehouse & equipment maintenance requirements
- Strong Excel Skills and Analytical Skills
- Strong Microsoft office skills (word, excel, powerpoint, etc...)
- Proficient with VAWD and most other compliance requirements

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson’s practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the

following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions or fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and

Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reprimand with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reprimand, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

4U

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 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Precision Dose, INC.

Physical Address: 722 Progressive Lane

City: South Beloit State: IL Zip Code: 61080

Telephone Number: 815-624-8523 Fax Number: 815-624-0608

Toll Free Number: 800.397.9228

E-mail: dhoerst@precisiondose.com Website: precisiondose.com

Facility Manager: Robert A. Kapman

Professional qualifications and experience of facility manager: President of Precision Dose since 2003

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 ☐

Precision Dose wholly owns TAGI Pharma : NV license # WHD2826

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: Please see attached source list

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

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 ☒

Precision Dose Choose not to renew in 2006 due to lack of business in the State

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 A. Koopman

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

Robert A. Koopman

Print Name of Authorized Person

12-7-2020

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: Illinois

Parent Company if any: _____

Mailing Address: 722 Progressive LaneCity: South Beloit State: IL Zip: 61080Telephone: 815-624-8523 Fax: 815-624-0608Contact Person: Deidre Boerst

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 source list

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. _____

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: 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.



PrecisionDose

CUSTOMER:

LEGAL NAME: Precision Dose, Inc.
 ADDRESS: 722 Progressive Ln.
 CITY: South Beloit, IL 61080
 BUSINESS: Re-packager
 TIN: 68-0551203

PHONE: 815-624-8523
 FAX: 815-624-7014
 CONTACT: Deidre Boerst
 EMAIL: dboerst@precisiondose.com
 In Business Since 2003

TRADE REFERENCES:

ADDRESS: **MAGENTA**
 15160 NEW AVENUE
 LOCKPORT, IL 60441

CONTACT NAME: SHIRLEY LUBLANSKY
 PHONE: 708-667-8360
 EMAIL: SLUBLANSKY@MAGENTALLC.COM

ADDRESS: **PERRIGO COMPANY**
 515 EASTERN AVENUE
 ALLEGAN, MI 49010

CONTACT NAME: YVONNE SHEFFER
 PHONE: 269-686-2560
 EMAIL: YVONNE.SHEFFER@PERRIGO.COM

ADDRESS: **TOTAL PACKAGING**
 PO BOX 2892
 LOVES PARK, IL 61132

CONTACT NAME: TERRY NELSON
 PHONE: 815-623-7476
 EMAIL: TOTALPKG@LIVE.COM

Precision Dose, Inc.
 722 Progressive Lane
 South Beloit, IL 61080
 TIN: 68-0551203
 DUNS: 035886746

Corporate Officers / Ownership
State of Incorporation: Illinois
Date of Incorporation: 7/1/2003

Name/ Address/ Phone	Title
Frank D. Darnell as Trustee of the Frank D. Darnell Revocable Trust Brynwood Drive Naples, FL 34119	Chairman, Secretary & Treasurer Director Ownership: 65.00%
Robert A. Koopman Bowen Parkway Koscoe, IL 61073	President & CEO, Assistant Treasurer Director Ownership: 10.32%
John M. Kleinheinz Cobblestone Circle Middleton, WI 53562	Owner Ownership: 4.66%
Clark (Rusty) V. Kleinheinz Canopy Circle Naples, FL 34120	Director Ownership: 5.00%

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521

(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

**PHARMACEUTICAL WHOLESALER IRREVOCABLE
STANDBY LETTER OF CREDIT**

Name of Financial Institution: Blackhawk Bank

Address: 400 Broad Street

City: Beloit State: WI Zip: 53511

Name of Applicant/Licensee: Precision Dose, Inc.

Address: 722 Progressive Lane

City: South Beloit State: IL Zip: 61080

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: 3335644

Dated: December 8, 2020

To Beneficiary:
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of Precision Dose, Inc.
we Blackhawk Bank Applicant/Licensee
Financial Institution hereby establish in favor of the Beneficiary, the
Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit
(Credit) in the principal sum of \$ 25,000.00.

2. This Credit is and has been established for the sole benefit of the Board
pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed
by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the
performance by Applicant/Licensee of its obligations under applicable Nevada law
regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by the Board against the Applicant/Licensee, the Board shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing in substantially the same form as Attachment A, attached hereto, at our office located at the address above.
5. The Certificate of Drawing shall be completed and signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by registered mail, return receipt requested.
6. Upon presentation of a duly executed Certificate of Drawing as above provided, payment shall be made to the Board, to an account designated by the Board, in immediately available funds, at such time and place as the Board shall specify.
7. Funds may be drawn in one or more drawings not to exceed the principal sum.
8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.
9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.
10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto*, the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.
11. This Credit will be cancelled in whole or in part only upon receipt by use of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and signed by the Executive Secretary of the Board.
12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.
13. This Credit may not be transferred or assigned, either in whole or in part.
14. This Credit shall be deemed a contract made under the laws of State of Nevada, and any action related to this Credit shall be filed in the State of Nevada and shall be subject to the laws of the of the State of Nevada.

15. This Credit shall be perpetual until it is cancelled as provided herein.

THEREFORE, Blackhawk Bank

Financial Institution

has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 7th day of December, 2020.

FINANCIAL INSTITUTION

By: Blackhawk Bank

Name: James G Pieschel

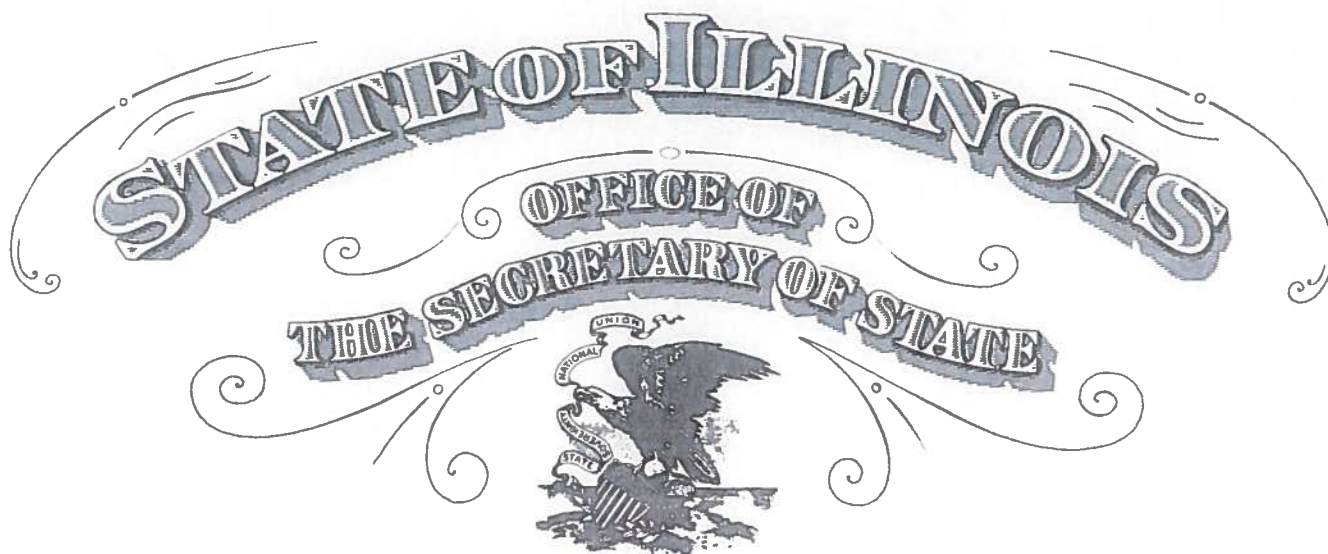
(Please print)

Title: Senior Vice President

James G. Pieschel, SVP

File Number

6282-583-9



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

PRECISION DOSE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 09, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 3RD
day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

NABP ACCREDITED

DRUG DISTRIBUTOR

Precision Dose, Inc

located at

722 Progressive Ln, South Beloit, IL 61080

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.


Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



03/22/2019 - 03/21/2022

Period of Accreditation

Validified
02/21/20
SM

Drug Establishments Current Registration Site

f [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)

t [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&site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



e [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&site&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **Precision Dose**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Precision Dose Inc.	1419861	035886746	REPACK;	722 Progressive Lane, South Beloit, Illinois (IL) 61080, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Wednesday, Dec 2, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified
12/21/20
ms

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
004.001827

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR



PRECISION DOSE INC
ROBERT A KOOPMAN
722 PROGRESSIVE LN
SOUTH BELOIT, IL 61080-2616



Deborah Hagan

DEBORAH HAGAN
SECRETARY

Cecilia Abundis

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15339178

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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: 304195



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: 304195



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
PRECISION DOSE INC	South Beloit, IL 61080	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004001827	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	01/15/2004	11/13/2020	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004001898	LICENSED WHOLESALE DRUG DISTRIBUTOR	CLOSED	04/28/2004	10/04/2006	12/31/2008	N
30*****33	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	02/20/2008	11/13/2020	12/31/2022	N

Generated on: 12/3/2020 2:29:21 PM



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
PRECISION DOSE INC	SOUTH BELOIT, IL 61080	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
30*****33	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	02/20/2008	11/13/2020	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004001827	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	01/15/2004	11/13/2020	12/31/2022	N
004001898	LICENSED WHOLESALE DRUG DISTRIBUTOR	CLOSED	04/28/2004	10/04/2006	12/31/2008	N

Generated on: 12/3/2020 2:28:47 PM

Precision Dose, Inc. • 722 Progressive Lane • South Beloit, Illinois 61080
Phone: (815) 624-8523, extension 246 • Fax: (815) 624-4935
E-mail: precisiondose.com

ROBERT A. KOOPMAN

JOB HISTORY

PRECISION DOSE, INC., South Beloit, IL

President (2003-Present)

XACTDOSE, INC., South Beloit, IL

President (1999-2003)

Vice-President (1996-1999)

MCKESSON DRUG COMPANY, INC., Landover, MD

Consultant (1995-1996)

BERGEN BRUNSWIG, INC., Glen Allen, VA

Vice-President of Operations-Northeast Region (1992-1995)

SOUTH BEND DRUG COMPANY, South Bend, IN

Vice-President of Operations (1989-1992)

LOUIS ZAHN DRUG COMPANY, Melrose Park, IL

Assistant Vice-President (1987-1989)

HUMISTON-KEELING DRUG COMPANY, Chicago, IL; Morris, IL; Gary, IN; Grand Rapids, MI; Madison, WI

Division Manager, Morris, IL (1984-1987)

Internal Auditor (1982-1984)

4V

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 WH02537)
 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 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Harmony Biosciences, LLC

Physical Address: 630 W. Germantown Pike Suite 215

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone Number: (484) 539-9800 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicense@harmonybiosciences.com Website: www.harmonybiosciences.com

Facility Manager: Jeffrey Dierks

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 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: Patheon France S.A.S

Address: 40 Boulevard de Champaret, F-38300 Bourgoin-Jallieu, France

Name: Integrated Commercialization Solutions, Inc.

Address: 420 International Blvd., Suite 500, Brooks, KY 40109

Name:

Address:

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

Jeffrey Dierks
Print Name of Authorized Person

10-22-2020
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: Harmony Biosciences Holdings, Inc

Corporation Name: Harmony Biosciences, LLC

Mailing Address: 630 W Germantown Pike

City: Plymouth Meeting State: Pennsylvania Zip: 19462

Telephone: (484) 539-9800 Fax: _____

Contact Person: Jeffrey Dierks

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: 05/17/2017

Registration number issued: 6414511

Stock Exchange: HRMY

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.



Certificate of Record

Certificate No. 9500000096

Category:

Office/Corporate Location
No product onsite

HARMONY BIOSCIENCES, LLC
630 W GERMANTOWN PIKE
PLYMOUTH MEETING, PA 19462

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: June 06, 2018

Expiration Date: The Last Day of June, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Harmony Biosciences, LLC** 630 W Germantown Pike Suite 215; Plymouth Meeting, PA 19462
Certificate(s): 9500000096 issued: 6/6/2018 expires: 6/30/2021

[Back to DD&C Home](#)

[Home](#) : [Press Releases](#) : [Office of the Secretary](#)
[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version.
Check that
the database
is registered
as a Data-tier
Application.



Description of Operations

Harmony Biosciences, LLC ("Harmony") is a Virtual Manufacturer located in Plymouth Meeting, PA. Harmony's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors, by their Third-Party Logistics Provider, Integrated Commercialization Solutions, Inc., who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our product:

Patheon France S.A.S
40 Boulevard de Champaret
F-38300 Bourgoin-Jallieu
France

Contact Name: Proj Mgr Contact: Anne-Sophie Veck

Contact Email: anne-sophie.veck@patheon.com

Contact Number: +33-4-74-93-88-31

FDA Establishment No: 3004468553

Product Description

Patheon France S.A.S manufactures and packages Harmony's product. At no time does Patheon France S.A.S own the product, contract with Harmony customers, invoice nor sell a Harmony product.

Labeler Code: 72028

Third Party Logistic information:

For distribution into the commercial supply channels, Harmony utilizes a Third Party Logistics (3PL), Integrated Commercialization Solutions, Inc., to manage the storage and distribution of Harmony product to customers throughout the United States. Integrated Commercialization Solutions, Inc.'s address is:

Integrated Commercialization Solutions, Inc.
420 International Blvd., Suite 500
Brooks, KY 40109

Harmony's hours of operation are 8:30 am – 5:00pm Monday through Friday.

*Verified
ms
12/3/20*

National Drug Code Directory

[SHARE https://www.facebook.com/share/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm](https://www.facebook.com/share/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET https://twitter.com/content/tweet?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm](https://twitter.com/content/tweet?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[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)

Current through December 16, 2019

You have searched Finished drug products

Search Results 'Harmony bio'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

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	Market Category	Package Description
Wakix	72028-045-03	4.45 mg/1	TABLET, FILM COATED	ORAL	NDA211150	Harmony Biosciences, LLC	72028-045	PITOLISANT HYDROCHLORIDE	PITOLISANT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/14/2019	N/A	NDA	1 BOTTLE, PLASTIC in CARTON (72028-045-03) > 30 TABLET, FILM COATED in BOTTLE, PLASTIC
Wakix	72028-178-03	17.8 mg/1	TABLET, FILM COATED	ORAL	NDA211150	Harmony Biosciences, LLC	72028-178	PITOLISANT HYDROCHLORIDE	PITOLISANT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/14/2019	N/A	NDA	1 BOTTLE, PLASTIC in CARTON (72028-178-03) > 30 TABLET, FILM COATED in BOTTLE, PLASTIC

Showing 1 to 2 of 2 entries

[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
 12/3/20
 WLS

**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): August 31, 2020

HARMONY BIOSCIENCES HOLDINGS, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-39450
(Commission
File Number)

82-2279923
(IRS Employer
Identification No.)

630 W. Germantown Pike, Suite 215
Plymouth Meeting, PA 19462
(Address of principal executive offices) (Zip Code)

(484) 539-9800
(Registrant's telephone number, including area code)

N/A
(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:

- ☐ 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))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.00001 par value per share	HRMY	The Nasdaq Global Market

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. ☐

Item 3.02. Unregistered Sales of Equity Securities.

On August 31, 2020, pursuant to Article IV, Section B, Subsection 5.2 of the Third Amended and Restated Certificate of Incorporation, as amended, of Harmony Biosciences Holdings, Inc. (the "Company"), the Company delivered to each holder of the Company's previously outstanding Series A preferred stock (the "Series A Preferred"), Series B preferred stock (the "Series B Preferred") and Series C preferred stock (the "Series C Preferred" and, together with the Series A Preferred and the Series B Preferred, the "Preferred Stock") a notice indicating the number of shares of common stock, par value \$0.00001 ("Common Stock"), each such holder now holds following the conversion of the Preferred Stock into Common Stock and the payment of the cumulative accrued dividend in shares of Common Stock.

As previously reported, from September 22, 2017 through January 8, 2018, the Company issued and sold an aggregate of 34,692,635 shares of Series A Preferred at a purchase price of \$8.22 per share for aggregate consideration of approximately \$285.0 million. On January 8, 2018, the Company issued and sold an aggregate of 973,828 shares of Series B Preferred at a purchase price of \$10.27 per share for aggregate consideration of approximately \$10.0 million. On August 9, 2019, the Company issued and sold an aggregate of 3,105,320 shares of Series C Preferred at a purchase price of \$16.10 per share, for aggregate consideration of approximately \$50.0 million. All the Preferred Stock share numbers and prices disclosed above reflect the Company's 1-for-8.215 reverse stock split, which was effected on August 11, 2020.

The Preferred Stock was issued to investors in reliance upon the exemption from the registration requirements of the Securities Act of 1933, as amended (the "Securities Act"), as set forth in Section 4(a)(2) under the Securities Act and Regulation D promulgated thereunder relative to transactions by an issuer not involving any public offering, to the extent an exemption from such registration was required.

In connection with the initial public offering ("IPO") of the Company's Common Stock, all of the Company's outstanding shares of Preferred Stock were converted into shares of Common Stock. In addition, the Company paid out a cumulative accrued dividend to holders of the Preferred Stock in shares of Common Stock. Collectively, holders of the previously outstanding Preferred Stock received a total of 42,926,630 shares of unregistered Common Stock, resulting in a total of 56,883,640 shares of Common Stock outstanding. All fractional shares were paid in cash. Substantially all shares of Common Stock issued to holders of Preferred Stock are subject to a lock-up agreement that expires 180 days from August 18, 2020, the date the IPO was priced.

Item 8.01. Other Events.

As previously reported, the Food and Drug Administration (the "FDA") recommended that the Company submit a complete response resubmission in pursuit of the adult cataplexy indication for WAKIX. Following such resubmission, the Company has received acknowledgement from the FDA that it considers the resubmission to be a complete Class 1 response to its August 14, 2019 action letter, and the user fee goal date, or decision date, is October 13, 2020.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: August 31, 2020

HARMONY BIOSCIENCES HOLDINGS, INC.

By: /s/ John C. Jacobs

John C. Jacobs

President and Chief Executive Officer



Ownership Information

Harmony Biosciences Holdings, Inc
 1033 Skokie Blvd, Suite 600
 Northbrook, IL 60062
 P: 847-715-0700
 F: 224-515-3511
 Tax ID

Harmony Biosciences II, Inc. owns 100% of Harmony Biosciences, LLC

Ownership/Corporation Information

Harmony Biosciences, LLC
 630 W. Germantown Pike Suite 215
 Plymouth Meeting, PA 19462
 P: 484-539-9800
 F: 610-825-4641
 E-mail: statelicense@harmonybiosciences.com
 Tax ID:

Tax ID: 8
 State of Formation: DE
 Date of Formation: 5/17/2017

Officers

John Jacobs, Chief Executive Officer

Jeffrey Dayno, EVP, Chief Medical Officer

Jeffrey Dierks, Chief Commercial Officer

Susan L Drexler, Chief Financial Officer

Andrew Serafin, Chief Business Officer

Stephanie Wisdo, General Counsel and Chief Compliance Officer

Jeffrey G. Dierks

W Avenue
Conshohocken, PA 19428

.com

Professional Experience

HARMONY BIOSCIENCES, LLC.

Chief Commercial Officer

October 2017-Present

July 2018-Present

- Responsible for leading the commercial organization for a new biotech company including marketing, sales, healthcare systems, patient services and digital ecosystems

Vice President, Marketing

October 2017-July 2018

- Responsible for leading marketing strategy, implementation and execution for new biotech company focused on rare, orphan diseases with an emphasis on central nervous system disorders.

TEVA PHARMACEUTICALS

Senior Director, US Migraine Marketing

June 2014 – October 2017

December 2016-Present

- US Commercial lead for transformational migraine pipeline product expected to compete in \$10B market; responsible for US commercial go-to-market readiness including marketing strategy and execution, sales force, value prop and market access plan.

Senior Director, US Pain Care Marketing

August 2016-December 2016

Marketing Director, US Pain Care-Wakefulness

June 2014 – August 2016

- Marketing leader for 6-product \$1B Sales US Pain Care and Wake business unit
- Commercial lead overseeing cross functional launch plan for 3 product abuse deterrent opioid portfolio and integrated commercial plan for 6 in-line brands

JANSSEN PHARMACEUTICALS

Product Director, CNS Psychiatry

September 2013 – June 2014

- Led U.S. HCP Marketing efforts for injectable anti-psychotic portfolio including in-line and market development for pipeline products.
- Franchise lead for development of strategic vision and execution of Care transitions plan for billion-dollar antipsychotic CNS portfolio.

ENDO PHARMACEUTICALS

Senior Product Director, Urology, Endocrinology & Oncology

September 2006 – June 2013

August 2011 – June 2013

- Responsible for leading all US marketing efforts for rapidly expanding Oncology, Urology, and Endocrinology franchise for retail and specialty pharmacy portfolio
- Led cross functional launch team for 2 testosterone product launches

Senior Product Director, Topical Pain Solutions

August 2008 – August 2011

- Responsible for leading all US marketing efforts for billion dollar topical pain franchise
- Led alliance management launch team for osteoarthritis launch brand

Product Director, Migraine

August 2007 – August 2008

- Responsible for leading all US marketing efforts for mature migraine brand in a highly competitive environment – first year of positive product contribution since launch
- Directed 2008 public relations campaign for brand that garnered 11 major industry awards, including 5 MarCom and 3 PRSA awards

Product Director, Institutional Pain

September 2006 – August 2007

- Responsible for oversight, management, launch and execution for innovative topical anesthetic brand strategic and tactical initiatives immediate post-launch into competitive hospital marketplace

WYETH PHARMACEUTICALS

Senior Product Manager – Contraception

August 2005 – September 2006

August 2005 – September 2006

- Responsible for HCP strategy, market development and launch preparedness for a new contraceptive product launch in Women's Health Care.

Career Profile

Accomplished and tenured leader with 20 years of pharma marketing and sales experience across a breadth of therapeutic areas at brand and franchise level. Proven track record for generating value, resolving critical business issues, providing customer-driven marketing solutions, and optimizing product contribution for major in-line (retail and specialty pharmacy) and launch brands

Key Competencies

Product Strategy & Marketing
Launch Strategy & Execution
Commercial Strategy
Marketing Excellence
Financial Acumen
Value Proposition Development
Market Access/Regulatory Landscape
Alliance Management
Project Management

Industry Experience



Recognition

MM&M 2017 Awards, Juror
PM360 Elite 100 Award, Transformational Leader, 2017
PM360 Trailblazer Award, 2010
Endo Circle of Excellence, 2009
Endo Rising Sun Award, 2008
Wyeth Silver Circle Award, 2002
Amer Acad of Dermatology Golden Triangle
National Headache Foundation Partners in Excellence Award

Education

Masters of Business Administration,
Marketing Concentration, May 2002
Temple Fox School of Business
Bachelor of Science, Cum Laude
Political Science, 1993
Western Maryland College, Westminster, MD

SANOI-AVENTIS DERMATOLOGY**Senior Product Manager – Dermatology & Podiatry****Product Manager – Dermatology****Associate Product Manager - Podiatry**

- Responsible for leading onychomycosis and steroid franchises for dermatology division

February 2003 – August 2005

February 2005 – August 2005

September 2003 – February 2005

February 2003 – September 2003

WYETH PHARMACEUTICALS**Product Manager in Residence, Neuroscience**

- Marketing development project for multi-billion dollar anti-depressant to create and implement communication plan for a new indication
- Recommended plan was adopted and integrated by brand and implemented in November 2003 into overall strategic brand plan

Psychiatry Specialty Manager, Neuroscience

- Sold and marketing neuroscience product line to office and hospital based psychiatrists
- Received Presidential Achievement Award, 2001, 2002

August 1998 – February 2003

July 2002 – September 2002

September 2000 – February 2003

Territory Representative, Neuroscience, Pain & Reflux

- Sold and marketed pharmaceutical products in neuroscience/depression, pain and GERD categories to primary care, orthopedic surgery, rheumatology and gastroenterology; involved in launch of OA viscosupplementation product in buy & bill model market
- Silver Circle Award, top 5% of sales force, 1999
- Ranked top 10 sales representative in 6 state area in 1999 & 2000

August 1998 - August 2000

Professional Memberships – Narcolepsy Network, 2017 • Life Sciences PA, 2017 • Skin Cancer Foundation Corporate Council Member, 2004, 2005
 • Women's Dermatologic Society, Play Safe in the Sun Executive Task Force, 2004, 2005 • United Way Committee Member, 2004 • American Marketing Association, 2001-2002 • MBA Student Association, 2001 • Professional Golf Association of America, 1994-1998

Professional Skills – Microsoft Word; Excel; PowerPoint, SAP, Sharepoint

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARMONY BIOSCIENCES, 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. 2020.



6414511 8300

SR# 20208364836

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 in a small font.

Authentication: 204137138

Date: 11-21-20



Via Fed Ex

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

To Whom It May Concern,

On behalf of Harmony Biosciences, LLC, please accept this as a formal notification to your office that previous parent company Harmony Biosciences II, Inc. which was a private corporation, has become Harmony Biosciences Holdings Inc. (NASDAQ: HRMY) with an initial public offering which occurred August 19th, 2020. Harmony Biosciences, LLC is now 100% owned by their publicly traded Parent Company, Harmony Biosciences Holdings Inc.

Harmony Biosciences, LLC is certified in your state as a Wholesaler. Harmony Biosciences, LLC holds the following Certificate in your state:

License #	License Type
WH02537	Wholesaler

The licensed location of Harmony Biosciences, LLC has continued business operations, with no immediate changes to Harmony Biosciences, LLC's name, federal tax ID number or operating location. The parent company change of ownership is the only immediate change. There has been no change in Tax ID to the parent company, Harmony Biosciences Holdings Inc.

If you have any questions or concerns regarding this notice, please contact me at (614) 620-6898 or via email at krista.jones@twolabs.com so that we may provide any additional information requested.

Sincerely,

Krista Jones
Licensing Analyst
PharmaLicense



4W

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 WH02130)
 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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Portola Pharmaceuticals, LLC

Physical Address: 270 E. Grand Avenue

City: South San Francisco State: CA Zip Code: 94080

Telephone Number: (650) 246-7000 Fax Number: _____

Toll Free Number: _____

E-mail: legal@portola.com Website: _____

Facility Manager: Jon Postlethwaite

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 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: AndersonBrecon Inc.

Address: 4545 Assembly Drive, Rockford, IL 61109

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: _____

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

Michael Elloian

Print Name of Authorized Person

11-13-2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Alexion Pharmaceuticals, Inc.Corporation Name: Portola Pharmaceuticals, LLCMailing Address: 270 E Grand AvenueCity: South San Francisco State: California Zip: 94080Telephone: (650) 246-7000 Fax: _____Contact Person: Jennifer Woo

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: 10/15/2020Registration number issued: 3697037Stock Exchange: ALXN

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): December 12, 2020

ALEXION PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

000-27756
(Commission
File Number)

13-3648318
(IRS Employer
Identification No.)

121 SEAPORT BOULEVARD
BOSTON, Massachusetts
(Address of principal executive offices)

02210
(Zip code)

121 SEAPORT BOULEVARD, BOSTON, Massachusetts 02210
(Address of Principal Executive Offices) (Zip Code)

Registrant's telephone number, including area code (475) 230-2596

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))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.0001 per share	<u>ALXN</u>	<u>The Nasdaq Global Select Market</u>

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.



KAREN L. SMITH, MD, MPH
Director and State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

July 15, 2015

CERTIFIED MAIL

William Lis, CEO
Portola Pharmaceuticals, Inc.
270 E. Grand Avenue
South San Francisco, CA 94080

 COPY

RE: Letter of Exemption - California Drug Manufacturing Licensure

Dear Mr. Lis:

On April 30, 2015, 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 June 29, 2015, the above listed facility was inspected by a CDPH Investigator whose findings support an exemption from licensure at this time. Therefore, Portola Pharmaceuticals, Inc. located at the facility identified above, is hereby notified that CDPH is denying the new Drug Manufacturing License application received April 30, 2015, 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/CtrlIdForms/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 Portola 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

Portola Pharmaceuticals, Inc.
July 15, 2015
Page 2 of 2

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 blue ink, which appears to be "Daniel Seid", is written over a large, semi-transparent red stamp that says "COPY".

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PORTOLA PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF SEPTEMBER, A.D. 2003, AT 2:24 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SIXTH DAY OF NOVEMBER, A.D. 2003, AT 3 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTEENTH DAY OF DECEMBER, A.D. 2004, AT 1:47 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTIETH DAY OF OCTOBER, A.D. 2005, AT 7:49 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2006, AT 1:42 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2007, AT 1:49 O'CLOCK P.M.



3697037 8310

SR# 20208119901

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: 203970351

Date: 10-29-20

Delaware

The First State

Page 2

*CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF JULY, A.D.
2008, AT 8:16 O`CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF MAY,
A.D. 2010, AT 4:20 O`CLOCK P.M.*

*RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF NOVEMBER,
A.D. 2011, AT 1:23 O`CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE SEVENTEENTH DAY OF MAY,
A.D. 2013, AT 10:58 O`CLOCK A.M.*

*RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF MAY, A.D.
2013, AT 8 O`CLOCK A.M.*

*CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF JUNE, A.D.
2018, AT 2:05 O`CLOCK P.M.*

*CERTIFICATE OF MERGER, FILED THE SECOND DAY OF JULY, A.D. 2020,
AT 8:01 O`CLOCK A.M.*

*CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "PORTOLA
PHARMACEUTICALS, INC." TO "PORTOLA PHARMACEUTICALS, LLC", FILED THE
FIFTEENTH DAY OF OCTOBER, A.D. 2020, AT 1:11 O`CLOCK P.M.*

*CERTIFICATE OF FORMATION, FILED THE FIFTEENTH DAY OF OCTOBER,
A.D. 2020, AT 1:11 O`CLOCK P.M.*



3697037 8310

SR# 20208119901

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

 A handwritten signature in black ink, appearing to read "JW Butlock", written over a horizontal line.

Jeffrey W. Butlock, Secretary of State

Authentication: 203970351

Date: 10-29-20

Delaware

The First State

Page 3

*CERTIFICATE OF MERGER, FILED THE TWENTY-EIGHTH DAY OF OCTOBER,
A.D. 2020, AT 12:13 O'CLOCK P.M.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "PORTOLA PHARMACEUTICALS,
LLC".*

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



3697037 8310

SR# 20208119901

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JW Butts", is written over a horizontal line. Below the line, the text "Jeffrey W. Butts, Secretary of State" is printed.

Jeffrey W. Butts, Secretary of State

Authentication: 203970351

Date: 10-29-20



Description of Operations

Portola Pharmaceuticals, LLC ("Portola") is a Virtual Manufacturer. Portola is owned by Alexion Pharmaceuticals, Inc. Portola's products are manufactured by a contract manufacturer and will be distributed to hospitals by their third party logistics provider, ICS, who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our products:

AndersonBrecon, Inc. dba PCI of Illinois
 4545 Assembly Drive
 Rockford, IL 61109
 Contact Person: Sheri Mace
 Contact Number: (815) 484-2167
 FDA Establishment No: 1421377

Labeler Code: 69853 - *Verified 12/21/20*

Third Party Logistics Information:

For distribution into the commercial supply channels, Integrated Commercialization Solutions (ICS) acts as Portola's Third Party Logistics (3PL) provider to manage the storage and distribution of Portola's product to customers throughout the United States. ICS's address is:

Integrated Commercialization Solutions, Inc. (ICS)
 420 International Boulevard
 Suite 500
 Brooks, KY 40109
 (502) 955-3658

Portola's hours of operation are 9:00 a.m. – 5:00 p.m. (Pacific Time), Monday through Friday

National Drug Code Directory

SHARE (<https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/ndc.jsp> SEARCHRESULT.CFM)

TWEET ([https://twitter.com/intent/tweet?text=NATIONAL DRUG CODE DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/ndc.jsp](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/ndc.jsp) SEARCHRESULT.CFM)

EMAIL ([mailto:?subject=NATIONAL DRUG CODE DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/ndc.jsp](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/ndc.jsp) SEARCHRESULT.CFM)

Current through December 21, 2020

You have searched Finished drug products

Search Results: '69853'

[Back to Search Page\(\)](#) | [Search Again\(\)](#)

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	Market Category	Package Description
+ ANDEXXA	69853-0102-1	200 mg/20mL	INJECTION, POWDER, LYOPHILIZED FOR SOLUTION	INTRAVENOUS	BLA125586	Portola Pharmaceuticals	69853-0102	andexanet alfa	ANDEXANET ALFA	HUMAN PRESCRIPTION DRUG	01/08/2019	N/A	BLA	4 VIAL, SINGLE USE in 1 CARTON (69853-0102-1) > 20 mL in 1 VIAL SINGLE USE

Showing 1 to 1 of 1 entries

[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
 12/21/20
 me S

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)

[TWITTER \(https://twitter.com/content/tweet/text?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/content/tweet/text?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(mailto:23?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](mailto:23?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through November 19, 2019

You have searched Finished drug products

Search Results 'portola'

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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	Market Category	1
ANDEXXA	69853-0101-1	100 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA125586	Portola Pharmaceuticals	69853-0101	andexanet alfa	ANDEXANET ALFA	HUMAN PRESCRIPTION DRUG	05/14/2018	N/A	BLA	4' Si in (6 1) VI U:
ANDEXXA	69853-0102-1	200 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA125586	Portola Pharmaceuticals	69853-0102	andexanet alfa	ANDEXANET ALFA	HUMAN PRESCRIPTION DRUG	01/08/2019	N/A	BLA	4' Si in (6 1) VI U:
BEVYXXA	69853-0202-1	40 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA208383	Portola Pharmaceuticals, Inc.	69853-0202	betrixaban	BETRIXABAN	HUMAN PRESCRIPTION DRUG	07/07/2017	N/A	NDA	1 C (6 1) C GI C BK
BEVYXXA	69853-0201-1	80 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA208383	Portola Pharmaceuticals, Inc.	69853-0201	betrixaban	BETRIXABAN	HUMAN PRESCRIPTION DRUG	07/07/2017	N/A	NDA	1 C (6 1) C GI C BK

Showing 1 to 4 of 4 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



Ownership Info

Portola Pharmaceuticals, LLC. is wholly owned subsidiary of Alexion Pharmaceuticals, Inc.

Company Information:

Portola Pharmaceuticals, LLC
270 E. Grand Avenue
South San Francisco, CA 94080
(650) 246-7000

FEIN: 20-0216859
State of Formation: Delaware

Corporate Officers

Michael Elloian, Treasurer & Director

Contact

/

(LinkedIn)

Top Skills

Fermentation

Technology Transfer

Manufacturing

Publications

Flux and transmission characteristics of a vibrating microfiltration system operated at high biomass loading.

Jon Postlethwaite

Executive Director, Supply Chain at Portola Pharmaceuticals
Redwood City

Experience

Portola Pharmaceuticals

6 years 10 months

Executive Director, Supply Chain

April 2020 - Present (9 months)

Global responsibility for clinical and commercial supply chain for all Portola products.

Overall responsibility for Drug Product manufacturing, labeling and packaging operations and product distribution through a global network of 3PLs.

Senior Director, Supply Chain

June 2018 - April 2020 (1 year 11 months)

South San Francisco

Global responsibility for clinical and commercial supply chain for all Portola products.

Director, Supply Chain

January 2016 - June 2018 (2 years 6 months)

South San Francisco

Responsible for establishing clinical and commercial supply chain systems and processes to support the launch of Bevyxxa and Andexxa, Portola's first FDA approved commercial products.

Built and lead the group responsible for commercial Drug Product manufacturing, labeling, packaging and commercial distribution through a 3PL

Managed Portola's clinical supply chain including labeling and packaging, inventory control and distribution in North America and the EU

Associate Director, Drug Product Manufacturing and Supply Chain

March 2014 - January 2016 (1 year 11 months)

South San Francisco

Responsible for the oversight of manufacturing and supply chain for all Portola products.

Codexis

10 years 5 months

Associate Director, Enzyme Operations

July 2012 - March 2014 (1 year 9 months)

Redwood City

Responsible for enzyme operations at Codexis including CMO management, contracts, supply chain and technology transfer

Senior Manager, Technical Supply Chain

January 2011 - June 2012 (1 year 6 months)

Redwood City

Responsible for all supply chain operations within the Pharmaceutical business unit

Operations Project Manager

July 2007 - December 2010 (3 years 6 months)

Redwood City

Operations Project Manager at Codexis with responsibility for managing new product commercialisation and product supply chain.

Process Development Engineer

November 2003 - June 2007 (3 years 8 months)

Redwood City

Managed a Process Development group at Codexis with responsibility for the design and scale up of recombinant enzyme fermentation and purification processes as well as technical transfer to internal and external manufacturing groups

Education

UCL

PhD, Biochemical Engineering · (1999 - 2003)

UCL

MRes, Bioprocessing · (1998 - 1999)

University of Bradford

BSc (Hons), Biomedical Sciences · (1992 - 1995)



December 4, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

**RE: Portola Pharmaceuticals
Out-of-State Wholesaler Application and Information Update
Permit No. WH02130**

To Whom It May Concern:

Enclosed is an Out-of-State Wholesaler application for Portola Pharmaceuticals, the above-referenced license entity. You may be aware that, as of **July 2, 2020**, Portola Pharmaceuticals, Inc. ("Portola"), which maintains a license with your state agency, became a subsidiary of Alexion Pharmaceuticals, Inc. ("Alexion"), a publicly traded company (the "Merger"). We are transmitting to you this notice regarding the information that has updated since the Merger.

Also, since the Merger, Portola converted from a Delaware corporation to a Delaware limited liability company (LLC) as of **October 15, 2020**, and is now known as Portola Pharmaceuticals, LLC. We are enclosing relevant Certificate of Good Standing information as it relates to Portola both prior to and after the conversion.

In light of the recent Merger and conversion in entity type, Portola submits the enclosed Wholesaler application. The attached summary document contains all pertinent organizational changes and is intended to supplement the enclosed application. With respect to operations, Portola will continue to operate as it did prior to the Merger and conversion, and the following information, for example, **will remain unchanged**: Tax I.D.; location; address; scope of services; and operating personnel. The only updated information are the items disclosed on the attached summary document.

If you have any questions about the information in this letter or the enclosed renewal application and related materials, please contact me at 650-483-9743, or email, Jennifer.Woo@alexion.com. Please also address all written communications to me regarding Portola's licensure.

Thank you in advance for your consideration.

Portola Pharmaceuticals, LLC
270 E. Grand
Avenue,
South San
Francisco, CA
94080
MAIN +1.650.245.7000
portola.com



Sincerely,

DocuSigned by:

505D5B0903EC495
Jennifer Woo

cc: Michael Queen
Account Manager
PharmaLicense
Via email: [redacted]@portola.com

Juliet M. McBride
Partner
King & Spalding LLP
Via email: [redacted]@kingandspalding.com

Lee Nutini
Associate
King & Spalding LLP
Via email: [redacted]@kingandspalding.com

Portola Pharmaceuticals, LLC
270 E. Grand
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South San
Francisco, CA
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MAIN +1.650.246.7000
portola.com

PORTOLA PHARMACEUTICALS
SUMMARY OF INFORMATION UPDATE FOR BOARD OF PHARMACY
INCLUDING MERGER WITH ALEXION PHARMACEUTICALS, INC.

- I. **Effective October 15, 2020**, Portola changed its entity formation from a corporation to a limited liability company organized under the State of Delaware.

Business Entity Name (Prior to Oct. 15, 2020)	Business Entity Name (On and After Oct. 15, 2020)
Portola Pharmaceuticals, Inc.	Portola Pharmaceuticals, LLC

- II. **Effective July 2, 2020**, Alexion Pharmaceuticals, Inc. ("Alexion"), a publicly traded company, acquired Portola Pharmaceuticals, Inc. ("Portola"), formerly a publicly traded company, and Portola is now a wholly owned subsidiary of Alexion.

Pre-Transaction Officers and Directors		Post-Transaction Members*	
Name	Position	Name	Position
Scott Garland	President, CEO	Michael Elloian	Managing Member <i>*Following conversion to limited liability company</i>
Mardi C. Dier	EVP, Chief Financial and Business Officer		
John B. Moriarty, Jr., J.D.	EVP, General Counsel and Secretary		
Glenn Brame	EVP, Chief Technical Operations Officer		
Ernie W. Meyer	EVP, Chief Human Resources Officer		
Sheldon L. Koenig	EVP, Chief Commercial Officer		
Rajiv Patni, M.D.	EVP, Chief Medical Officer		

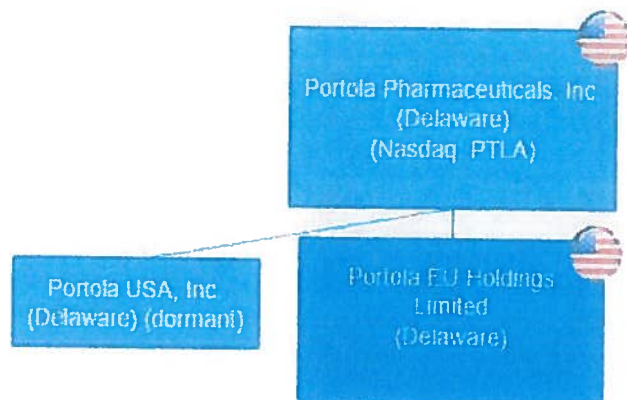
- III. **Following the transaction with Alexion**, Portola's Designated Representative for its home-state licensure jurisdiction (California) remained the same. For all other states with designated representative requirements, however, Portola's new Designated Representative is Jon Postlethwaite (replacing Mardi C. Dier or Kimberlyn Seideman).

Pre-Transaction (Prior to August 2020) Designated Representatives		Post-Transaction (As of Aug. 1, 2020) Designated Representatives	
State	Name	State	Name
California	Kimberlyn Seideman	California	Kimberlyn Seideman

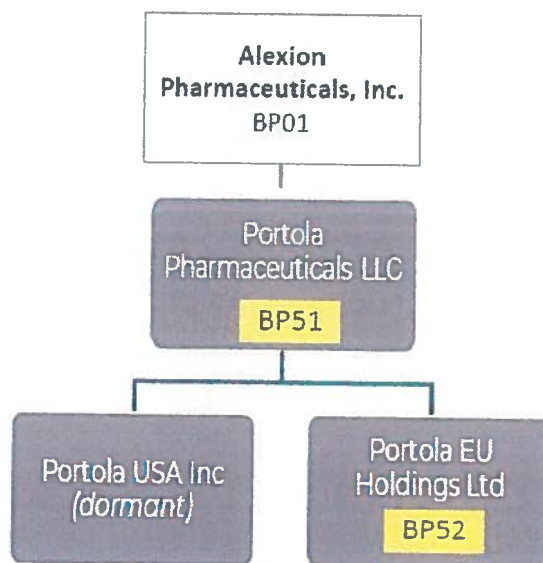
Texas	Kimberlyn Seideman	Texas	Jon Postlethwaite
All Other States	Mardi C. Dier	All Other States	Jon Postlethwaite

IV. Organizational Charts Pre- and Post-Transaction with Alexion

Portola and selected affiliates' organizational structure prior to July 2, 2020:



Portola and selected affiliates' organizational structure after merger and conversion:



4X

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 WH02143)
 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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Zyla Life Sciences US Inc.

Physical Address: 600 Lee Road, Suite 100

City: Wayne State: PA Zip Code: 19087

Telephone Number: (610) 833-4200 Fax Number: _____

Toll Free Number: N/A

E-mail: zylalicensing@assertiotx.com Website: www.assertiotx.com

Facility Manager: Jack Hoblitzell

Professional qualifications and experience of facility manager: _____

See Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies

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

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Zyla Life Sciences, a wholly-owned subsidiary of Assertio Holdings, Inc.Corporation Name: Zyla Life Sciences US, Inc.Mailing Address: 100 South Saunders Road, Suite 300City: Lake Forest State: IL Zip: 60045Telephone: (224) 441-6546 Fax: N/AContact Person: Jennifer A. Hipelius

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: 03/13/2020Registration number issued: 7899630Stock Exchange: ASRT

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.

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: 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

Daniel Peisert

Print Name of Authorized Person

09/23/2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00



Ownership Information

Zyla Life Sciences US, Inc. is 100% owned by Zyla Life Sciences who is 100% owned by Assertio Holdings, Inc. which is publicly traded on the NASDAQ (ASRT).

Zyla Life Sciences US, Inc:
600 Lee Road, Suite 100, Chesterbrook, PA 19087
(610) 833-4200
Tax ID: 13-1000000
Delaware Corporation # 5224558, 10/08/2012

Officers

Todd Smith, President and Chief Executive Officer

Business Address: 100 South Saunders Road, Suite 300, Lake Forest, IL 60045

Business Phone:

Email:

Ownership: 0%

Daniel Peisert, Senior Vice President and Chief Financial Officer

Business Address: 100 South Saunders Road, Suite 300, Lake Forest, IL 60045

Business Phone:

Email:

[n](#)

Ownership: 0%



April 20, 2020

ASSERTIO LETTER TO STOCKHOLDERS

MERGER PROPOSED—YOUR VOTE IS VERY IMPORTANT

Assertio Therapeutics, Inc. (“Assertio Therapeutics” or “Assertio”) entered into an Agreement and Plan of Merger dated as of March 16, 2020, which is referred to in this Joint Proxy Statement/Prospectus as the “Merger Agreement,” with Zyla Life Sciences (“Zyla”) and certain wholly-owned subsidiaries of Assertio formed to effectuate the Merger Agreement. Pursuant to the Merger Agreement and through a series of transactions described in this Joint Proxy Statement/Prospectus and referred to as the “Merger,” Zyla and Assertio will become wholly-owned subsidiaries of Assertio Holdings, Inc. (“Assertio Holdings”), with Assertio Holdings assuming Assertio’s listing on the Nasdaq Stock Market. The Merger Agreement is attached as Annex A to this Joint Proxy Statement/Prospectus and is incorporated into this Joint Proxy Statement/Prospectus by reference. This Joint Proxy Statement/Prospectus describes the Merger Agreement, the Merger and the transactions related to the Merger in detail and provides information concerning the annual meeting of Assertio stockholders (the “Assertio Annual Meeting”).

At the effective time of the Merger (the “Effective Time”), each issued and outstanding share of common stock, \$0.001 par value per share, of Zyla (“Zyla Common Stock”) will be converted into the right to receive 2.5 shares of common stock, \$0.0001 par value per share, of Assertio Holdings (“Assertio Holdings Common Stock”). The exact amount of stock consideration to be received in the Merger in exchange for shares of Zyla Common Stock cannot be determined until the Effective Time. See “*The Agreement and Plan of Merger—Consideration in the Merger*” in Chapter I of this Joint Proxy Statement/Prospectus on page 161.

Assertio’s board of directors has unanimously approved the Merger Agreement, the Merger and the issuance of shares of Assertio Holdings Common Stock in the Merger. The issuance of shares of Assertio Holdings Common Stock in the Merger requires the approval of a majority of the outstanding shares of common stock, \$0.0001 par value per share, of Assertio (“Assertio Common Stock”) present at the Assertio Annual Meeting and entitled to vote on the matter (Assertio Proposal 1 in this Joint Proxy Statement/Prospectus). Assertio stockholders will vote at the Assertio Annual Meeting on May 19, 2020, at 1:00 p.m., Central Time. In light of ongoing developments related to coronavirus (COVID-19), after careful consideration, Assertio’s board of directors has determined that the Assertio Annual Meeting will be a virtual meeting conducted exclusively via live webcast in order to facilitate stockholder attendance and participation while safeguarding the health of Assertio stockholders, Assertio’s board of directors and the Assertio management team.

Assertio stockholders or their proxyholder will be able to attend the Assertio Annual Meeting online, vote and submit questions by visiting <https://www.cstproxy.com/assertiotx/2020> and using a control number assigned by Continental Stock Transfer. To register and receive access to the virtual meeting, registered stockholders and beneficial stockholders (those holding shares through a stock brokerage account or by a bank or other holder of record) will need to follow the instructions applicable to them provided in the enclosed Joint Proxy Statement/Prospectus.

Before casting your vote, please take the time to review carefully this Joint Proxy Statement/Prospectus, including the section entitled “Risk Factors” in Chapter I of this Joint Proxy Statement/Prospectus beginning on page 34. Your vote is very important regardless of the number of shares you hold. Our board of directors recommends that you vote “FOR” the approval of the issuance of shares of Assertio Holdings Common Stock in the Merger.

Arthur J. Higgins
 President and Chief Executive Officer
 Assertio Therapeutics, Inc.

Neither the Securities and Exchange Commission nor any state securities regulator has approved or disapproved the securities to be issued under this Joint Proxy Statement/Prospectus or determined if this Joint Proxy Statement/Prospectus is accurate or adequate. Any representation to the contrary is a criminal offense.

This Joint Proxy Statement/Prospectus is dated April 20, 2020 and is first being mailed to Assertio stockholders and Zyla stockholders on or about April 20, 2020.



October 1, 2020

Via FedEx

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

In Re: Zyla Life Sciences US, Inc. and Assertio Therapeutics Complete Merger

To Whom It May Concern,

On behalf of Zyla Life Sciences US, Inc. ("Zyla"), please accept this letter, and attached application and supplemental forms, as a formal notification to your office that Zyla is now 100% owned by Assertio Holdings Inc. who is Publicly Traded on the NASDAQ (ASRT). This ownership change structure happened on May 20, 2020 when Zyla formally merged with Assertio Therapeutics, Inc. Previously, Zyla was the publicly traded entity on the NASDAQ. Again, Assertio Holdings now resides as the Publicly Traded Company and as the Parent Company to Zyla.

The licensed location of Zyla has continued business operations, with no immediate changes to Zyla's name, federal tax ID number or operating location.

Note, Zyla's products are manufactured by a contract manufacturer and will be distributed by its third-party logistics provider, Cardinal Health, who is licensed to ship pharmaceutical products into your state. Please see the attached DEA registration for Cardinal Health.

If you have any questions or concerns regarding this notice, please contact Jordan Spadafora at () 7 or via email : so that we may provide any additional information requested.

Zyla is committed to operating in full compliance with all licensing regulations. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Spadafora".

Jordan Spadafora
Licensing Analyst



Assertio Completed Merger with Zyla Life Sciences

May 20, 2020

**Trading under ASRT on Nasdaq Global Select Market
Combined Company Pro Forma 2019 Net Product Sales of Approximately \$128 Million¹
Upwards of \$40 million in Expected Cost Synergies**

LAKE FOREST, Ill., May 20, 2020 /PRNewswire/ — Assertio Holdings, Inc., the successor issuer to Assertio Therapeutics, Inc., ("Assertio") (NASDAQ: ASRT) announced the closing of the merger with Zyla Life Sciences. The combined company (the "Company") will operate under the Assertio name and trade on Nasdaq under the ticker ASRT.

The merger creates a growing commercial pharmaceutical company with neurology, inflammation and pain products. The Company now has a differentiated portfolio of non-steroidal anti-inflammatory drugs (NSAIDs) commonly used by neurologists, orthopedic surgeons, internists, women's health providers, podiatrists, pain care specialists and urologists. All eight products are branded, FDA-approved products and will be managed by the Company's newly formed and highly experienced commercial team.

Anticipated Strategic and Financial Benefits of the Merger

- Pro forma 2019 net product sales of approximately \$128 million¹
- Projected pro forma 2020:
 - Non-GAAP adjusted EBITDA margin of greater than 25 percent
 - Upwards of \$40 million in cost synergies expected, in addition to Assertio's previously announced anticipated \$15 million in cost synergies due to acceleration of cost savings initiatives
- Complementary products expected to result in leading portfolio of NSAIDs
- Positioned to take advantage of current trend toward non-opioid pain products
- Projected mid to high-single digit revenue growth for 2020
- Holding company is expected to have net debt to EBITDA leverage of two times
- Positions the Company to add differentiated products through acquisitions and partnerships

"With the completion of this merger, we are on track to be a leading specialty pharmaceutical company," said Todd Smith, incoming president and CEO of Assertio. "I am excited to lead the talented team that has worked so hard to grow both businesses and remain dedicated to creating the new Assertio during this challenging time. Thank you to everyone who has seen this transaction through to close. This is just the beginning of an exciting growth opportunity for our employees, the patients we serve and the investors who support our path to value creation. We look forward to updating you on our progress and path forward on our second quarter earnings call."

With this merger closed, the Company has a board composed of nine directors. Six directors from the pre-merger Assertio board, including Arthur Higgins, the non-executive chairman, Heather L. Mason, William T. McKee, Peter D. Staple, James L. Tyree and David E. Wheadon. In addition, Todd N. Smith, Timothy P. Walbert, the lead independent director, and Andrea Heslin Smiley joined from the Zyla board.

Advisors

Stifel acted as the exclusive financial advisor to Assertio and Gibson, Dunn & Crutcher LLP acted as its legal counsel. MTS acted as the exclusive financial advisor to Zyla and Dechert LLP acted as its legal counsel.

Non-GAAP Information

This press release includes estimated non-GAAP adjusted EBITDA margin and non-GAAP net debt to EBITDA leverage, each, a non-GAAP financial measure. The Company believes these non-GAAP financial measures not only provide the Company's management with comparable financial data for internal financial analysis but also provide meaningful supplemental information to investors. Specifically, these non-GAAP financial measures enable investors to better understand the anticipated performance of the business and facilitate a meaningful evaluation of the Company's preliminary estimate for non-GAAP adjusted EBITDA margin and non-GAAP net debt to EBITDA leverage for 2020. These non-GAAP measures should be considered a supplement to, and not as a substitute for or superior to, financial measures calculated in accordance with GAAP. No reconciliation of estimated non-GAAP adjusted EBITDA margin or non-GAAP net debt to EBITDA leverage is provided in this press release because some of the excluded information is not yet ascertainable or accessible and the Company is unable to quantify certain amounts that would be required to be included in the most directly comparable GAAP financial measures without unreasonable efforts.

About Assertio

Assertio is a leading specialty pharmaceutical company bringing differentiated products to patients. The Company has a robust portfolio of branded prescription neurology, inflammation and pain medications. Assertio has grown through business development including acquisitions, licensing and mergers. The Company seeks to leverage its commercial excellence to be the partner of choice. To learn more about Assertio, visit www.assertiotx.com.

Forward Looking Statements

Statements in this communication that are not historical facts are forward-looking statements that reflect Assertio's current expectations, assumptions and estimates of future performance and economic conditions. These forward-looking statements are made in reliance on the safe harbor provisions

of Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended. These forward-looking statements relate to, among other things, future events or the future performance or operations of Assertio. All statements other than historical facts may be forward-looking statements; words such as "anticipate," "believe," "could," "design," "estimate," "expect," "forecast," "goal," "guidance," "imply," "intend," "may," "objective," "opportunity," "outlook," "plan," "position," "potential," "predict," "project," "prospective," "pursue," "seek," "should," "strategy," "target," "would," "will," "aim" or other similar expressions that convey the uncertainty of future events or outcomes are used to identify forward-looking statements. Such forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and other factors, some of which are beyond the control of Assertio. Factors that could cause Assertio's actual results to differ materially from those implied in the forward-looking statements include: (1) risks related to disruption of management time from ongoing business operations due to the integration of the merger with Zyla Life Sciences (the "Merger"); (2) unexpected costs, charges or expenses resulting from the Merger; (3) the ability of the Assertio to retain key personnel; (4) potential adverse changes to business relationships resulting from the Merger; (5) the combined company's ability to achieve the growth prospects and synergies expected from the transaction, as well as delays, challenges and expenses associated with integrating the combined company's existing businesses; (6) negative effects of the Merger on the market price of Assertio's common stock, credit ratings and operating results; (7) legislative, regulatory and economic developments, including changing business conditions in the industries in which Assertio operates; (8) Assertio's ability to successfully pursue business development, strategic partnerships, and investment opportunities to build and grow for the future; (9) the commercial success and market acceptance of Assertio's products; (10) coverage of our products by payors and pharmacy benefit managers; (11) our ability to execute on our sales and marketing strategy, including developing relationships with customers, physicians, payors and other constituencies; (12) the entry of any generic products for any of our products; (13) the outcome of our opioid-related investigations, our opioid-related litigation brought by state and local governmental entities and private parties, and our insurance, antitrust and other litigation, and the costs and expenses associated therewith; (14) Assertio's estimates regarding expenses, future revenues, capital requirements and needs for additional financing; (15) Assertio's ability to generate sufficient cash flow from its business to make payments on its indebtedness, Assertio's ability to restructure or refinance its indebtedness and Assertio's compliance with the terms and conditions of the agreements governing its indebtedness; (16) compliance or non-compliance with legal and regulatory requirements related to the development or promotion of pharmaceutical products in the U.S.; (17) Assertio's plans to acquire, in-license or co-promote other products, and/or acquire companies; (18) Assertio's ability to raise additional capital, if necessary; (19) Assertio's ability to successfully develop and execute its sales and marketing strategies; (20) variations in revenues obtained from collaborative agreements; (21) Assertio's collaborative partners' compliance or non-compliance with obligations under its collaboration agreements; (22) the ability of Assertio's common stock to regain compliance with Nasdaq's minimum closing bid requirement of at least \$1.00 per share; (23) the impact of Zyla's bankruptcy and acquisition of products from Iroko Pharmaceuticals; (24) obtaining and maintaining intellectual property protection for our products; (25) our ability to operate our business without infringing the intellectual property rights of others; (26) the outcome of any other litigation in which we are or may be involved; (27) the impact of disasters, acts of terrorism or global pandemics; (28) general market conditions; and other risks listed in Assertio's filings with the United States Securities and Exchange Commission ("SEC"). These risks are more fully described in the joint proxy statement/prospectus filed with the SEC in connection with the Merger and Assertio's Annual Report on Form 10-K and Quarterly Reports on Form 10-Q filed with the SEC and in other filings Assertio makes with the SEC from time to time. While Assertio may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to update or revise any forward-looking-statements contained in this press release whether as a result of new information or future events, except as may be required by applicable law.

Investor and Media Contact:

Dan Peisert

Senior Vice President and Chief Financial Officer

dpeisert@assertiotx.com

¹ Combined company pro forma results includes 2019 Cambia and Zipsor net product sales and 2019 Zyla net product sales, as if the transaction had occurred on January 1, 2019

 View original content to download multimedia: <http://www.prnnews.com/news-releases/assertio-completed-merger-with-zyla-life-sciences-301062631.html>

SOURCE Assertio



Certificate of Record

Certificate No. 95000000056

Category:

Office/Corporate Location
No product onsite

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ZYLA LIFE SCIENCES US INC.

600 LEE ROAD

SUITE 100

CHESTERBROOK, PA 19087

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity does not physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: November 12, 2014

Expiration Date: The Last Day of November, 2021

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance



pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Record

Certificate No. 95000000056

Category:

Office/Corporate Location
No product onsite

Drug & Device Registration

555 WALNUT ST
FORUM PLACE-7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

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600 LEE ROAD

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Issuance Date: November 12, 2014

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Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

Expired

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

10/1/2020

Pennsylvania Department of Health - Public Lookup

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Zyla Life Sciences US Inc.** 600 Lee Road Suite 100; Chesterbrook, PA 19087
Certificate(s): **9500000056** issued: 11/12/2014 expires: 11/30/2020

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Assembly
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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZYLA LIFE SCIENCES US 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 SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZYLA LIFE SCIENCES US INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2012.

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



5224558 8300

SR# 20206054015

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 in a small font.

Authentication: 203221088

Date: 07-02-20



Description of Operations

Zyla Life Sciences US Inc. is a Virtual Manufacturer. Zyla Life Sciences US Inc. is privately owned by Zyla Life Sciences whom is owned by Assertio Holdings, Inc which is a publicly traded company on the NASDAQ stock exchange under the symbol ASRT. Zyla Life Sciences US Inc.'s products are manufactured by Contract Manufacturers and will be distributed to Wholesalers, Specialty Pharmacies, Hospital Pharmacies, Repackagers, and Physicians by their Third-Party Logistics Provider, Cardinal SPS, who is licensed to ship pharmaceutical products into your state. Zyla Life Sciences US Inc. is located in Pennsylvania.

Contract Manufacturers Information:

We are using the following contract manufacturers to produce our product:

Patheon, Inc
111 Consumers Drive
Whitby, Ontario Canada L1N 5Z5
Contact: Jaimy Thompson, 905-430-4227
FEIN: 3003516812

Cosette Pharmaceuticals
101 Coolidge Street
South Plainfield, NJ 07080
Contact: Sarah Grabowski, 800-922-1038 x3287
FEIN: 2210277

UPM Pharmaceuticals
501 Fifth Street
Bristol, TN 37620
Contact: Mary Robinson, 423-989-8073
FEIN: 1000208638

Jubilant HollisterStier
3525 N. Regal St.
Spokane, WA 99207
Contact: Chris Pierce, 509-482-0576
FEIN: 3010477

PPD Laboratories
8551 Research Way, Ste. 160
Middleton, WI 53562
Contact: Cindy Drew, 608-203-3204
FEIN: 2129896

**Third Party Logistic information:**

For distribution into the commercial supply channels, Cardinal SPS acts as Zyla Life Sciences US Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Zyla Life Sciences US Inc.'s product to Wholesalers, Specialty Pharmacies, Hospital Pharmacies, Repackagers, and Physicians throughout the United States. Cardinal SPS's addresses are:

Cardinal SPS
501 Mason Road, Suite 200
Laverne, TN 37086
Camill Morgan, 615-287-0462

Cardinal SPS
15 Ingram Blvd., LaVergne, TN 37086
Camill Morgan, 615-287-0462

Zyla Life Sciences US Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



Sharp Packaging
7451 Keebler Way
Allentown, PA 18106
Contact: Chris Klauder, 856-371-7908
FEIN: 3004161147

Catalent CTS
10245 Hickman Mills Dr.
Kansas City, MO 64137
Contact: Matthew Mollan, 816-767-3757
FEIN: 3002929455

Patheon Pharmaceuticals
2110 E. Galbraith Rd.
Cincinnati, OH 45237
Contact: Rebecca Bengel, 513-948-7635
FEIN: 1510437

Nelopharma
99 Jardines St.
Caugas, PR 00725
Contact: Marco Monrouzeau, 787-318-2575
FEIN: 3009993897

The above listed CMO's manufacture Zyla Life Sciences US Inc.'s products and/or packages finished product. At no time do any of the CMO's own the product, contract with Zyla Life Sciences US Inc.'s customers, invoice, nor sell an Zyla Life Sciences US Inc. product. Zyla Life Sciences US Inc.'s products are not Controlled Substances.

Labeler Codes:

69344-101, 69344-102, 69344-144, 69344-205, 69344-206, 69344-203, 69344-204, 42211-206, 69344-204

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11/10/20
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National Drug Code Directory

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[TWEET \(HTTPS://TWITTER.COM/CONTENT/TWEET/TEXT?NATIONAL-DRUG-CODE-DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/content/tweet/text?national-drug-code-directory&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:7SUBJECT=NATIONAL-DRUG-CODE-DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:7SUBJECT=NATIONAL-DRUG-CODE-DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

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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	Market Category	Package Description	Pharm
+ Anymo	69344-211-11	30 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc	69344-211	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	02/01/2017	N/A	NDA	100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (69344-211-11)	Full (Agor Opio) [EPC]
+ Anymo	69344-111-11	15 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc	69344-111	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	02/01/2017	N/A	NDA	100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (69344-111-11)	Full (Agor Opio) [EPC]
+ Anymo	69344-311-11	80 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc	69344-311	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	02/01/2017	N/A	NDA	100 TABLET, FILM COATED, EXTENDED RELEASE in 1 BOTTLE, PLASTIC (69344-311-11)	Full (Agor Opio) [EPC]
+ INDOCIN	69344-102-33	50 mg/1	SUPPOSITORY	RECTAL	ANDA073314	Zyla Life Sciences US Inc	69344-102	indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG	08/31/1992	N/A	ANDA	30 SUPPOSITORY in 1 BOX (69344-102-33)	Cycle Inhib Anti-Inflar Agor Sterc Nons Anti-Inflar Drug
+ Indocin	69344-101-01	25 mg/5mL	SUSPENSION	ORAL	NDA018332	Zyla Life Sciences US Inc	69344-101	indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG	02/04/2019	N/A	NDA	1 BOTTLE, GLASS in 1 CARTON (69344-101-01) > 237 mL in 1 BOTTLE, GLASS	Cycle Inhib Anti-Inflar Agor Sterc Nons Anti-Inflar Drug
+ OXAYDO	69344-213-11	7.5 mg/1	TABLET	ORAL	NDA202080	Zyla Life Sciences US Inc	69344-213	OXYCODONE HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	100 TABLET in 1 BOTTLE (69344-213-11)	Full (Agor Opio) [EPC]
+ OXAYDO	69344-113-11	5 mg/1	TABLET	ORAL	NDA202080	Zyla Life Sciences US Inc	69344-113	OXYCODONE HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2015	N/A	NDA	100 TABLET in 1 BOTTLE (69344-113-11)	Full (Agor Opio) [EPC]
+ Sprax	69344-144-43	15.75 mg/1	SPRAY, METERED	NASAL	NDA022382	Zyla Life Sciences US Inc	69344-144	ketorolac tromethamine	KETOROLAC TROMETHAMINE	HUMAN PRESCRIPTION DRUG	04/26/2011	N/A	NDA	5 CARTON in 1 CARTON (69344-144-43) > 1 BOTTLE, SPRAY in 1 CARTON (69344-144-53) > 8 SPRAY, METERED in 1 BOTTLE, SPRAY (69344-144-63)	Cycle Inhib Anti-Inflar Agor Sterc Nons Anti-Inflar Drug Cycle Inhib

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National Drug Code Directory

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	
 Arymo	69344-211-11	30 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc.	69344-211	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	0
 Arymo	69344-111-11	15 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc.	69344-111	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	0
 Arymo	69344-311-11	60 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA208603	Zyla Life Sciences US Inc.	69344-311	morphine sulfate	MORPHINE SULFATE	HUMAN PRESCRIPTION DRUG	0
 INDOCIN	69344-102-33	50 mg/1	SUPPOSITORY	RECTAL	ANDA073314	Zyla Life Sciences US Inc.	69344-102	Indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG	0
 Indocin	69344-101-01	25 mg/5mL	SUSPENSION	ORAL	NDA018332	Zyla Life Sciences US Inc.	69344-101	indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG	0
 OXAYDO	69344-213-11	7.5 mg/1	TABLET	ORAL	NDA202080	Zyla Life Sciences US Inc.	69344-213	OXYCODONE HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	0
 OXAYDO	69344-113-11	5 mg/1	TABLET	ORAL	NDA202080	Zyla Life Sciences US Inc.	69344-113	OXYCODONE HYDROCHLORIDE	OXYCODONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	0

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National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Sprix	69344-144-43	15.75 mg/1	SPRAY, METERED	NASAL	NDA022382	Zyla Life Sciences US Inc.	69344-144	ketorolac tromethamine	KETOROLAC TROMETHAMINE	HUMAN PRESCRIPTION DRUG
 Tivorbex	69344-201-29	20 mg/1	CAPSULE	ORAL	NDA204768	Egalet US Inc.	69344-201	indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG
 Tivorbex	69344-202-29	40 mg/1	CAPSULE	ORAL	NDA204768	Egalet US Inc.	69344-202	indomethacin	INDOMETHACIN	HUMAN PRESCRIPTION DRUG
 Vivlodex	69344-205-23	5 mg/1	CAPSULE	ORAL	NDA207233	Egalet US Inc.	69344-205	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG
 Vivlodex	69344-206-23	10 mg/1	CAPSULE	ORAL	NDA207233	Egalet US Inc.	69344-206	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG
 Zorvolex	69344-203-29	18 mg/1	CAPSULE	ORAL	NDA204592	Zyla Life Sciences US Inc.	69344-203	diclofenac	DICLOFENAC	HUMAN PRESCRIPTION DRUG
 Zorvolex	69344-204-29	35 mg/1	CAPSULE	ORAL	NDA204592	Zyla Life Sciences US Inc.	69344-204	diclofenac	DICLOFENAC	HUMAN PRESCRIPTION DRUG

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JOHN R. (JACK) HOBLITZELL, Ph.D.

Pony Lane, Flemington, New Jersey 08822

john.hoblitzell@pharmatech.com**PHARMACEUTICAL TECHNOLOGY EXECUTIVE**

Strategic and results-oriented pharmaceutical technology executive with proven success in leading cross-functional teams towards successful new product launches and regulatory submissions, as well as operational excellence goals for currently marketed products. Extensive experience in brand, specialty and generic pharmaceutical products and the manufacture and development of small molecule pharmaceuticals. Excellent leadership, problem solving and relationship building skills. Expertise in:

- Pharmaceutical & Process Development
- Cross-functional project management
- FDA Pre-Approval and GMP inspections
- CMC Regulatory Strategy
- Contract Manufacturing & Development
- Product Launches
- cGMP, GLP regulations, ICH, and FDA Guidances
- Supply Chain Planning
- Technology Transfer / Technology Services
- Validation (Process, Cleaning, Equipment
- QbD, DOE, PAT, First Right Time
- Product & API Sourcing Strategy
- Acquisition & Integration
- In-licensing and Out-licensing
- Controlled Substance (DEA) requirements
- Sales & Operations Planning

PROFESSIONAL EXPERIENCE**ASSERTIO THERAPEUTICS INC., Lake Forest, IL**

2020 - Present

Sr. Vice President, Technical Operations

Direct all Manufacturing and Supply Chain activities for virtual pharmaceutical company. Direct product supply with contract manufacturers and packagers, along with coordination of product testing at contract laboratories and procurement of APIs and other components required for manufacture of finished product. Coordinate product supply/logistics activities with the 3PL (3rd Party Logistics) companies, and oversee DSCSA serialization and product development activities.

ZYLA LIFE SCIENCES (f/k/a EGALET CORPORATION), Wayne, PA

2015 – 2020

(Merged with Assertio Therapeutics, Inc.)

Vice President, Technical Operations

Direct all Manufacturing and Supply Chain activities for a virtual pharmaceutical company, responsible for the coordination of all activities with Contract Manufacturing Organizations and Contract Packaging Organizations. Also, coordinate all activities related to the testing of the company's products at various Contract Laboratories, and making sure that all activities with the 3PL (3rd Party Logistics) are handled. Responsible for all negotiations in the implementation of Supply Agreements, etc. with the company's CMOs and CPOs.

JOHN R. (JACK) HOBLITZELL, Ph.D.

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PURDUE PHARMACEUTICALS, Wilson, NC

2013 - 2015

Director, Pharmaceutical Technology Services

Responsible for manufacturing technology transfer activity, both internal and external. Direct technical support to various technical improvement and cost savings initiatives associated with modification of current manufacturing processes including validation. Served as key liaison with the R&D group, influencing the development of new abuse deterrent products utilizing QbD design and First Right Time principles. Manage a staff of 12 scientists/engineers supporting the Purdue product line.

- Successfully completed the scale-up and validation activities leading to the launch of 3 new products, for both Purdue Pharmaceuticals and Rhodes Pharma.
- Established and initiated the strategy for the qualification of a new facility in Durham, NC, and the site transfer of several existing products to the new facility.
- Initiated activities for PAT implementation for in-process testing of blend uniformity and online testing for content uniformity.
- Responsible for performing due diligence activities for the Technical Operations division on several possible deals.

JACK HOBLITZELL CONSULTING LLC, Flemington, NJ

2012 - 2014

Sr. Consultant/Principal

Providing consulting services to several pharmaceutical companies related to operational excellence, technical services, validation, compliance, regulatory and quality systems in the areas of manufacturing and packaging.

PFIZER, Inc., Peapack, NJ

2011 - 2012

Sr. Director, Pharm. Tech., Global Manufacturing Services

Served as liaison between the Pfizer co-development project teams and the King/CMO Manufacturing organization. Managed staff of 3 scientists/engineers supporting the King product line.

- Successfully completed the integration of all King Pharmaceutical products and processes into the Global Pfizer Network within 12 months, including the assessment and mitigation of potential risks.
- Assisted in formulating the regulatory and development strategies for resolving stability issues and re-launching Embeda ER Capsules. Led coordination of work effort between Pfizer, legacy-King and CMO.
- Participated in development of strategy regarding product transfers from legacy-King sites to Pfizer or CMOs.

KING PHARMACEUTICALS INC., Bristol, TN

2008 – 2012

(Acquired by Pfizer, Inc. in March 2011)

Sr. Director, Pharmaceutical Technology

Directed the implementation and transfer of new technologies, products and analytical methods into the King Technical Operations Manufacturing organization, including contract manufacturers. Acted as key liaison with the R&D organization to assure that new product development is coordinated to meet the requirements of the manufacturing organization with cost effective, robust and optimized manufacturing processes and formulations, including in-licensing of products. Provide technical oversight and support of existing products, including process and cost improvements. Managed staff of 3 scientists/engineers and many in-direct reports.

- Led the CMC Development Sub-Team to a NDA submission and approval for Acurox® (Oxecta™) Tablets.
- Developed QbD strategy for the transfer of Remoxy® ER Capsules into the Bristol manufacturing site and the associated regulatory submission.
- Implemented improvements to the manufacturing process of Remoxy® (at the current CMO), and support the product during its manufacture at the current contract manufacturer.
- Directed the scale-up, process validation and launch activities for Embeda® at a contract manufacturer. Later, oversaw the technical investigation of stability failures and risk assessment.
- Led the integration of the Alharma technical knowledgebase and staff into King Pharmaceuticals.
- Developed CMC strategy for manufacture of clinical and registration batches of two other Aversion platform products.

JOHN R. (JACK) HOBLITZELL, Ph.D.

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- Resolved issues with licensing partner regarding the scale-up, validation and submission strategy for Acurox®.
- Assisted R&D in the development of the NDA registration batch and scale-up strategies for ALO-02, being manufactured at a CMO. This resulted in a 30% cost reduction in batch manufacturing costs, as well establish a back-up manufacturing plan should additional commercial capacity be required.

PATHEON PHARMACEUTICALS INC., Cincinnati, OH

2008 – 2008

Associate Director, Formulation & Process Development

Direct formulation and process development activities in support of pharmaceutical customers. Projects included Phase 1 development to technical transfers supporting the commercial operations group. Participate in the development of project quotes, and efforts to improve the efficiency of the operation. Managed staff of 15 scientists.

- Hired six formulation/process scientists to increase staffing levels from 21 to 27, in order to support growth in customer projects.
- Developed QbD experimental design for a customer's NDA submission based on FDA/ICH Guidances.
- Lead the Formulation & Process Development staff on approximately half of the ongoing projects and interacted with staff from those customers.
- Improved GMP compliance by leading the biennial review of SOPs and implementation of new SOPs.
- Participated in business development presentations/discussions resulting in 5 new customers.

BANNER PHARMACAPS INC., High Point, NC

2006 – 2007

Director, Formulation Development & Biopharmaceutics

Directed the Formulation Development and Biopharmaceutics activities, and staff of 17 managers and scientists. Focused on development of internal "value-added" products for out-licensing/partnership, as well as contract development of client soft gelatin capsule products. Provide technical support to the Operations group for tech transfer of new products and troubleshooting of existing products. Managed the Intellectual Property portfolio.

- Identified and negotiated the implementation of Thomson-Pharma, a market-based database research tool to improve portfolio management and API selection. Improved analysis of market conditions based on IMS data, patent strategy, and API availability.
- Led improvements to the product selection process, based on possible generic, life-cycle management and "value-added" opportunities in the market place. Resulted in four new products being developed, FDA approved and commercialized.
- Led the API sourcing for five new products, including one which could not be sourced previously.
- Collaborated with Business Development in identifying possible commercial partners for internally developed projects, resulting in four new commercial partnerships.
- Directed development activities which led to 6 FDA submissions (NDA and ANDAs).
- Managed bioequivalence studies conducted at CROs for all ANDA and NDA 505(b)(2) FDA submissions, including the review of all protocols, preliminary data and final reports.
- Led quality/validation/manufacturing team which update validation policies and procedures, and included QbD and PAT practices.

IVAX PHARMACEUTICALS, INC., Northvale, NJ

2003 – 2006

(Acquired by Teva Pharmaceuticals, Inc. in January 2006)

Director, Process Development & Technical Operations

Directed activities leading to and including the manufacture of all exhibit batches for ANDA submissions, launch activities of new products including validation, providing technical support for all commercially marketed products, troubleshooting, reformulation, and process/quality improvements. Oversight of technical issues at several contract manufacturers and packagers. Manage staff of 36 at 5 sites and budget of \$10 MM (New Jersey, New York, Miami (2), and Puerto Rico), along with input into activities at Waterford, Ireland plant.

- Improved the new product launch product, resulting in the successful launch of 20 products within 30 months.
- Directed an aggressive alternate sourcing program to qualify and obtain FDA approval for new API sources, resulting in average annual savings of \$20 million.

JOHN R. (JACK) HOBLITZELL, Ph.D.

Page - 4

- Initiated/implemented new technology transfer process to improve the development and launch of new products. Involved “phase gate” reviews at critical milestones, and input from process development, manufacturing and quality organizations during early development activities.
- Directed the product transfer activities of 34 IVAX products as part of the Teva manufacturing rationalization strategy. Led the divestiture of six products in order to meet FTC requirements during the Teva acquisition.
- Led harmonization of process and cleaning validation activities across five manufacturing sites.
- Identified and implemented improvements to the generic product selection process.

TEVA PHARMACEUTICALS USA, INC.,

1999 - 2003

Director, Pharmaceutical R&D, Sellersville, PA (2002-2003)**Associate Director, Pharmaceutical R&D**, Fairfield, NJ (1999-2002)

Manage all phases of product development activities in the Pennsylvania and New Jersey facilities. Responsible for formulation activities, manufacture of pivotal studies, as well as the preparation of submission documentation, along with input into the activities of the biopharmaceutical, analytical and regulatory groups. Managed a staff of 18, and budget of \$8 MM.

- Led project team for international development of Amox-Clav generic antibiotic products in 3 oral dosage forms. Product was FDA approved and launched, with manufacture of domestic and international sites.
- Participated in the coordination of product development activities between the Israeli and USA Generic R&D groups.
- Assisted in the continued growth of project teams, along with the implementation of productivity improvement teams to facilitate development activities and minimize waste.
- Participate in the patent review and establishing patent strategies for the formulation of generic products.
- Led the assimilation of the New Jersey PR&D organization into corporate guidelines and common procedures with other sites Collaborate with Purchasing in the sourcing of API for generic pharmaceutical products.

ALPHARMA USPD, INC., Lincolnton, NC

1996 - 1998

Director, Pilot Plant & Process Development

Manage 5 scientists responsible for conducting process development studies, preparation of clinical batches, and manufacture of ANDA batches for new generic cream, ointment and suppository products. Also provided technical support to the manufacturing and quality departments for currently marketed products, and identifying and implementing process improvement projects.

- Directed the technical support for transfer of 23 ANDA products from Glendale, NY and South Plainfield, NJ to the Lincolnton manufacturing facility, realizing a cost improvement of \$9 MM..
- Reviewed, identified and resolved critical manufacturing issues for all R&D topical and suppository products in development or under review by FDA.
- Improved the technology transfer process, along with the interaction and participation of the process development group in the initial product development phase.
- Advised on critical formulation and processing concerns in the development of oral and nasal MDI (metered dosage inhaler) products.

SCHERING-PLOUGH RESEARCH INSTITUTE, Kenilworth, NJ

1993 - 1996

Senior Associate Director, Pharmaceutical Process Improvement

Managed sixteen scientists/technicians responsible for process improvement and marketed product support activities at five manufacturing plants in the U.S. and Puerto Rico. Dosage forms include: IR and ER tablets, capsules, transdermals, liquids, ointments and creams, lotions, suspensions, inhalation suspensions, and aerosols.

- Directed a task force to resolve manufacturing, packaging and testing issues related to oral and nasal aerosol inhalation products resulting savings of \$1.6MM.
- Oversee the resolution of manufacturing problems for an ER tablet, resulting in FDA approval. Lead the FDA pre-approval inspection for this product.

JOHN R. (JACK) HOBLITZELL, Ph.D.

Page - 5

- Managed the identification and resolution of product complaint issues related to the manufacture of a topical steroid cream product in Heist, Belgium.
- Directed manufacturing site transfers of several tablet products from New Jersey to Puerto Rico.
- Initiated project and formulated the regulatory strategy to reduce solvent usage and emissions while increasing batch size for the manufacture of extended release pellets. Projected cost savings of \$6MM annually and cost avoidance of \$4MM. Increase plant capacity of 20%.
- Directed the identification and qualification of an alternate polymer thickening agent and supplier for use in a transdermal product. Obtained FDA approval of these changes which allowed manufacturing to continue without interruption.

R.W. JOHNSON PHARMACEUTICAL RESEARCH INSTITUTE

1996 - 1993

Group Leader, Process Development/Technical Services, Spring House, PA (1990-1993)

Responsible for process optimization, scale-up, process and cleaning validation, production troubleshooting, process improvement and product line extensions. Directly managed staff of eight scientists/technicians, as well as technical direction of three scientists in Dorado, PR.

- Implemented formal technology transfer procedure between Pharmaceutical Development, Process Development/Technical Services and Manufacturing.
- Reformulated and transferred manufacturing of an antibiotic tablet product to Puerto Rico. Prepared NDA supplement and obtained FDA approval for both changes within 3 months.

Senior Research Scientist/Research Scientist: Formulations, Raritan, NJ (1986 - 1990)

Responsible for formulation of solid dosage forms of new drug candidates and assisted with process development issues.

- Led the revalidation of all oral contraceptive tablet products at both Raritan, NJ and Manati, PR after weight variation failures.
- Development strategy and initiated purchase of automated tablet presses for "lights out" manufacture of oral contraceptives.
- Implemented use of instrumented tablet press during development of solid oral dosage forms to better characterize potential formulations.
- Directed development of direct compression manufacture of oral contraceptive products, including strategy of experimental design to show robustness of the process.

EDUCATION

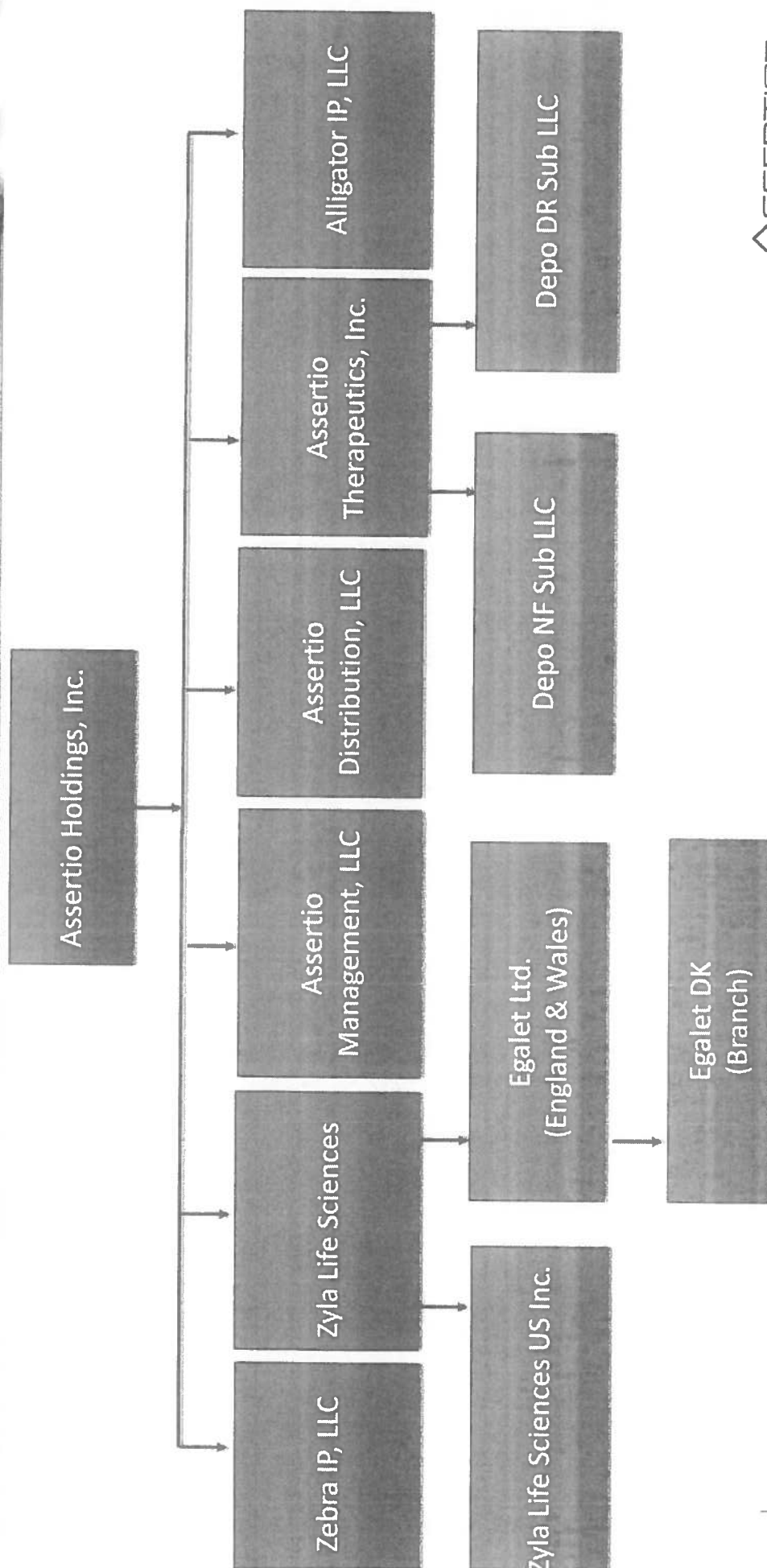
Ph.D., Pharmaceutics, University of Rhode Island, Kingston, RI

B.S., Pharmacy, University of Rhode Island, Kingston, RI

PROFESSIONAL AFFILIATIONS

American Association of Pharmaceutical Scientists (AAPS)
 International Society of Pharmaceutical Engineers (ISPE)
 PQRI Blend Uniformity Working Group Member (2001 – 2005)
 Registered Pharmacist, Rhode Island
 United States Pharmacopeia Fellowship (1983-85)
 The Honor Society of Phi Kappa Phi
 Rho Chi Pharmacy Honor Society
 Kappa Psi Pharmaceutical Fraternity

Assertio Holdings, Inc. Organization Chart



ASSERTIO

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:05 AM 04/03/2020
FILED 10:05 AM 04/03/2020
SR 20202572655 - File Number 7899630

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
ALLIGATOR ZEBRA HOLDINGS, INC.**

* * * * *

Alligator Zebra Holdings, Inc., a corporation organized and existing under and by virtue of the provisions of the General Corporation Law of the State of Delaware (the “General Corporation Law”), **DOES HEREBY CERTIFY:**

1. That the name of this corporation is Alligator Zebra Holdings, Inc., and that this corporation was originally incorporated pursuant to the General Corporation Law on March 13, 2020 under the name Alligator Zebra Holdings, Inc.

2. That the Board of Directors duly adopted resolutions proposing to amend the Certificate of Incorporation of this corporation, declaring said amendment to be advisable and in the best interests of this corporation and its stockholders, and authorizing the appropriate officers of this corporation to solicit the consent of the stockholders therefor, which resolution setting forth the proposed amendment is as follows:

RESOLVED, The Certificate of Incorporation of this corporation is hereby amended by deleting Article I in its entirety and substituting in lieu thereof a new Article I to read as follows:

“The name of this corporation is Assertio Holdings, Inc. (the “Corporation”).”

3. That the foregoing amendment was approved by the holders of the requisite number of shares of this corporation in accordance with Section 228 of the General Corporation Law.

4. That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Amendment of the Certificate of Incorporation as of this 3rd day of April, 2020.

ALLIGATOR ZEBRA HOLDINGS, INC.

By: /s/ Arthur Higgins
Name: Arthur Higgins
Title: President and Chief Executive
Officer

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 MERGER, WHICH MERGES:

"ALLIGATOR MERGER SUB, INC.", A DELAWARE CORPORATION,
WITH AND INTO "ASSERTIO THERAPEUTICS, INC." UNDER THE NAME OF "ASSERTIO THERAPEUTICS, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE NINETEENTH DAY OF MAY, A.D. 2020, AT 8:25 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE NINETEENTH DAY OF MAY, A.D. 2020 AT 2:30 O'CLOCK P.M.



6980073 8100M
SR# 20204126348

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: 202952293
Date: 05-19-20

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 08:25 AM 05/19/2020
 FILED 08:25 AM 05/19/2020
 SR 20204126348 - File Number 6980073

CERTIFICATE OF MERGER

of

ALLIGATOR MERGER SUB, INC.
(a Delaware corporation)

with and into

ASSERTIO THERAPEUTICS, INC.
(a Delaware corporation)

Pursuant to Section 251 of the Delaware General Corporation Law (the "DGCL").

The undersigned corporation does hereby certify that:

FIRST: The constituent corporations (the "Constituent Corporations") participating in the merger of Merger Sub with and into Assertio herein certified (the "Merger") are:

- (i) Alligator Merger Sub, Inc., which is incorporated under the laws of the State of Delaware ("Merger Sub"); and
- (ii) Assertio Therapeutics, Inc., which is incorporated under the laws of the State of Delaware ("Assertio").

SECOND: An Agreement and Plan of Merger, dated as of May 19, 2020, by and among Assertio Holdings, Inc., a Delaware corporation ("Holdings"), Merger Sub and Assertio (the "Agreement and Plan of Merger") has been approved, adopted, certified, executed and acknowledged by each of the parties thereto in accordance with the requirements of Section 251(g) (and, with respect to Merger Sub, Section 228) of the DGCL, and each of the requirements of Section 251(g) have been satisfied.

THIRD: Prior to the effectiveness of the merger herein certified, (i) Holdings is a direct wholly-owned subsidiary of Assertio and (ii) Merger Sub is a direct wholly-owned subsidiary of Holdings.

FOURTH: The Merger is to become effective at 2:30 p.m. ET on the date of the filing of this Certificate of Merger with the Secretary of State of the State of Delaware.

FIFTH: The name of the surviving corporation in the Merger is Assertio Therapeutics, Inc. (the "Surviving Corporation").

SIXTH: The Certificate of Incorporation of Assertio as in effect immediately prior to the merger shall be amended so as to read in its entirety as set forth in Exhibit A and, as so amended, shall be the Amended and Restated Certificate of Incorporation of

the Surviving Corporation until amended in accordance with the provisions thereof and applicable law.

SEVENTH: The executed Agreement and Plan of Merger is on file at an office of the Surviving Corporation, the address of which is as follows:

Assertio Therapeutics, Inc.
100 South Sanders Rd., Suite 300,
Lake Forest, IL 60045

EIGHT: A copy of the Agreement and Plan of Merger will be furnished by the Surviving Corporation, on request and without cost, to any stockholder of the Constituent Corporations or Holdings.

[The remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, the undersigned corporation has caused this Certificate of Merger to be duly executed by its authorized officer.

Dated: May 19, 2020

ASSERTIO THERAPEUTICS, INC.

By: /s/ Daniel Peisert

Name: Daniel Peisert

Title: Senior Vice President and Chief
Financial Officer

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION

OF

ASSERTIO THERAPEUTICS, INC. (a Delaware corporation)

ARTICLE I NAME

The name of the corporation is Assertio Therapeutics, Inc. (the "Corporation").

ARTICLE II AGENT

The address of the Corporation's registered office in the State of Delaware is 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

ARTICLE III PURPOSE

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware (the "DGCL").

ARTICLE IV STOCK

Section 4.1 Authorized Stock. The total number of shares which the Corporation shall have authority to issue is 205,000,000 of which 200,000,000 shall be designated as Common Stock, par value \$0.0001 per share (the "Common Stock"), and 5,000,000 shall be designated as Preferred Stock, par value \$0.0001 per share (the "Preferred Stock").

Section 4.2 Common Stock.

(a) Each holder of Common Stock, as such, shall be entitled to one vote for each share of Common Stock held of record by such holder on all matters on which stockholders generally are entitled to vote; provided, however, that, except as otherwise required by law, holders of Common Stock, as such, shall not be entitled to vote on any amendment to this Certificate of Incorporation, including any certificate of designations relating to any series of Preferred Stock (each hereinafter referred to as a "Preferred Stock Designation"), that relates solely to the terms of one or more outstanding series of Preferred Stock if the holders of such affected series are entitled, either separately or together with the holders of one or more other such series, to vote thereon pursuant to this Certificate of Incorporation (including any Preferred Stock Designation).

(b) Dividends. Subject to the rights of the holders of any outstanding series of Preferred Stock, the holders of shares of Common Stock shall be entitled to receive dividends to the extent permitted by law when, as and if declared by the Board of Directors.

(c) Liquidation. Upon or following the dissolution, liquidation or winding up of the Corporation, subject to the rights of the holders of any outstanding series of Preferred Stock, the holders of shares of Common Stock shall be entitled to receive the assets of the Corporation available for distribution to its stockholders ratably in proportion to the number of shares held by them.

Section 4.3 Preferred Stock. The Preferred Stock may be issued from time to time in one or more series. Subject to limitations prescribed by law and the provisions of this Article IV, the Board of Directors is hereby authorized to provide by resolution and by causing the filing of a Preferred Stock Designation for the issuance of the shares of Preferred Stock in one or more series, and to establish from time to time the number of shares to be included in each such series, and to fix the designations, powers, preferences, and relative, participating, optional or other rights, if any, and the qualifications, limitations or restrictions, if any, of the shares of each such series.

Section 4.4 No Class Vote on Changes in Authorized Number of Shares of Stock. Subject to the rights of the holders of any outstanding series of Preferred Stock, the number of authorized shares of any class or classes of stock may be increased or decreased (but not below the number of shares thereof then outstanding) by the affirmative vote of at least a majority of the voting power of the stock entitled to vote thereon irrespective of the provisions of Section 242(b)(2) of the DGCL.

ARTICLE V STOCKHOLDER ACTIONS

Section 5.1 Action by Written Consent. Except as otherwise provided for or fixed pursuant to the provisions of Article IV hereof (including any Preferred Stock Designation), any action required or permitted to be taken at any annual or special meeting of the stockholders of the Corporation may be taken without a meeting, without prior notice and without a vote by consent in accordance with Section 228 of the DGCL.

Section 5.2 Ability of Stockholders to Call Special Meetings of Stockholders. Except as otherwise required by law, and except as otherwise provided for or fixed pursuant to the provisions of Article IV hereof (including any Preferred Stock Designation), a special meeting of the stockholders of the Corporation may be called by the Board of Directors, the Chairman of the Board, the President, or the Secretary of the Corporation, and shall be called by the Chairman of the Board or the Secretary upon the written request of the holders that own (as defined in the Bylaws of the Corporation, as amended from time (the "Bylaws")) shares that as of the record date as fixed or determined in accordance with the Bylaws to determine who may deliver a written request to call the special meeting, represented not less than 10% of the voting power of the stock entitled to vote on the matters to be considered at the proposed special meeting. Stockholder-requested special meetings shall be subject to any conditions, procedures and requirements set forth in the Bylaws. Except as otherwise provided for or fixed pursuant to the

provisions of Article IV hereof (including any Preferred Stock Designation) and this Article V, the stockholders of the Corporation shall not have the ability to call a special meeting of stockholders. Any action permitted by the Bylaws may be considered and voted upon at such stockholder-requested special meeting. For the avoidance of doubt, Preferred Stock Directors may be removed at stockholder-requested special meetings if the applicable Preferred Stock Designation so provides.

ARTICLE VI BUSINESS COMBINATIONS WITH INTERESTED STOCKHOLDERS

The Corporation hereby expressly elects that it shall not be bound or governed by, or otherwise subject to, Section 203 of the DGCL.

ARTICLE VII EXISTENCE

The Corporation shall have perpetual existence.

ARTICLE VIII AMENDMENT

Section 8.1 Amendment of Certificate of Incorporation. The Corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation (including any Preferred Stock Designation), and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted, in the manner now or hereafter prescribed by the laws of the State of Delaware, and all powers, preferences and rights of any nature conferred upon stockholders, directors or any other persons by and pursuant to this Certificate of Incorporation (including any Preferred Stock Designation) in its present form or as hereafter amended are granted subject to this reservation.

Section 8.2 Amendment of Bylaws. In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors is expressly authorized to adopt, amend or repeal the Bylaws of the Corporation. Except as otherwise required in this Certificate of Incorporation (including the terms of any Preferred Stock Designation that require an additional vote) or the Bylaws of the Corporation, and in addition to any requirements of law, the affirmative vote of at least a majority of the voting power of the stock outstanding and entitled to vote thereon, voting together as a single class, shall be required for the stockholders to adopt, amend or repeal any provision of the Bylaws of the Corporation.

ARTICLE IX LIABILITY OF DIRECTORS

Section 9.1 No Personal Liability. To the fullest extent permitted by the DGCL as the same exists or as may hereafter be amended, no director of the Corporation shall be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director.

Section 9.2 Amendment or Repeal. Any amendment, alteration or repeal of this Article X that adversely affects any right of a director shall be prospective only and shall not limit or eliminate any such right with respect to any proceeding involving any occurrence or alleged occurrence of any action or omission to act that took place prior to such amendment, alteration or repeal.

ARTICLE X HOLDING COMPANY APPROVAL

Other than the election or removal of directors of the Corporation, any act or transaction by or involving the Corporation requiring for its adoption the approval of the stockholders of the Corporation under this Certificate of Incorporation or the DGCL shall, in accordance with Section 251(g) of the DGCL, require, in addition, the approval of the stockholders of Assertio Holdings, Inc. (or any successor thereto by merger), by the same vote as is required by the DGCL and/or this Certificate of Incorporation.

[The remainder of this page has been intentionally left blank.]

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 AMENDMENT OF "ALLIGATOR ZEBRA HOLDINGS, INC.", CHANGING ITS NAME FROM "ALLIGATOR ZEBRA HOLDINGS, INC." TO "ASSERTIO HOLDINGS, INC.", FILED IN THIS OFFICE ON THE THIRD DAY OF APRIL, A.D. 2020, AT 10:05 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



7899630 8100
SR# 20202572655

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: 202708416
Date: 04-03-20

4Y

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Astor Pharmaceuticals LLC

Physical Address: 665 Union Avenue Suite 3

City: Holtsville State: NY Zip Code: 11742

Telephone Number: 631-888-9052 Fax Number: 631-381-6225

Toll Free Number: _____

E-mail: compliance.astor@fiveriversrx.com Website: www.astordrugs.com

Facility Manager: Haralampos Rallakis

Professional qualifications and experience of facility manager: _____
Licensed Pharmacist (NY) and 20 years of experience in pharmacy.

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: OTC

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 ☒
(VAWD Accreditation Pending)

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: Harris Pharmaceuticals
Address: 9090 Park Royal Drive Fort Myers Florida 33908

Name: HomeAide Diagnostics
Address: 1072 S. Browline Rd Deerfield Beach FL 33442

Name: Eyua Pharma Inc
Address: 2 Research Way Princeton NJ 08540

Name: Vista Pharma Inc
Address: 630 Central Ave New Providence NJ 07974

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 ☒

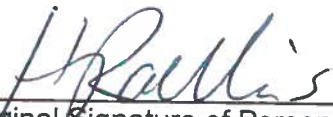
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Haralampos Rallakis

Print Name of Authorized Person

Date

7-31-20

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: New York

Parent Company if any: _____

Mailing Address: 665 Union Avenue

City: Holtsville State: NY Zip: 11742

Telephone: 631-888-9052 Fax: 631-381-6225

Contact Person: Haralampos Rallakis

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>Dave Watts</u>	<u>665 Union Ave, Suite 3 Holtsville, NY 11742</u>
	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. 200
- 3) What was the price paid per share? No par value

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.

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. PB02671701907

Application/License No. _____

Astor Pharmaceuticals LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
665 Union Ave, Suite 3 Holtsville, NY 11742, as
Address of Applicant/Principal
PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of PA
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, 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 08/07/2020.
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.

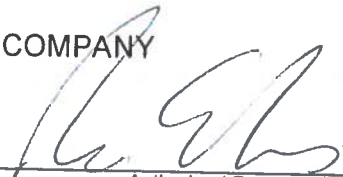
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of August, 2020.

APPLICANT/PRINCIPAL

SURETY

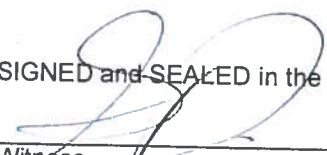
COMPANY


Authorized Representative

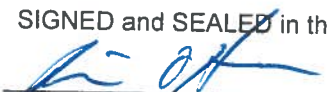

Surety Company's Representative

Valerie Ann Aber, 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:

N/A
Nevada Resident Agent

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 ARIZONA }
COUNTY OF MARICOPA } SS.

ON 08/11/2020 BEFORE ME, OLGA GONZALEZ

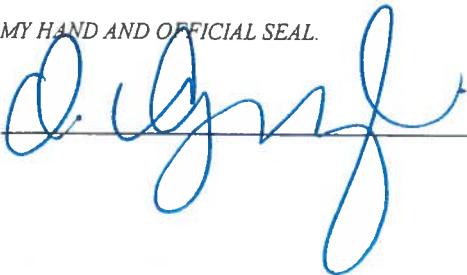
PERSONALLY APPEARED VALERIE ANN ABER, ATTORNEY-IN-FACT

WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES) AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF ARIZONA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE




THIS AREA FOR OFFICIAL NOTORIAL SEAL

Bond # PB02671701907

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 Rugge, 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.

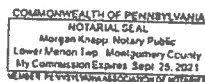
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(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:

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 7th day of August, 20 20



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

412

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
HARALUMPOS RALLAKIS

2020-23



THIS IS TO CERTIFY

ASTOR PHARMACEUTICALS LLC
665 UNION AVE
SUITE 3
HOLTSVILLE, NY 11742

is duly recorded as a

REGISTERED WHOLESALER
OF DRUGS AND/OR DEVICES

In conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FOURTEENTH DAY OF APRIL, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MARCH, 2023.

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

037868



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

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 *

07/01/2020

Type : WHOLESALER

Legal Name : ASTOR PHARMACEUTICALS LLC

Trade Name :

Street Address :

665 UNION AVE

SUITE 3

HOLTSVILLE, NY 11742-0000

Registration No : 037868

Date First Registered : 04/14/20

Registration Begins : 04/14/20

Registered through : 03/31/23

Supervisor : 048798 RALLAKIS HARALAMPOS

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.



APPLICANT Facilities: Provide all sources for the most-recent 3 years

ACCREDITED Facilities: Provide all sources for the most-recent 12 months

[illegible]

ASTOR PHARMACEUTICALS LLC
5 MONTGOMERY AVENUE
SUITE
PENN VALLEY PA 19072

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

202006290155 03

State of New York
Department of State } ss:

I hereby certify, that ASTOR PHARMACEUTICALS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/17/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of June two
thousand and twenty.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State

Astor Pharmaceuticals LLC

9/29/2020

To

To Whom it may concern

Officers of the company:

1. Haralampos Rallakis, President
3rd St., Bayside, NY 11361

DOB
SSN:

2. Nikolaos Exarhos, Vice President
h Ave. Astoria NY, 11102

DC
SSN

3. Dave Watts, Vice President/Secretary - 100% Owner
Adams St Apt , Hoboken NJ 07030

DOB
SSN

Sincerely,



Bobby Rallakis, RPH MBA
Supervisor

s.com

Astor Pharmaceuticals LLC

Tel 631-888-9052
Fax 631-381-6225

665 Union Ave Suite 3
Holtsville NY 11742

www.astordrugs.com
info@astordrugs.com



BOBBY RALLAKIS, RPh, MBA

rd St · Bayside, NY 11361

com

Operations Planning / Process Optimization / Sales Growth

I am a results-generating professional offering a strong pharmacology background and proven success optimizing sales, profitability, and customer loyalty through the development of efficient operational procedures, effective controls, and the implementation of best business practices. I develop and drive well-trained teams, leading by example to provide customer-focused service and rapid issue resolution. Excel at optimizing national resources while tailoring merchandising and product selection programs to a local market. Articulate communicator, building relationships with healthcare professionals, vendors, staff, and customers. *Core competencies include:*

- Staff Training & Development
- Inventory Management
- Loss Prevention Management
- New Store Openings
- Pilot Programs
- Distribution and DSCA (Drug Supply Chain Security Act)
- Merchandising Strategy
- Vendor Relationship Management
- Customer-Focused Service
- Law and Regulation Compliance
- Community Relations
- Ecommerce and Distribution, D2C and B2B

PROFESSIONAL EXPERIENCE

Evers Direct, Brooklyn, NY, 2016 to 2020

Founder and Owner

Ecommerce and Distribution

- Direct to Consumer sales through website development and third party marketplaces
- B2B sales and distribution of over the counter products. These drugs are maintained per USP ambient room temperature (68 to 77 F) and are packaged to ensure integrity (no excursions greater than 59 to 84 per the same USP standards) Direct experience with the DSCSA, as it pertains to creation and maintenance of Transaction Data (History, Information, Statement); as well as verification and authentication of trading partners. I have implemented the inventory controls (adjustment, diversion prevention) and security procedures (cameras, physical locks, IT security).
- Built a thriving online sales business and created vendor/delivery contracts through direct negotiations.
- Created direct to manufacturer relationships to build strong brand recognition.
- Strategic Brand Manager
- Managed warehousing of over the counter merchandise.
- Created SEO optimized campaigns and direct to consumer social media advertising
- Direct experience with the DSCA (Drug Supply Chain Security Act) as it pertains to creation and maintenance of Transaction Data and traceability (History, Information, Statement); as well as verification and authentication of trading partners.

HIV Planning Council Member, City of New York 2014 to 2018

EVERS PHARMACY, Cambria Heights, NY, 2018 to Present

Founder and Owner

...continued...

BOBBY RALLAKIS, RPH, MBA

Page Two

*Professional Experience Continued***BOOM PHARMACY, Bronx, NY, 2012 to Present*****Founder and Owner***

Experts In Specialty Patients' Needs

EVERS PHARMACY, Jamaica, NY, 2010 to Present***Founder and Owner******Retail, Long-term Care and Specialty Pharmacy***

Lead all aspects of operations for a multi-million dollar, 20-employee drugstore and pharmacy. Drive profit and improve unit sales; enhance store and company image through a strong emphasis on customer service and visual presentation. Make product purchasing decisions and manage relationships with direct vendors, collaborating with vendors for local promotions and special events. Implement effective internal controls to manage inventory levels and reducing shrink. Merchandise product, conducting sales analysis to tailor merchandising program to the local community. Fully train and develop store managers, pharmacists, service clerks, and maintenance personnel. Maintain full pharmacist responsibilities. Serve as an advisor to less experienced managers. ***Selected accomplishments:***

- Developed a loyal, knowledgeable and committed staff, consistently drawn upon for other locations; trained several staff members selected for promotion within the company.
- Achieved above 98% customer satisfaction rate as measured by customer surveys.
- Developed relationships with physicians and facilities for prescription drug distribution.
- Successfully implemented multiple pilot merchandising programs, including an innovative split-level pharmacy layout.

Improved community relations at all managed locations through development of community involvement and awareness programs including hosting pharmaceutical education programs for physicians and nurses, performing nursing home consultations, and working with local Universities.

WALGREENS PHARMACY, New York, NY, 1999 to 2010

Promoted from a Pharmaceutical Intern position through roles of increasing scope to assume leadership of entire store on behalf of this Billion dollar drugstore chain.

REGISTERED DRUGSTORE MANAGER AND PHARMACIST, 2006 – 2010**STORE MANAGEMENT TRAINEE, 2005 – 2006**

Lead all aspects of operations for a multi-million dollar, 50-employee drugstore and pharmacy. Drive profit and improve unit sales; enhance store and company image through a strong emphasis on customer service and visual presentation. Make product purchasing decisions and manage relationships with over 20 direct vendors, collaborating with vendors for local promotions and special events. Implement effective internal controls to manage inventory levels and reducing shrink. Merchandise product, conducting sales analysis to tailor merchandising program to the local community. Fully train and develop store managers, pharmacists, service clerks, and maintenance personnel. Maintain full pharmacist responsibilities. Serve as an advisor to less experienced managers. ***Selected accomplishments:***

- Developed a loyal, knowledgeable and committed staff, consistently drawn upon for other locations; trained several staff members selected for promotion within the company.
- Achieved above 95% customer satisfaction rate as measured by customer surveys.
- Opened multiple high-volume store locations.

- Exceptional record of high performance; turned around underperforming locations to achieve top sales, exceeding expectations.
- Developed just-in-time delivery system, including inventory reduction techniques and forecasting, to bring inventory in line with sales needs on demand; developed dynamic inventory process solutions for stores with multiple levels.
- Successfully implemented multiple pilot merchandising programs, including an innovative split-level pharmacy layout.
- Played key role in eliminating automatic distribution of company-authorized product when product supplied was a poor match with community buying patterns and preferences.
- Improved community relations at all managed locations through development of community involvement and awareness programs including hosting pharmaceutical education programs for physicians and nurses, performing nursing home consultations, and working with local Universities.

MANAGER, PHARMACY DEPARTMENT, 2005
PHARMACIST, 2002 to 2005

Advanced from pharmacist role to ensure optimal department operation in compliance with all federal and state regulations. Supervised a team of pharmacists, technicians, interns, cashiers, and an assistant pharmacy manager with responsibility for department hiring, scheduling, task assignment, and performance evaluation. Managed payroll. Ordered products from internal and external sources in accordance with Walgreen Drug Product Selection program; controlled inventory. Implemented loss prevention controls and procedures. Developed business in conjunction with pharmacy supervisor by identifying and capitalizing on third-party prescription opportunities. Recommended pricing adjustments as appropriate to maintain competitive advantage. Interacted directly with customers to process prescriptions, providing consulting, and resolve issues and complaints; reported prescription errors.

SENIOR PHARMACY INTERN, 1999 – 2002

Gained thorough knowledge of pharmacy operations and the pharmaceutical industry, consulting patients and working directly with general practitioners, emergency room physicians, dentists, and other healthcare providers to provide education on therapeutic duplications and drug benefits.

HEALTHCARE RESOURCES, LLC., Flushing, NY
CONSULTANT PHARMACY INTERN, 2002

Performed consultative work in conjunction with team members for an organization that provides pharmaceutical services to nursing and long-term healthcare facilities. Assessed resident pharmaceutical needs and made recommendations. Organized and led on-site education programs for physicians and nurses. Generated reports to management. Participated in Pharmacy and Therapeutics committee meetings.

EDUCATION & CREDENTIALS

FORDHAM UNIVERSITY SCHOOL OF BUSINESS, New York, NY

Master of Business Administration (MBA) in Finance and Management (2009)

Graduated with Honors in Finance

Infusion Pharmacist
Pharmacist Immunizer

HIV & HEP C Specialty Pharmacist

ST. JOHNS UNIVERSITY, COLLEGE OF PHARMACY, Queens, NY
Bachelor of Science in Pharmacy (2002)

Registered Pharmacist (RPh)

HIV Planning Council, City of New York, Member

9/29/2020

Astor Pharmaceuticals LLC

To

To Whom it may concern

Contact person responsible for the storage, handling, and distribution of prescription drugs:

1. Haralampos Rallakis, President & Facility Manager
rd St., Bayside, NY 11361

DOB:

Phone Number

Sincerely,



Bobby Rallakis, RPH MBA
Supervisor

gs.com

Astor Pharmaceuticals LLC

Tel 631-888-9052
Fax 631-381-6225

665 Union Ave Suite 3
Holtsville NY 11742

www.astordrugs.com
info@astordrugs.com



Astor Drugs

4Z

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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Oakrum Pharma, LLC

Physical Address: 3636 S. Geyer Rd, Suite 100

City: St. Louis State: MO Zip Code: 63127

Telephone Number: 314-202-3592 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicense@oakrumpharma.com Website: www.oakrum.com

Facility Manager: Marco Polizzi

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 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: _____

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: _____

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 ☒

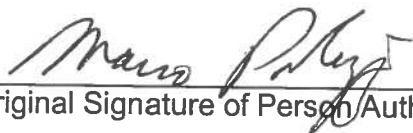
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Marco Polizzi

Print Name of Authorized Person

6-25-2020
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: TPGH, LLC (100%)

Mailing Address: 3636 S. Geyer Rd, Suite 100

City: St. Louis State: MO Zip: 63127

Telephone: 646-356-5580 Fax: N/A

Contact Person: Marco Polizzi

For any corporation non-publicly traded, disclose the following:

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

a) Oakrum Pharma, LLC is a wholly owned subsidiary (100%) of TPGH, LLC.

Name

Business Address

b) TPGH, LLC - 3636 S. Geyer Rd, Suite 100, St. Louis, MO 63127

Name

Business Address

c)

Name

Business Address

d)

Name

Business Address

2) Provide the number of shares issued by the corporation. _____

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 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.

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration

Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor



VALID THROUGH OCTOBER 31, 2021

ORIGINAL CERTIFICATE/LICENSE NO. 2019002032

Marco Polizzi

OAKRUM PHARMA LLC

OAKRUM PHARMA LLC

MARCO POLIZZI, MIC

3636 S GEYER RD STE 100

SAINT LOUIS MO 63127

USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

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:	Oakrum Pharma LLC
Profession Name:	Drug Distributor
Licensee Number:	2019002032
Expiration Date:	10/31/2021
Original Issue Date:	1/17/2019
Address:	Marco Polizzi, MIC
Address Con't:	3636 S Geyer Rd Ste 100
City, State Zip:	Saint Louis, MO 63127
County:	St. Louis County
Practitioner DBA Name:	Oakrum Pharma LLC
Classification:	Wholesale Drug Distributor

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>)

**Attachment to Oakrum Pharma, LLC's Wholesale Drug License Application
(Nevada Board of Pharmacy)**

Oakrum Pharma, LLC's Corporate Officers

Name	Title
Marco Polizzi	Chief Executive Officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKRUM PHARMA, 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 NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKRUM PHARMA, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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



7027579 8300

SR# 20205579897

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: 203073257

Date: 06-09-20



ANDA 212262

ANDA APPROVAL

Sungen Pharma LLC
303C College Road East
Princeton, NJ 08540
Attention: Tina Lee
Director of Regulatory Affairs

Dear Madam:

This letter is in reference to your abbreviated new drug application (ANDA) received for review on August 31, 2018, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Methylprednisolone Tablets USP, 4 mg.

We have completed the review of this ANDA and have concluded that adequate information has been presented to demonstrate that the drug is safe and effective for use as recommended in the submitted labeling. Accordingly, the ANDA is **approved**, effective on the date of this letter. The Office of Bioequivalence has determined your Methylprednisolone Tablets USP, 4 mg to be bioequivalent and, therefore, therapeutically equivalent to the reference listed drug (RLD), Medrol Dosepak Tablets, 4 mg, of Pharmacia & UpJohn Company.

Under section 506A of the FD&C Act, certain changes in the conditions described in this ANDA require an approved supplemental application before the change may be made.

Please note that if FDA requires a Risk Evaluation and Mitigation Strategy (REMS) for a listed drug, an ANDA citing that listed drug also will be required to have a REMS. See section 505-1(i) of the FD&C Act.

REPORTING REQUIREMENTS

Postmarketing reporting requirements for this ANDA are set forth in 21 CFR 314.80-81 and 314.98 and at section 506I of the FD&C Act. The Agency should be advised of any change in the marketing status of this drug or if this drug will not be available for sale after approval. In particular, under section 506I(b) of the FD&C Act, you are required to notify the Agency in writing within 180 days from the date of this letter if this drug will not be available for sale within 180 days from the date of approval. As part of such written notification, you must include (1) the identity of the drug by established name and proprietary name (if any); (2) the ANDA number; (3) the strength of the drug; (4) the date on which the drug will be available for sale, if known; and (5) the reason for not marketing the drug after approval.

ANDA 212262

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PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling materials prior to publication or dissemination. Please note that these submissions are voluntary. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert (PI), Medication Guide, and patient PI (as applicable) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf>).

You must also submit final promotional materials and package insert(s), accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at:

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>.

Information and Instructions for completing the form can be found at:

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

ANNUAL FACILITY FEES

The Generic Drug User Fee Amendments of 2012 (GDUFA) (Public Law 112-144, Title III) established certain provisions¹ with respect to self-identification of facilities and payment of annual facility fees. Your ANDA identifies at least one facility that is subject to the self-identification requirement and payment of an annual facility fee. Self-identification must occur by June 1st of each year for the next fiscal year. Facility fees must be paid each year by the date specified in the Federal Register notice announcing facility fee amounts.

All finished dosage forms (FDFs) or active pharmaceutical ingredients (APIs) manufactured in a facility that has not met its obligations to self-identify or to pay fees when they are due will be deemed misbranded. This means that it will be a violation of federal law to ship these products in interstate commerce or to import them into the United States. Such violations can result in prosecution of those responsible, injunctions, or seizures of misbranded products. Products misbranded because of failure to self-identify or pay facility fees are subject to being denied entry into the United States.

ANDA 212262

Page 3

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, using the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(I)] in structured product labeling (SPL) format, as described at:

<http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical in content to the approved labeling (including the package insert, and any patient package insert and/or Medication Guide that may be required). Information on submitting SPL files using eLIST may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at:

<http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>. The SPL will be accessible via publicly available labeling repositories.

Sincerely yours,

{See appended electronic signature page}

For Vincent Sansone, PharmD
Deputy Director
Office of Regulatory Operations
Office of Generic Drugs
Center for Drug Evaluation and Research

¹ Some of these provisions were amended by the Generic Drug User Fee Amendments of 2017 (GDUFA II) (Public Law 115-52, Title III).



Catherine
Poole

Digitally signed by Catherine Poole

Date: 6/27/2019 01:43:09PM

GUID: 5407887a000a1c0c26055eafb8e3258a

MARCO POLIZZI



★ ST. LOUIS, MO

SEASONED PHARMACEUTICAL EXECUTIVE

Industry-recognized C-suite executive whose 26 years of broad pharma experience, both brand and generic, is distinguished by a laser focus on both operational and human performance, leading to a long record of success at the helm of numerous multi-national divisions and product lines. MBA-prepared with deep industry experience and full P&L responsibility has demonstrated the ability to lead and manage virtually every relevant business function, including M&A, marketing & sales, territory & niche business development, manufacturing, logistics & supply chain, with an expert understanding of the regulatory environment. An industry visionary with a strong bias for action, exceptional strategic and business acumen, and who demonstrates positive leader energy that helps form productive collaborations with both internal and external stakeholders. Builds, empowers and retains high-performance teams, creates a climate of accountability, and delivers both immediate and long-term results that consistently exceed expectations.

ACHIEVEMENT HIGHLIGHTS

- A lead executive in driving and executing the phenomenal growth of Mallinckrodt's Generic Pharmaceutical business from \$8M to \$800M to become the 5th largest Generic company in the U.S. and the largest company in the U.S. for Generic Narcotics.
- Established Mallinckrodt's Brand Pharmaceutical business unit from scratch, growing from 0 products and 0 to 148 employees, building it to ~\$200M Net Sales & ~\$100M Operating Income.
- Developed a new Institutional (Hospital & Specialty Markets) business unit at Sandoz, leading growth from 2 to 40 team members, and driving growth of a \$900M P&L, while directing all commercial functions for a product launch that achieved \$100M+ sales in its first year (Bivalirudin)
- Achieved a CAGR of 35% during my first two years at JHP (Par/Endo) Pharmaceutical's Injectable business (from \$62M to \$115M) following the previous 2-year period of single digit growth.
- Created a new generic commercial division at JHP Pharma (eventually purchased by Par/Endo).

PROFESSIONAL EXPERIENCE

OAKRUM PHARMA, St. Louis, MO

August 2018 - Present

A Specialty Generics Pharmaceutical Company

Chief Executive Officer

~Recruited to form a new generic subsidiary of A \$100M Privately-held Rare Disease Specialty Branded Pharmaceutical Company.

- Established company structure, state and business licenses, financial planning and budgeting and all functions fundamental to the establishment of a corporate subsidiary.
- Developed the business plan to develop affordable and innovative therapies that improve patient access and outcomes to rare diseases.
- Developed the strategic planning for the product portfolio that includes product acquisition and internal and partnered development programs.
- While at Oakrum Pharma from 2018 to 2019, I was familiar with, aware of, and responsible for their legend drug business, including (writing and ensuring adherence to policies and procedures, storage, security, temperature control, inventory counts, pick/pack and shipping operations, customer returns, and recalls.

CASPER PHARMA, East Brunswick, NJ**2016 – 2018***A Brand and Specialty Generics Pharmaceutical Company****Executive Vice President of Commercial Operations and Business Development****~Recruited to build a Commercial Operation & Product Portfolio, with full P&L responsibility.*

- Member of the Executive Leadership Team, reporting to the President & CEO.
- Developed corporate vision, company and product branding, digital marketing, and sales goals.
- Directed and delegated all Sales, Marketing, Contracting, Gov't Reporting, Pricing, Supply Chain Management, Sales Operations & Administration, and Sales Analytics & Reporting.
- While at Casper from 2016 to 2018, I was familiar with, aware of, and responsible for their legend drug business, including (writing and ensuring adherence to policies and procedures, storage, security, temperature control, inventory counts, pick/pack and shipping operations, customer returns, and recalls.

SANDOZ PHARMACEUTICAL, Princeton, NJ**2014 – 2016***A \$3B generic division of \$56B Novartis pharmaceutical organization****Head of Institutional Sales & Marketing***

- Directed all commercial operations within the Institutional, Acute Care & Specialty market segments, responsible for a \$900M dollar P&L.
- Grew the Commercial team from 5 to 40, including all managerial, support, logistical, sales and account management, marketing, finance, price and contracting, and data analytics & reporting.

ENDO PHARMACEUTICALS (previously PAR, JHP), Parsipanny, NJ**2011 – 2014***Specialty Injectable Pharmaceuticals****Vice President, Sales and Marketing***

- Reported directly to the President & CEO, leading Commercial Operations (sales, marketing, customer service, contracts, operations and administration) while participating in Product & Business Development activities for the company.
- Developed Strategic plan and created a new Generic Pharmaceutical division within the company and launched 15 Generic SKU's.
- Leveraged industry relationships to open up new accounts and negotiate Brand & Generic DSA and source agreements) with the big 3 wholesalers & several independents.
- Penetrated 90+% of the Hospital market and specialty distributors (Walgreens, Kaiser, Premier, Novation, Econdisc, OmniCare, Oncology Supply, e.g.) through agreements with the big 6 GPO's.

H.D. SMITH, Springfield, IL**2009 – 2011***A \$3.5B privately held Wholesaler/Distributor of Pharmaceuticals****Senior Vice President***

- As a member of the senior leadership team reporting to the Chairman & CEO, directed five separate business units, each having their own P&L, and led the mission, vision, goals, and budgeting process for the entire company. Led team of 170 employees.
- Recruited to execute and successfully delivered vastly improved structure to the department and increased the profitability of the generic & brand divisions through better contracting.
- Accountable areas included sales, marketing, purchasing, and category management for Brand, Specialty, & Generic Pharmaceuticals and Consumer & Home Health Care Products.
- Led the development and implementation of the internal and external communication campaign highlighting the company's plan to go public to secure broad internal and external commitment.

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. 016227614

Application/License No. _____

Oakrum Pharma LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3636 S. Geyer Road, Suite 100, St. Louis, MO 63127, as
Address of Applicant/Principal
 PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Massachusetts
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02117 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 18th Day of May 2020.

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 18th day of May, 2020.

APPLICANT/PRINCIPAL

Oakrum Pharma LLC
~~COMPANY~~


Authorized Representative

SURETY

Liberty Mutual Insurance Company


Surety Company's Representative

Julie Kames, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Marie Lett


Witness Bonnie Rice

Countersigned by:

Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 6201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Julie Karnes all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member - Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies 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 18th day of May, 2020.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

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. 016227614

Application/License No. _____

Oakrum Pharma LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3636 S. Geyer Road, Suite 100, St. Louis, MO 63127, as
Address of Applicant/Principal
 PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Massachusetts
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02117 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 18th Day of May 2020.

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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 18th day of May, 2020.

APPLICANT/PRINCIPAL

Oakrum Pharma LLC
~~COMPANY~~


Authorized Representative

SURETY

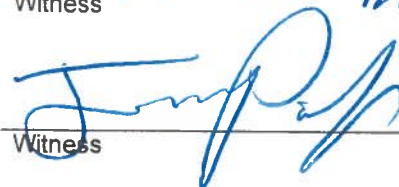
Liberty Mutual Insurance Company


Surety Company's Representative

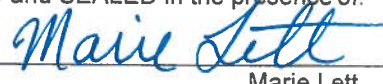
Julie Karnes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Marie Lett


Witness Bonnie Rice

Countersigned by:

Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

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IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

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IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

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ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

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Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies 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 18th day of May, 2020.



By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

4AA

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE 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 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: Premier Pharmaceuticals LLC

Physical Address: 7259 W Franklin Road *

City: Boise State: Idaho Zip Code: 83709

Telephone Number: 208-639-0241 Fax Number: ~~208-364-7778~~ 208-609-4264

Toll Free Number: N/A

E-mail: premierpharmaid@gmail.com Website: thepremierpharma.com

Facility Manager: Jacob Daniel Fuchs

Professional qualifications and experience of facility manager: See resume 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: Smartsource

Address: 1300 Morris Drive Chesterbrook, PA 19087

Name: Boinpharma

Bion PHARMA

Address: 600 Alexander Road Suite 2-4B Princeton, NJ 08540

Name: Master Pharmaceuticals

Address: 3600 Pharmacy Way Mason, Ohio 45036

Name: Keysource

Address: 225 Old Falls St., Ste #200 Niagara Falls NY 1403

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 ☒

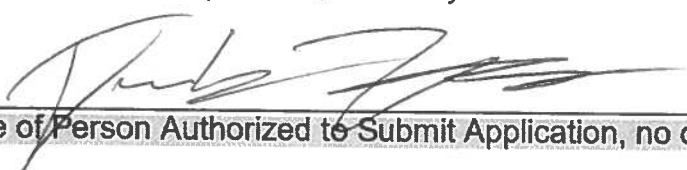
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Jacob D Fuchs

Print Name of Authorized Person

Date

5/20/20

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: Idaho
 Parent Company if any: K2RED, LLC
 Mailing Address: 8498 WEST CARBON CT
 City: Boise State: ID Zip: 83709
 Telephone: 208-639-0241 Fax: ~~208-364-7778~~ 208-609-4269
 Contact Person: Jacob Daniel Fuchs

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>Jacob Fuchs</u> Name	<u>8498 WEST CARBON CT Boise ID 83709</u> Business Address
b)	<u>K2RED LLC</u> Name	<u>1 K Shoup Ave W, Twin Falls Idaho 83301</u> Business Address
c)	<u>Hanson Medical</u> Name	<u>1 N Rupert, ID 83350</u> Business Address
d)	<u>Ryan Fuchs</u> Name	<u>Heatherwood Road, Twin Falls, ID 83301</u> Business Address

2) Provide the number of shares issued by the corporation. N/A LLC

3) What was the price paid per share? N/A LLC

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 Jacob Daniel Fuchs, President/Manager

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.

Premier Pharmaceuticals

7259 W Franklin Rd

Boise, ID 83709

Owners & Corporate Officers of Premier Pharmaceuticals LLC

President/Member- Jacob Fuchs : Ownership 33%

W Carbon Ct

Boise, ID 83705

SSN: -

Phone

jacob.fuchs@premierpharm.com

Member-

Hanson Medical: Ownership 40%

Rupert, ID 83350

EIN: -

www.hansonmedical.com

Member-

K2RED, LLC: Ownership 16.2%

Shoup Ave W, ste K

Twin Falls, ID 83301

Phone:

www.k2red.net

Member-

Ryan Fuchs: Ownership 5.4%

Heatherwood Road

SSN

Twin Falls, ID 83301

Phone: 2

.net

Member-

Chelsea Fuchs : Ownership 5.4%

Heatherwood Road

SSN

Twin Falls, ID 83301

.net

List of Employees:

Jacob Fuchs

Treg Hansen

Tanner Wollan

Christian Zarate

Adrian Constance



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

January 5, 2021

Request Type: Certificate of Existence/Filing

Request #: 0004117995

Receipt #: 000427409

Issuance Date: 01/05/2021

Copies Requested: 0

Regarding: Premier Pharmaceuticals LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 03/11/2019

Status: Active-Existing

Duration Term: Perpetual

File #: 3447050

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Premier Pharmaceuticals LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 010549925


IDAHO STATE BOARD OF PHARMACY

P.O. Box 83720 Boise, Idaho 83720-0067

Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Premier Pharmaceuticals LLC dba Premier Pharmaceuticals LLC

Wholesale Distributor License

License No: W57324

ISSUED: 02/21/2020 EXPIRES: 12/31/2021

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.

<http://bop.idaho.gov>

Physical Address:
7259 W Franklin Rd
Boise, ID 83709

0

Printed: 12/21/2020

Nicki Chopski

NICKI CHOPSKI PHARM.D.
EXECUTIVE DIRECTOR

JACOB FUCHS

S Orchard Suite , Boise, Idaho 83705 • .com

Professional Summary

Excellent reputation for resolving problems, improving customer satisfaction, and driving overall operational improvements. Consistently saved costs while increasing profits. Multi-talented drug wholesale manager consistently rewarded for success in planning and operational improvements. Experience in policy development and staff management procedures positively impacting overall morale and productivity.

Skills

- Drug laws expert
- Drug calculations
- Certified Retail Manager

Work History

Drug Wholesale Manager, 03/2019 to Current

Premier Pharmaceuticals LLC – Boise, Idaho

- Worked with Pharmacy customers to understand requirements and provide exceptional service
- Performed various administrative functions, including filing paperwork, delivering mail, sorting mail, office cleaning and bookkeeping
- Negotiated agreements between employees to clarify misunderstood directions and resolve conflicts affecting performance
- Managed quality assurance program including on site evaluations, internal audits and customer surveys

Pharmacist Manager, 01/2015 to 03/2019

Medsync Pharmacy – Boise, Idaho

- Kept prescription drugs and controlled substances safe and secure in pharmacy
- Promoted pharmacy services to patients and medical providers
- Filled and dispensed 300 prescriptions daily
- Liaised with physicians and patients to ensure proper dosage and lack of adverse drug interactions
- Assisted patients in minimizing medical expenses by recommending generic alternative prescription medications
- Advised patients on medication side effects and contraindications and explained how to properly

Pharmacy Technician, 06/2007 to 01/2015

Dick's Pharmacy – Twin Falls, United States

- Processed over 800 prescriptions per day in busy pharmacy achieving decreased customer wait times and maintaining excellent customer satisfaction
- Performed various pharmacy operational activities with strong commitment to accuracy, efficiency and service quality
- Stocked, labeled and inventoried medication to keep accurate records

Education

Doctor of Pharmacy: Pharmacy, 2015

Idaho State University - Pocatello, ID

Associate of Science: Chemistry, 2011

College of Southern Idaho - Twin Falls, ID

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. 107156897

Application/License No. _____

Premier Pharmaceuticals LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
7259 W Franklin Rd Boise ID 83709, 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

One Tower Square S202A Hartford CT 06183 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 04/29/2020.
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 April, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY
Premier Pharmaceuticals LLC

TRAVELERS CASUALTY AND SURETY
COMPANY OF AMERICA

Authorized Representative

Surety Company's Representative

MICHAEL NESCHKE
print name

Attorney-in-fact

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

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 **MICHAEL K NESCHKE** of **LEBANON**, 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 17th day of January, 2019.



State of Connecticut

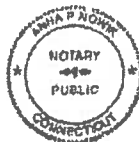
City of Hartford ss.

By: *Robert L. Raney*
 Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, 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 said Companies 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



Anna P. Nowik
 Anna P. Nowik, 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 29th day of April

2020



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 this Power of Attorney is attached.

4BB

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 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: FXE WAREHOUSE, LLC DBA REDWOOD DISTRIBUTION

Physical Address: 1270 DON HASKINS DRIVE, SUITE E

City: EL PASO State: TX Zip Code: 79936

Telephone Number: 312-698-8197 Fax Number: 312-698-9497

Toll Free Number: 844-467-3396

E-mail: LMROCZKOWSKI@FXFREIGHT.COM Website: WWW.REDWOODLOGISTICS.COM

Facility Manager: ALBA HINOJOSA

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: NON CONTROLLED PRESCRIPTIVE DRUGS (SALINE BAGS)

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: BAXTER HEALTHCARE

Address: 1 BAXTER PKWY, DEERFIELD, IL 60015

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}

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 ☒

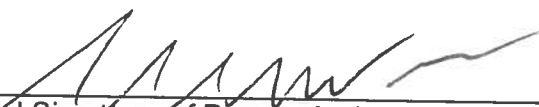
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

STEVE WALTON
Print Name of Authorized Person

11/3/2020
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: IL

Parent Company if any: REDWOOD LOGISTICS, LLC

Mailing Address: 1765 N. Elston Avenue, Suite 216

City: Chicago State: IL Zip: 60642

Telephone: 312-698-8265 Fax: 312-698-9365

Contact Person: LORETTA MROCZKOWSKI

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>N/A</u>	
	Name	Business Address
b)	<u>N/A</u>	
	Name	Business Address
c)	<u>N/A</u>	
	Name	Business Address
d)	<u>N/A</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: _____

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.

File Number

0110350-4



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

FXE WAREHOUSE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 22ND
day of SEPTEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

- ★ 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.texas.gov.
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. 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.

REDWOOD LOGISTICS
1765 N ELSTON AVE STE 301
CHICAGO IL 60642

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

FXE WAREHOUSE LLC DBA
REDWOOD DISTRIBUTION
1270 DON HASKINS DR STE B
EL PASO, TX 79936

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 # 1002473
Expires: February 26, 2022

NON-TRANSFERABLE

John [Signature]
Commissioner

513067

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

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.

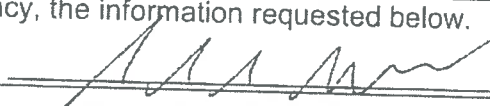
LICENSE VERIFICATION

Name: FXE WAREHOUSE, LLC DBA REDWOOD DISTRIBUTION

Address: 1270 DON HASKINS DRIVE, SUITE E

City: EL PASO State: TX Zip: 79936

I hereby authorize the TX DEPT OF STATE HEALTH SERVICES to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant 

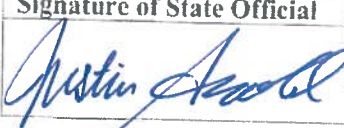
THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002473	Current	05/18/2020	02/26/2020

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></u>	Compliance Officer for Chief Pharmacist	TX	10/13/2020	

ALBA HINOJOSA

DIRECTOR OF SAFETY

Objective

Highly-motivated Director of Safety with over 18 years of experience in the transportation industry. I aim to use my proven experience in safety, claims and risk management to effectively fill the position of Director of Safety. I am also a notary public for the state of Texas.

Skills & Abilities

Fluent in English and Spanish.

Advanced knowledge of Microsoft Office, AS400 and TMW transportation software, PeopleNet and Rand McNally electronic logging systems and reports.

Effective management of personnel, excellent communication skills, prioritization and delegation of responsibilities, and team-oriented.

Develop and implement policies and procedures by problem identification, policy analysis, strategy development, policy enactment and implementation, and policy evaluation.

VITALS

2 Lake Austin Place

El Paso, Texas 79936

T

E

outlook.com

EXPERIENCE

REDWOOD DISTRIBUTION

EL PASO, TX May

2018 TO CURRENT

As Quality Manager for a pharmaceutical distribution warehouse I ensure quality compliance in all aspects of the distribution process. My responsibilities include warehouse compliance with OSHA standards, and processes set by the pharmaceutical manufacturer. Another aspect is verification of proper product handling, including receiving, storage and distribution.

FREIGHT EXCHANGE OF NORTH AMERICA, LLC

EL PASO, TEXAS Feb

2012 TO CURRENT

As Director of Safety I ensure compliance with Federal Motor Carrier Safety Regulations. My responsibilities also include accident reviews, reporting and communication with insurance agents and adjusters. In addition, I oversee terminal safety and OSHA compliance. NATMI Certified Director of Safety. Designated Employee Representative for Drug and Alcohol program.

MESILLA VALLEY TRANSPORTATION, LLC

EL PASO, TX

1999 TO 2001 AND 2005 TO 2012

As Safety Coordinator I was tasked with overseeing 16 safety employees. I ensured compliance with regulations for both drivers and equipment by supervising hours of service, roadside inspections, equipment registration and permitting, driver corrective action. Certified Breath Alcohol Technician. Certified Drug Test Collector. Designated Employee Representative for Drug and Alcohol program. Cargo claims adjuster.

HERMAN-MILES TRANSPORTATION, INC

EL PASO, TX

1994 TO 1996

As Fleet Operations Assistant I was tasked with processing driver hours-of-service logs, processing driver payroll and assisting the fleet operations director in a secretarial role.

EDUCATION

EL PASO COMMUNITY COLLEGE, EL PASO, TEXAS

BASIC STUDIES FOR BUSINESS ADMINISTRATION

UNIVERSITY OF TEXAS AT EL PASO, EL PASO, TEXAS

BUSINESS ADMINISTRATION

List of Corporate Officers, FXE Warehouse

1. Steve Walton, Chief Growth Officer

List of Employees who handle drugs daily:

Eddi Flores

Martin Soriano

Luis Grado

Ricardo Mozqueda

Jaiver Flores

Adan Rodriguez

Anthony Holguin

Samuel Soto

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. 810006874

Application/License No. _____

FXE Warehouse, LLC dba Redwood Distribution, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1270 Don Haskins Dr, Suite E, El Paso, Texas 79936-7804, 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
One State Street Plaza, 31st Floor, New York, NY 10004 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 30, 2020.
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:

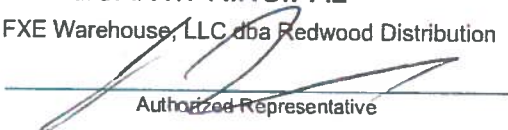
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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 September, 20 20.

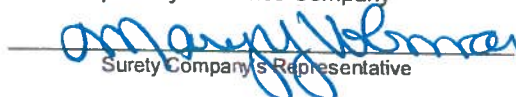
APPLICANT/PRINCIPAL

FXE Warehouse, LLC dba Redwood Distribution


Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company


Surety Company's Representative

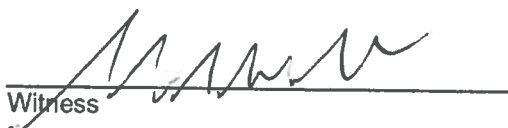
Mary Y. Volmar, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness Lori A. Wright


Witness


Witness Jeremy Knapp

Countersigned by:


Nevada Resident Agent Loretta Jones



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: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, 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: **unlimited** 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-seventh day of April, 2020.

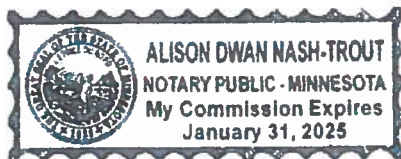
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, 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 30th day of September, 2020.



This Power of Attorney expires
January 31, 2025

Kara Barrow, Secretary



Atlantic Specialty Insurance Company
Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 1,219,332	Loss Reserves	\$ 750,516
Preferred Stocks	-	Loss Adjustment Expense Reserves	243,193
Common Stocks	791,167	Total Loss & LAE Reserves	993,709
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	520,053
Contract Loans	-	Total Reinsurance Liabilities	17,061
Derivatives	-	Commissions, Other Expenses, and Taxes due	40,497
Cash, Cash Equivalents & Short Term Investments	62,383	Derivatives	-
Other Investments	17,350	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	2,090,232	All Other Liabilities	165,932
		Total Liabilities	1,737,252
Premiums and Considerations Due	261,176		
Reinsurance Recoverable	51,892	Capital and Surplus	
Receivable from Parent, Subsidiary or Affiliates	21,005	Common Capital Stock	9,001
All Other Admitted Assets	59,800	Preferred Capital Stock	-
		Surplus Notes	-
Total Admitted Assets	2,484,105	Unassigned Surplus	49,392
		Other Including Gross Contributed	688,460
		Capital & Surplus	746,853
		Total Liabilities and C&S	2,484,105

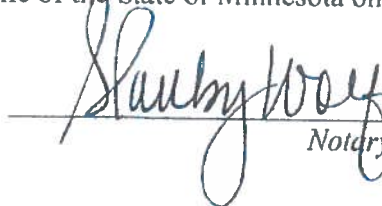
State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.


Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.




Notary Public

4CC

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 01839)
 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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Sobi, Inc

Physical Address: 890 Winter Street, Suite 200

City: Waltham State: MA Zip Code: 02451

Telephone Number: 781-786-7370 Fax Number: 781-890-0717

Toll Free Number: N/A

E-mail: statelicense@sobi.com Website: www.sobi.com

Facility Manager: Jefferson S. Henderson

Professional qualifications and experience of facility manager: Expertise in strategic planning, commercial operations, business analytics, national and key account management, marketing, trade, distribution, negotiation, and pricing, Logistics, Supply Chain, Patient Services, and Government Affairs & Public Policy functions.

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 WHOLESALE 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: RxCrossroads Acq d/b/a RxCrossroads 3PL

Address: 5101 Jeff Commerce Drive, Louisville, KY 40218

Name: Eversana Life Science Services LLC (formerly Dohmen Life Science Services, LLC) (3PL

Address: 4580 S Mendenhall, Memphis TN 38141

Name: Rechon Life Science AB (CMO)

Address: Soldatorpsvägen 5, PO Box 600 43, SE-216 10 Limhamn Sweden

Name: Baxter Pharmaceutical Solutions LLC (BPS) (CMO)

Address: 927 South Curry Pike, Bloomington, IN 47403-3068

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.

Christine Belin

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

Christine Belin

Print Name of Authorized Person

8/3/2020
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: Sobi US Holding Corp.Mailing Address: 890 Winter Street, Suite 200City: Waltham State: MA Zip: 02451Telephone: 781-786-7370 Fax: 781-890-0717Contact Person: Jefferson S. Henderson

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 - Sobi, Inc, is a wholly-owned subsidiary of Sobi US Holding Corp.

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. 1000 (See Attached)3) What was the price paid per share? \$0.01A 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.

Attachment to Sobi, Inc's Out-of-State Wholesaler License New/Change Application (Nevada Board of Pharmacy)

Business Activity

As of March 31, 2020, Sobi, Inc is a wholly-owned subsidiary of Sobi US Holding Corp. Swedish Orphan Biovitrum AB (publ) is now the grandparent company of Sobi, Inc. and the parent company of Sobi US Holding Corp.

Sobi, Inc ("Sobi") is a virtual wholesale distributor for Swedish Biovitrum AB (publ). Sobi virtually distributes non-controlled human prescription drug products that have been shipped directly from the products' manufacturer to Sobi's third- party logistics (3PL) provider for warehousing and physical distribution to other wholesalers. No product is manufactured, stored or distributed at or from the Waltham, Massachusetts, location.

Sobi, Inc is the exclusive product marketer and distributor in the U.S. and Canada for its grandparent company, Swedish Orphan Biovitrum AB (publ). Swedish Orphan Biovitrum AB is an FDA-approved BLA license holder.

The Waltham, Massachusetts, facility is the corporate headquarters for Sobi, Inc. Hours of operation are Monday through Friday from 8:00 a.m. to 5:00 p.m. ET.

Parent Company - Sobi US Holding Corp.

Sobi, Inc, Officers

Name	Title	Address
Heather Golding	Vice President, Legal and Compliance	Partridge Lane Carlisle, MA 01741
Christine Belin	Vice President, Head of Finance and IT	John Poulter Rd Lexington, MA 02421

Mark I. Sedar

From: Eugene Jackson i.com>
Sent: Wednesday, December 2, 2020 7:10 AM
To: Mark I. Sedar; Statelicensess
Subject: RE: Nevada Out-of-State Wholesale application - Sobi, Inc.

Hi Mark,

That's good news!

In regards to drug handling. We do not handle the drug directly in the US. It ships from Sobi AB, our grand-parent company, from mostly Europe into USA to our 3PL partners. **We are a virtual distributor** Therefore our employees at **Sobi Inc. do not handle any drug.**

This summary is also noted on page 6 of our application.

Business Activity

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Kind Regards,

Eugene Jackson
 Senior Manager of Trade Operations and Compliance
 [Phone] Direct 781-209-5773 | Mobile: 781-999-4962
 [Email] eugene.jackson@sobi.com
 890 Winter Street, Suite 200, Waltham, MA 02451
www.sobi.com | Twitter: [@SobiNAmerica](https://twitter.com/SobiNAmerica) | LinkedIn: [@Sobi-NorthAmerica](https://www.linkedin.com/company/sobi-northamerica)



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JEFFERSON S. HENDERSON III

jeffersons.com | Sonoma Isles Circle | Jupiter, FL 33478 |

HIGH-IMPACT SENIOR SALES & MARKETING EXECUTIVE

Executive Pharmaceutical Sales - Strategic Market Planning - Managed Markets Leadership - Business Development

Customer Relationship Management - Customer Acquisition & Retention - Vendor Relations - Market Research

National and Key Account Management - Managed Markets Marketing - Brand Marketing - Trade & Distribution Specialty Pharmacy - Contract

& Pricing Strategy Development (Commercial, Part D, Medicaid, FSS, ASP)

Negotiation and Revenue Optimization - Promotional Sales - Commercial Operations - Business Analytics

Enterprising, extroverted, and customer-focused executive pharmaceutical leader with a natural ability for building new business and forging loyalty with clients, vendors, and external business partners. Identifies and capitalizes on emerging business ventures to propel an organization to the top tier of its industry. Motivational management style with a proven history of building, guiding, and retaining high-performance teams to develop and implement strategies for accelerated growth. Strives to optimize operations, reduce costs, and improve service quality while strengthening the bottom line.

Leadership — Talented and confident sales and marketing strategist and tactician offering thoughtful leadership, strategic advice, insights for market differentiation, competitive advantage, and go-to-market strategies using best-in-class tools and processes. Results-driven with extensive experience in a fast-paced highly competitive industry. Outstanding negotiator who builds high-performance, cost-effective teams.

Business Development — Pharmaceutical sales executive with more than 20 years of demonstrated success in delivering revenue growth in competitive environments. Consistent track record of surpassing objectives, creating highly effective strategies, and developing platforms for success. Strong understanding of healthcare regulatory and enforcement environments. Broad expertise in strategic planning, talent development, commercial operations, business analytics, national and key account management, marketing, trade, distribution, negotiation, and pricing.

PROFESSIONAL EXPERIENCE

Sobi, Inc, Waltham, MA

Jul 2018 to Present

Vice President, Head of US Market Access and Government Affairs Responsible for the US Market Access and Government Affairs Organization which is comprised of the National and Regional Account Management, Market Access Strategy and Marketing, Trade, Distribution, Logistics, Supply Chain, Patient Services, and Government Affairs & Public Policy functions.

Intarcia Therapeutics, Boston, MA

Oct 2015 to Jul 2018

Vice President of Managed Markets Responsible for developing and hiring the team members of the Managed Markets Organization at Intarcia Therapeutics which is comprised of the Account Management, Managed Markets Marketing, Government Pricing & Contracting Strategy, Trade & Distribution, Patient Services, Reimbursement Services, Pricing & Contracting Administration, and Government Affairs & Public Policy functions.

Vertex Pharmaceuticals, Cambridge, MA

Oct 2010 to Aug 2014

Vice President of Managed Markets (2010-2014)-Hired, trained, and deployed the entire Managed Markets Organization at Vertex which is comprised of the Account Management, Trade Relations & Distribution, Managed Markets Marketing, Pricing & Contracting Strategy, and Pricing & Contracting Administration functions. Each year since 2012, a survey of managed markets customers has been conducted by Health Industries Research Companies (HIRC), and the Vertex Account Managers were named the best among small manufacturers.

Interim Vice President of Managed Markets /HCV Sales & Marketing/Commercial Operations/Business Information (Jan 2012-Oct 2012) Lead a team of over 300 people in Account Management, Trade Relations & Distribution, Managed Markets Marketing, Pricing & Contracting Strategy, Pricing & Contract Administration, HCV Sales & Marketing, Commercial Operations, and Business Information functions at Vertex.

Pfizer, Inc., New York, NY

Oct 1991 to Oct 2010

Southeast Regional Business Unit Lead, Corporate and Government Customers (2009-2010) – Supervised a managed markets team that included Regional Managers, Account Managers, and Regional Directors of Employers, and contracting in Pfizer's Southeast Regional Business Unit (RBU) which encompassed DE, MD, D.C., WV, VA, NC, SC, GA, and FL.

Vice President, Customer Business Unit Liaison Group (2007-2008) - Supervised the Customer Business Unit (BU) Liaison Group consisting of BU Liaisons and BU Marketing Liaisons that supported new product development in four therapeutic business units with customer-centric product strategy support.

- Supported the therapeutic business unit's General Managers and became the managed markets expert for each of the therapeutic business units, providing guidance on market strategy and insights, contracting, and relevant customer issues.
- Managed BU Marketing Liaisons to ensure development and implementation of a managed marketing strategy for each promoted brand which included Lipitor, Caduet, Lyrica, Celebrex, Geodon, Aricept, Detrol LA, Spiriva, Viagra, Chantix, Xalatan, Zyvox, Vfend, Eraxis, and Sutent.

Vice President, Sales, Managed Markets West (2005-2007) - Supervised a team of over 150 people made up of regional sales managers, account managers, district sales managers, sales representatives, and clinical education managers, with direct responsibility for managed markets sales operations including contracting in a vast portion of the U.S. encompassing 19 western, midwestern, and southern states including CA, TX, CO, WA, and MN.

- Strategically deployed the account managers and clinical education managers as account teams with the goal of achieving Pfizer's access and sales goals in all managed channels including commercial, Medicare Part D, Medicaid, Long-term care, VA, DoD, and key medical groups.

Senior Director, National Accounts (2002-2005) - Supervised the operations of the National Accounts Health Plan, CMS, and PBM Team ranging from recruitment, selection, and development to the evaluation of 10 National Account Managers.

- Oversaw the development of key strategic goals and initiatives for key customers including United, Medco, WellPoint, Humana, CIGNA, Aetna, HealthNet, PacifiCare, CMS, and Kaiser; planned, organized, and monitored activities including contracting in order to achieve Pfizer's related access and sales goals.

Additional experience at Pfizer includes:

- Area Manager (2000-2002)
- National Account Manager (April 2000-October 2000)
- Regional Account Manager (1996-2000)
- Field Sales Positions (1991-1996)

PROFESSIONAL DEVELOPMENT

Virginia Military Institute - Bachelor of Arts, History

CMR Institute - Certified Medical Representative

Academy for Healthcare Management - Professional

United States Army - U.S. Army Officer, Field Artillery: Managed a 150-person organization in Germany for two years.

Excellent references available upon request / Willing to relocate and willing to travel

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOBI, 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 DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOBI, INC" WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 2011.

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



5037658 8300

SR# 20208578247

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 in a small font.

Authentication: 204249027

Date: 12-07-20

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOBI, 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 APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOBI, INC" WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 2011.

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



5037658 8300

SR# 20203302294

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: 202853048

Date: 04-30-20

Sobi, Inc, p. 7

For more information about the board, please visit our web site at <http://www.mass.gov/dph/boards>.

Sobi, Inc.
890 Winter Street, Suite 200
Waltham MA 02451

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

**BOARD OF REGISTRATION IN
PHARMACY**

Sobi, Inc.
890 Winter Street, Suite 200
Waltham MA 02451

Signature

WD506CS 11/30/2021 1204572

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
WD506CS	11/30/2021	1204572

Fold, Then Detach Along All Perforations

For more information about the board, please visit our web site at <http://www.mass.gov/dph/boards>.

Sobi, Inc.
890 Winter Street, Suite 200
Waltham MA 02451

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN
PHARMACY

Wholesale Distributor Permit

Sobi, Inc.
890 Winter Street, Suite 200
Waltham MA 02451

WD506

11/30/2020

1133489

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
-------------	-----------------	------------

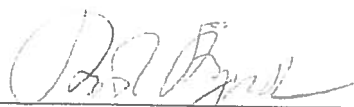
Fold, Then Detach Along All Perforations

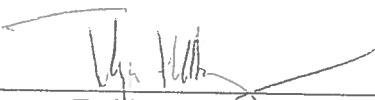
STOCK POWER

FOR VALUE RECEIVED, Swedish Orphan Biovitrum AB (publ), a Swedish public limited liability company (the "Transferor"), hereby sells, assigns and transfers unto Sobi US Holding Corp., a Delaware corporation (the "Transferee"), one thousand (1,000) shares of the common stock, with \$0.01 par value per share, of Sobi, Inc., a Delaware corporation (the "Company"), standing in the name of the Transferor on the books of said Company; and does hereby irrevocably constitute and appoint the Transferee, or its duly authorized representative and attorney to transfer said shares of stock on the books of the Company, with full power of substitution in the premises.

Dated: March 31, 2020

SWEDISH ORPHAN BIOVITRUM AB (PUBL)

By: 
 Name: Henrik Stenqvist
 Title: CFO

By: 
 Name: Torbjörn Hallberg
 Title: General Counsel & Head of Global HR



*The National Association of Boards of Pharmacy[®]
hereby awards*

*Verified-Accredited Wholesale Distributors[®]
Accreditation*

to

RxC Acquisition Company

dba RxCrossroads Third Party Logistics Division

located at

5101 Jeff Commerce Drive, Louisville, KY 40219

This facility has met all the Verified-Accredited Wholesale Distributors (V.A.W.D.) 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 V.A.W.D. section of the NABP website, located at www.nabp.pharmacy.

Carole Lape

Carole A. Lape, Executive Director/Secretary

June 22, 2018 - June 21, 2021

Period of Accreditation

National Association of Boards of Pharmacy, 16000 Featherdale Drive, Mount Pleasant, FL 39566 | www.nabp.pharmacy



The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

*Eversana Life Science Services, LLC
dba EVERSANA Life Science Services*

located at

5650 Challenge Drive, Memphis, TN 38155

This facility has met all the Verified-Accredited Wholesale Distributors (VAD) 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 VAD section of the NABP website, located at www.nabp.pharmacy.

Cal. G. Jr.

Corinna A. Calabrese, Executive Director, Secretary

September 18, 2019 - September 17, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 11000 Journey the Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy



The National Association of Boards of Pharmacy[®]
hereby awards

Verified-Accredited Wholesale Distributors[®]
Accreditation

Eversana Life Science Services, LLC

located at

4580 Mendenhall Road, Memphis, TN 38144

This facility has met all the Verified-Accredited Wholesale Distributors (VABP) 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 VABP section of the VABP website, located at www.nabp.pharmacy.

Cal Goff

Calvin A. Goff, Executive Director/Secretary

October 17, 2018 - October 16, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1904 Lechler Pike Drive, Mount Pleasant, SC 29464 | nabp.org | www.nabp.pharmacy



SURETY RIDER

It is understood and agreed that surety bond number S-263915
with Sobi, Inc. as principal
and Nevada State Board of Pharmacy as obligee is
hereby amended effective 03/15/2017 as follows:

The principal address is amended
From: 890 Winter Street, Suite 115, Waltham, MA 02451
To: 890 Winter Street, Suite 200, Waltham, MA 02451

It is further understood and agreed that no other condition, limitation or exclusion of the bond
shall be altered or amended by this rider.

This rider shall be attached to and form a permanent part of this bond.

Signed, Sealed and Dated this 28th day of March, 2017.

Sobi, Inc.

Principal

Nevada State Board of Pharmacy
Obligee

By: *Rami Levin*

NGM Ins. Co. (FKA National Grange Mutual Ins. Co.)

By: *Harry R. Johnson*
Harry R. Johnson
Attorney-in-Fact



KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint **Donna M Chiancone, Travis W Shaffer, Harry R Johnson, Laurie Kurtz, Tammy L Orehek**

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Five Million Dollars (\$5,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office 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, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 8th day of January, 2016.

NGM INSURANCE COMPANY By:

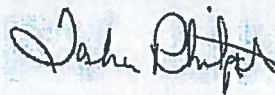

Bruce R Fox
Vice President, General
Counsel and Secretary



State of Florida,
County of Duval.

On this January 8, 2016, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Bruce R Fox of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me fully sworn, deposed and said that he is an officer of said Company, aforesaid; that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 8th day of January, 2016.

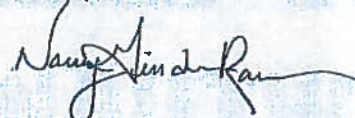




Tasha Ann Philpot
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF915117
Expires 10/3/2019

I, Nancy Giordano-Ramos, Vice President of NGM 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this
28th day of March, 2017.



WARNING: Any unauthorized reproduction or alteration of this document is prohibited.
TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.



I certify that at the Annual Meeting of the Directors of the NGM Insurance Company duly called and held at Jacksonville, Florida on March 9, 2017, the following officers were elected and remain in office:

THOMAS M. VAN BERKEL CHAIRMAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER
EDWARD J. KUHL EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER & TREASURER
JEFFREY B. KUSCH EXECUTIVE VICE PRESIDENT, INSURANCE OPERATIONS
BRUCE R. FOX VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
MICHAEL D. LANCASHIRE SENIOR VICE PRESIDENT, CLAIMS AND INTEGRATED CUSTOMER SOLUTIONS
THOMAS T. FRAZIER SENIOR VICE PRESIDENT & CHIEF INVESTMENT OFFICER
AMY J. FREDERICK VICE PRESIDENT & CHIEF INFORMATION OFFICER
DEAN P. DORMAN VICE PRESIDENT & CHIEF ACTUARY
DANIEL J. GAYNOR, NANCY L. GIORDANO-RAMOS, ROBERT T. HETZEL, JR.,
DEBORAH E. MURPHY, JANET M. ROOT, JOHN A. THOMPSON, JR. VICE PRESIDENTS

I further certify that the following statement of the Company is true as taken from the records of said Company as of December 31, 2016.

ADMITTED ASSETS

Bonds at Amortized Values	\$1,486,908,524
Stocks at Market Value	375,048,488
First Mortgage Loans	15,012,569
Real Estate	4,071,652
Cash in Office and Banks	(1,237,634)
Short Term Investments	79,381,541
Agent's Balance (Less than 90 Days)	233,570,037
Accrued Interest	12,477,420
Other Assets	262,790,563
TOTAL ADMITTED ASSETS	2,468,023,160

LIABILITIES

Reserve for Losses	\$706,951,233
Reserve for Loss Adjustment Expenses	127,000,840
Reserve for Unearned Premiums	498,421,523
Reserve for Other Underwriting Expenses	50,160,758
Reserve for Taxes, Licenses, and Fees	2,751,523
Loss Drafts in Transit	0
Other Liabilities	43,330,220
Total Liabilities	1,428,616,097
Policyholders' Surplus	1,039,407,063
TOTAL	\$2,468,023,160

Securities as deposited by law, included above = \$ 8,139,234

I further certify that the following is true and exact excerpt from Article IV, Section 2 of the By-Laws of NGM Insurance Company which is still valid and existing.

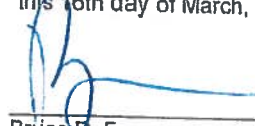
The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

Subscribed and sworn to before me on
this 16th day of March, 2017




Tasha Ann Philpot
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF915117
Expires 10/3/2019

IN WITNESS THEREOF I hereunto subscribe
my name and affix the seal of said company
this 16th day of March, 2017



Bruce R. Fox
Vice President, General Counsel & Secretary



4DD

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: US VET, INC.

Physical Address: 7635 EDGECOMB DRIVE

City: LIVERPOOL State: NY Zip Code: 13090 Telephone _____

Number: 315-457-2570 Fax Number: 315-457-2571

Toll Free Number: 833-551-0306

E-mail: vdurante@pharma-crx.com Website: www.usvet.com

Facility Manager: YASSER ALEJO

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: PRESCRIPTION & OTC VETERINARY DRUGS

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: World Gen, LLC.

Address: 2192 Spring Street, Hamilton, NY 13346

Name: GC Hanford Manufacturing Company

Address: 304 Oneida Street, Syracuse, NY 13201

Name: N/A

Address:

Name: N/A

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NONE

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 ☒

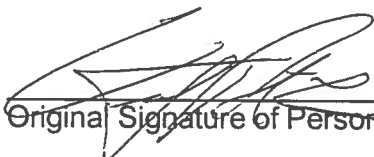
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

VINCENT DURANTE, EXECUTIVE VICE PRESIDENT

Print Name of Authorized Person

10/16/2020
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NEW YORKParent Company if any: PHARMASPHERE, INC.Mailing Address: 120 ROUTE 17 NORTHCity: PARAMUS State: NJ Zip: 07652Telephone: 201-261-7333 Fax: 201-857-8211Contact Person: VINCENT DURANTE

For any corporation non publicly traded, disclose the following:

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

a) JOSEPH PIZZA, PRESIDENT 120 ROUTE 17 NORTH, PARAMUS, NJ 07652
Name Business Addressb) RONALD MANNINO, RPh., CHAIRMAN 120 ROUTE 17 NORTH, PARAMUS, NJ 07652
Name Business Addressc) N/A
Name Business Addressd) N/A
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? NO PAR VALUEA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NONE**Include with the application for a non publicly traded corporation**List of officers and directorsCertificate 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 New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of US VET INC. was filed on 02/04/2019, 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 24th day of November two
thousand and twenty.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of US VET INC. was filed on 02/04/2019, 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 31st day of January two
thousand and twenty.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State

Out dated



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 *

12/22/2020

Type : WHOLESALER

Legal Name : US VET INC.

Trade Name :

Street Address :

7635 EDGECOMB DR.

LIVERPOOL, NY 13090-0000

Registration No : 038486

Date First Registered : 12/21/20

Registration Begins : 12/21/20

Registered through : 11/30/23

Supervisor : KRICHBAUM JUSTIN

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: PHARMBD [mailto:PHARMBD@nysed.gov]
Sent: Monday, December 21, 2020 1:42 PM
To: Kweeing Ngiam
Subject: RE: US VET, Inc. Liverpool - pending application

Dear Applicant,

Your application has been processed and you will receive your new registration certificate in the mail shortly. As of tomorrow, you may verify the status of your establishment's license registration on our website at: <http://www.op.nysed.gov/opsearches.htm#rx>.

Go down to the bottom of the page and in the 2nd grey box from the bottom, your registration number (038486) and click "Search." If you have any further questions, please feel free to contact our office. **Your certificate should arrive within 5-10 business days via priority mail. Be advised downstate mail has been know to take upwards of 3 weeks for receipt.**

Once registered, you are expected to be open and operating. Fines or revocation of your registration is possible if there is a delay in opening your establishment.

*****PLEASE NOTE: YOUR REGISTRATION CERTIFICATE WILL BE MAILED TO THE PHYSICAL ADDRESS OF THE ESTABLISHMENT. SOMEONE MUST BE THERE TO RECEIVE THE MAIL. THE UNITED STATES POSTAL SERVICE WILL NOT FORWARD THIS DOCUMENT *****

Sincerely,
 Ric Smarro
 Office Assistant 3



New York State Board of Pharmacy
 & Midwifery
 89 Washington Ave., 2nd Floor West
 Albany, NY 12234
 Phone: 518-474-3817 ext. 130
 Email: pharmbd@nysed.gov

"Please understand that the Education Department does not answer hypothetical questions, issue advisory opinions or offer detailed legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances."



US Vet, Inc. - 7635 Edgecomb Drive, Liverpool, NY 13090, Tel (315) 457-2570
 FEIN #36-4924590 Toll free: (833) 551-0306 Fax: (315) 457-2571
 Incorporated: Feb 4, 2019
 Business ID: 5487799

Owners and Corporate Officers of US Vet, Inc.

Mr Joseph Pizza Middle Road Palm Beach FL 33480 Tel	SS # DOB: NJ drivers license com	President/CEO	50% ownership
Mr Ronald Mannino Miller Court Wyckoff NJ 07481 T	SS # DOB: NJ drivers license NJ Pharmacist license # com	Chairman Registered Pharmacist in NJ	50% ownership
Mr Vincent Durante Yeoman Drive, Upper Saddle River, NJ 07458	SS # DOB: NJ drivers license com	Executive Vice President Secretary Treasurer	0% ownership



US Vet, Inc. -7635 Edgecomb Drive, Liverpool, NY 13090, Tel (315) 457-2570
 FEIN #36-4924590 Toll free: (833) 551-0306 Fax: (315) 457-2571
 Incorporated: Feb 4, 2019
 Business ID: 5487799

Employees of US Vet, Inc.

Mr Vincent Durante Leoman Drive, Upper Saddle River, NJ 07458	DOB: 8 NJ drivers license com	Executive VP Treasurer Secretary
Mr Brad Bishal Mead Place Chittenango, NY 13037	DOB NY drivers license com	Site Manager
Mr Yasser Alejo Glenburn Road Liverpool NY 13090	DOB: NY drivers license com	Site Supervisor
Mr Justin Krichbaum Cicero Mills Road Cicero, NY 13039	DOB: NY drivers license com	Site Supervisor

UNITED IN CARE | Visit us at usvet.com

US VET Inc. 7635 Edgecomb Drive, Liverpool, NY 13090

T: 315-457-2570

F: 315-457-2571

Toll free: 833-551-0306



October 19, 2020

To Whom It May Concern

US Vet, Inc. located at 7635 Edgecomb Drive, Liverpool, NY 13090 expects to receive our NY home state permit within the month of November 2020. Upon receipt, we will forward a copy of the online license verification, NY home state permit and inspection report to Nevada State Board of Pharmacy.

Attached is US Vet-Hamilton site's list of license registrations with other US states Board of Pharmacy. This list will be updated to show new license #s and expiration dates once new permits from the respective US states listed in attached list are issued to US Vet- Liverpool site.

*Need
License*

US VET Inc. 5040 Wings Way, Suite 2, Hamilton, NY 13346

T: 315-824-0627

F: 315-824-0356

Toll free: 833-551-0306

**Licenses Obtained:**

State	Name of Agency/ License Type	License #	Expiry Date
Alabama AL	Alabama State BoP Private Label Distributor	195901	12/31/2020
Arizona AZ	Arizona State BoP Wholesaler Full Service	W003406	10/31/2021
California CA	California BoP Wholesale Distributor	OSD 7734	04/01/2021
Florida FL	State of Florida, FL Drugs, Devices & Cosmetics Non-Resident Rx Drug Manufacturer	262057	01/31/2022
Georgia GA	Georgia State BoP Wholesaler Pharmacy	PHWH004831	06/30/2021
Idaho ID	Idaho State Board of Pharmacy Wholesale Distributor	W57844	12/31/2020
Iowa IA	Iowa State BoP Limited Veterinary Drug Distributor	41149	12/31/2020
Kansas KS	Kansas State BoP Wholesale Distributor	5-111161	06/30/2021
Minnesota MN	State of Minnesota BoP Manufacturer	461703	05/31/2021
Mississippi MS	Mississippi BoP Virtual Manufacturer	17910/16.4a	12/31/2020
Nebraska NE	State of Nebraska, Div of Public Health Wholesaler Drug Distributor	1557	07/01/2021
Nevada NV	State of Nevada, BoP Wholesaler	WH02863	10/31/2020
New Mexico NM	New Mexico State BoP Distributor	WD00012752	12/31/2021
New York NY	NY State BoP Registered wholesaler of drugs/devices	037578	12/31/2022
North Carolina NC	NC Dept of Agri & Consumer Svc Wholesaler Rx Drug	1723	12/31/2020
Ohio OH	State of Ohio BoP Wholesaler – Category 2	0130000195	06/30/2021
Oregon OR	Oregon BoP Manufacturer Registration	M-0003335	09/30/2021
South Dakota SD	State of South Dakota BoP Wholesale & Other Drug Distributor	600-3152	12/31/2020
Texas TX	Texas Dept of State Health Svc Out of State Wholesale Dist of Rx Drugs	1002935	01/27/2022
Utah UT	State of UT, Dept. of Commerce Div. of Occupational & Prof Licensing Mfr Virtual -Pharmacy-Class C	11636689-1710	09/30/2021
Washington WA	Washington State Dept of Health Pharmaceutical Wholesaler	PHWH.FX.61041480	09/30/2021
Wisconsin WI	State of WI, Dept. of Safety & Prof Svc Pharmacy Examining Board Wholesale Distributor of Rx Drugs	3089-45	05/31/2022

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. 107329444

Application/License No. _____

US VET, INC., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
7635 EDGCOMB DRIVE LIVERPOOL, NY 13090, 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
One Tower Square Hartford, CT 06183 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 October 01, 2020.
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.

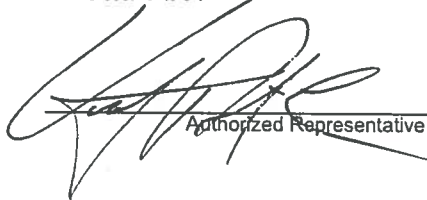
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
09 day of October, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY



 Authorized Representative

Travelers Casualty and Surety Company of America



 Surety Company's Representative

Richard Loschiavo, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

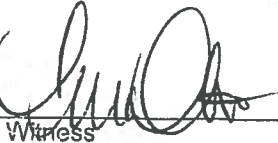


 Witness

SIGNED and SEALED in the presence of:



 Witness



 Witness



 Countersigned by:

 Nevada Resident Agent

Posted February 20, 2020



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

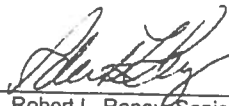
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Richard Loschiavo** of **HASBROUCK HEIGHTS**, New Jersey, 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 17th day of January, 2019.



State of Connecticut

City of Hartford ss.

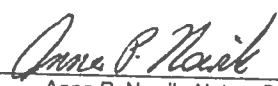
By: 
 Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, 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 said Companies 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




 Anna P. Nowik, 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

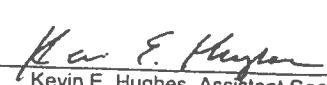
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 _____ day of _____




 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 this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF JUNE 30, 2020

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 258,475,581	UNEARNED PREMIUMS	\$ 1,116,937,641
BONDS	3,811,048,891	LOSSES	901,412,200
STOCKS	101,475,085	LOSS ADJUSTMENT EXPENSES	153,268,610
INVESTMENT INCOME DUE AND ACCRUED	36,512,809	COMMISSIONS	36,120,509
OTHER INVESTED ASSETS	3,655,569	TAXES, LICENSES AND FEES	11,859,942
PREMIUM BALANCES	316,865,424	OTHER EXPENSES	32,462,703
NET DEFERRED TAX ASSET	52,205,691	CURRENT FEDERAL AND FOREIGN INCOME TAXES	54,200,104
REINSURANCE RECOVERABLE	49,732,039	REMITTANCES AND ITEMS NOT ALLOCATED	3,004,698
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	8,686,959	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	43,367,578
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	24,125,032	RETROACTIVE REINSURANCE RESERVE ASSUMED	799,132
OTHER ASSETS TRI-PARTY / TAX CREDIT BONDS	2,402,239	POLICYHOLDER DIVIDENDS	11,048,249
OTHER ASSETS	2,228,599	PROVISION FOR REINSURANCE	9,837,205
		ADVANCE PREMIUM	1,141,680
		PAYABLE FOR SECURITIES	38,767,669
		PAYABLE FOR SECURITIES LENDING	8,686,959
		CEDED REINSURANCE NET PREMIUMS PAYABLE	62,288,669
		OTHER ACCRUED EXPENSES AND LIABILITIES	488,337
		TOTAL LIABILITIES	\$ 2,485,689,863
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,741,440,095
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,181,723,855
TOTAL ASSETS	\$ 4,667,413,718	TOTAL LIABILITIES & SURPLUS	\$ 4,667,413,718

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) SS.
CITY OF HARTFORD)

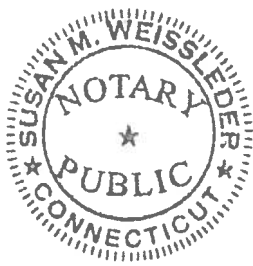
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 30TH DAY OF JUNE, 2020.

Michael J. Doody
VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF AUGUST, 2020

Susan M. Weissleder
NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022



YASSER ALFJO

COM

CORE EXPERTISE/SUMMARY

- Dependable, innovative Analytical/Microbiologist Scientist and Quality Professional with 20 years experience in method development, qualification, validation and tech transfer in cGMP laboratories; familiar with ICH, USP, regulatory guidelines and experienced in analytical method lifecycle management.
- Effective team leader, good at relationship building, decision making and communicating. Strong believer in continuous learning and benchmarking.
 - Project management and supervisory experience in GMP regulated pharmaceutical and biopharmaceutical environment.
 - Manage release and stability testing, analytical method development, validation and transfer at GMP regulated laboratories.
 - Prepare, review and approve protocols, methods, method change controls and study reports for stability, release, transfer and validation per GMP regulations, FDA guidance and ICH guidelines.
 - Analyze and review data for technical quality and compliance to protocols, methods and SOPs.
 - Lead, conduct, review and approve non-conformances, investigations and CAPAs.
 - Analytical Validation Lead supporting and delivering validated analytical methods to support BLA filing of several pre-commercial programs.
 - Extensive knowledge in microbiology techniques, including environmental monitoring, endotoxin testing, microbial enumeration and sterility testing.

EDUCATION

1997-1999 Bachelor of Science	Rowan University	Glassboro, NJ
• Major: Biological Sciences		
• Cum Laude (GPA 3.4)		
1990-1995 MD Degree	Higher Institute of Medical Sciences	Villa Clara, CU¹
• GPA 3.4		

EXPERIENCE

2019 – Present Director, Quality Control	PharmSphere, INC	Paramus, NJ
RESPONSIBILITIES		

- Lead a team of Managers, Team Leaders and Senior Specialists who are responsible for testing oversight of Analytical and Microbiology functions at the Quality Control Laboratories (the labs are responsible for in-process, raw materials, release and stability testing activities).

¹ CUBA

- Oversight of daily laboratory operations, including leading the effort in managing and overseeing analytical and microbiology testing, method validation and transfers.
- Provide leadership in developing a comprehensive analytical and microbiology method development and validation strategy.
- Provide collaboration to design and manage the product release testing and stability programs, recommends product specifications, and participates in vendor qualification and management.
- Direct lab operations and manages analytical, microbiology, and sample management to ensure timely testing.
- Monitor the GMP systems currently in place with the laboratories to ensure compliance with policies.
- Manage, designing, and implementing lab systems.
- Support the Annual Product Quality Review process.
- Maintain QC programs, Policies, processes, procedures, and controls ensuring that testing of products conform to established standards and agency guidelines.
- Work collaboratively with cross-functional teams and responsible for supporting decision making on product quality/compliance matters.
- Mentor Quality Control personnel and enable their individual growth.
- Ensures cGMP compliance in all aspects of laboratory operations and supports regulatory inspections and audits.
- Develop and implements SOPs for various Quality Control operational procedures including but not limited to: training, trending, equipment maintenance and calibration, method execution, investigations, and Laboratory processes.
- Oversee the implementation of continuous improvement within their team using Operational Excellence and Lean principles.
- Ensure that data review, trending analyses and protocol and report generation are performed to support all areas of laboratory operations.
- Recruit and develops a high performing team with diverse backgrounds and talents. Coaches and counsels team members to develop their skill sets and create an environment of continuous learning, improvement, and innovation.
- Maintain and communicate performance metrics for her/his team, setting and maintaining high expectations for team performance.
- Develop and drives staff schedules to meet workflow demands and monitors expenditures to prevent budget overruns.

2014 – 2019 Bristol Mayers Squibb
Senior Scientist (Validation Specialist)

Syracuse, NY

RESPONSIBILITIES

- Supervise analytical method validation team; monitor and conduct analytical instrument and method lifecycle management activities; maintain test method metrics; support regulatory submission. Ensure projects are on track for achieving objective on time.
 - Manage the team and provide supports needed to ensure that all analytical methods meet regulatory requirements and BMS standards.
 - Support regulatory submissions.
 - Coordinate and supervise the method validation and transfer between internal and external laboratories.

- Propose remediation strategies to close the gaps and maintain a study list to track validation/verification/transfer activities.
- Cooperate with cross-functional groups and between different sites to ensure project on-time deliveries.
- Act as system owner for change controls.
- Participate in project budget planning.
- Develop and coach people by helping them set and achieve the goals.
- Manage scientists responsible for preparing protocols, final reports and investigations to support the validations.
- Review and approve validation documents (e.g. protocols, reports, investigations and validation project plans).

2009 – 2014

Steri-Pharma, LLC

Syracuse, NY

Quality Control Manager

RESPONSIBILITIES

- Ensure the product meet acceptable quality standards. Facilitate communications between quality and production departments. Direct lab staff; ensure activities were in accordance with defined standards and evaluate performance. Establish training programs and lab procedures to ensure adequate training of personnel and compliance with quality policies, procedures and regulatory standards.
 - Write, review and approve procedures, test methods, specifications, protocols, reports and other documentation related to QC, analytical, microbiological and stability testing.
 - Provide analytical and microbiology expertise to support development projects, method validation and technological transfers.
 - Review and approve analytical data packages from contract test laboratories, as appropriate.
 - Manage the qualification/validation and technological transfer of microbiological and analytical methods, including technical review and approval as well as assuring the qualification, calibration and maintenance of laboratory instruments/equipment.
 - Responsible for analytical data review, annual product review, stability studies, and laboratory investigations.
 - Ensure the maintenance of certified reference standards, implementation and maintenance of stability protocols and studies.
 - Develop, maintain and monitor environmental quality monitoring plans (air, water, steam, etc...).
 - Responsible for environment, health and safety issues in the laboratories.
 - Validation of computer systems as part of test equipment (e.g. HPLC/Empower, TOC/DataGuard, Titrators/LabX, Endotoxin Testing/EndoScanV, FTIR/Omic, NIR/Result, Rees Scientific/Presidio).
 - Writing the "User Requirements Specifications" (URS) to serve as the basis for the Computer System Validation.
 - Review and approval of the Functional Specifications and Design Specifications.
 - IQOQPQ execution.
 - Provide supervision and technical assistance to the IT department.
 - Analyze, troubleshoot and resolve problems with company applications, networking, and hardware.
 - Install, configures, and test upgraded and new company computer systems and applications based on user-defined requirements.

- Create, modify and maintain network accounts and other company application user accounts (including email).

1999-2009

Hanford Pharmaceuticals

Syracuse, NY

Senior Microbiologist

RESPONSIBILITIES

- Managed the microbiology testing and disposition of finished product, stability testing, validations, and raw material samples. Oversee the company's environmental monitoring, sterility testing and all other critical testing programs in all GMP aspects.
 - Evaluation of test methods against current USP and industry regulatory standards.
 - Review and approve protocol, reports, investigations.
 - Prepare, review and implement SOPs, laboratory testing methods and verify documents required.
 - Implement quality systems to reduce product testing time and increase timely response to customer requirements.
 - Interviews, hires and develops staff.

1997 – 1999

Rowan University

Glassboro, NJ

Research Assistant

RESPONSIBILITIES

- Collecting, checking and preserving samples, cell culturing and staining. Laboratory materials ordering and preparation. Writing reports, data analysis and compilation.

1997 – 1999

United Parcel Services

Philadelphia, PA

Auditor

RESPONSIBILITIES

- Checking weight, size and tracking numbers in packages.

1990-1995

Higher Institute of Medical Sciences

Villa Clara, CU

Research Assistant

STUDIES

- Incident of *Helicobacter pylori* in patients with duodenal ulcer. Epidemiological research on amebiasis; its fecal, oral and sexual transmission of cysts.
- On the field interviews with patients suffering possible Polyneuritis multiple.

MICROBIOLOGY CONSULTANT EXPERIENCE

2017 - Present	Hanford Pharmaceutical QualityControl Consultant	Syracuse, NY
2008 - Present	Allerquest, LLC Microbiology Consultant	Plainville, CT
2007 - 2014	Packaging Consultant Intl Microbiology Consultant	Syracuse, NY

INTERESTS

Chemistry, Microbiology, Biotechnology, Research, Computer Technology.

REFERENCES

- Louis M. Mendelson, M.D – Allerquest, LLC - CEO
- James D. Wolve, MD – Allerquest, LLC – Vice-President.
- Richard Bauer, PhD – Allerquest, LLC – Director of Regulatory Affairs.
- George R Hanford – Hanford Pharmaceuticals – CEO.

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

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2020 – December 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
PTs DS and MY created fraudulent prescriptions and diverted controlled substances from their employing pharmacy.	N/A	Pharmaceutical technician registrations revoked.	N/A
RPH SS failed to maintain Schedule II perpetual inventories and complete invoices for the purchase of controlled substances.	N/A	Voluntary surrender of Nevada pharmacist registration; \$750 administrative fee.	\$3,000 fine; \$750 administrative fee.
Wholesaler WP failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler license suspended; suspension stayed pending receipt, review and verification of the required background check materials.
AN failed to timely renew his CS registration and wrote 33 prescriptions without a valid registration.	N/A	Letter of reprimand; \$5,000 fine; \$950 administrative fee.	N/A
RPH failed to identify a misbranding error.	N/A	\$250 fine; \$250 administrative fee; two additional CEs on error prevention.	\$3,000 fine; \$250 administrative fee.
RPH DC failed to comply with the 2/12/19 Board Order; failed to timely renew his pharmacist registration and engaged in the practice of pharmacy without a valid registration.	N/A	RPH registration revoked.	N/A
Wholesaler SWS failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler surrendered license.
KH failed to timely renew her CS registration and wrote 263 prescriptions without a valid registration.	N/A	Letter of reprimand; \$5,000 fine; \$950 administrative fee.	N/A
RPH ST verified the data and final product as correct when it was not and dispensed losartan potassium 25mg tablets rather than the 50 mg. tablets prescribed. ST failed to provide adequate counseling.	N/A	Letter of reprimand; \$1,000 fine; \$1,000 attorney's fees and costs; 2 additional CEs on error prevention.	WG shall pay a \$1,000 fine; \$1,000 attorney's fees and costs.
MDs RB-R and AB pre-signed controlled substance prescriptions that were issued to patients while Respondents were travelling overseas. Respondents allowed APRN DC-L to prescribe controlled substances	N/A	Each respondent shall receive a letter of reprimand; \$5,000 fine; \$2,000 attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2020 – December 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and dangerous drugs prior to being licensed to do so.			
RPH JA failed to maintain perpetual inventories, biennial inventories, records of controlled substance purchases; aided or abetted a person not licensed to practice pharmacy; failed to properly store expired drugs; failure to properly label prescription drugs; continued to practice pharmacy even as his behavior rendered him incompetent, unskillful and negligent. RPH JA and PT FA engaged in unlawful dispensing and sales. PT FA practiced as a registered pharmacist without registration.	N/A	JA voluntarily surrendered pharmacist registration; may not work for any facility licensed by the Board unless he petitions and is granted reinstatement by the Board; if he applies for reinstatement, he shall appear before the Board and he shall successfully complete an evaluation of is competence to practice pharmacy. FA voluntarily surrendered technician registration. She may not work for any facility licensed by the Board unless she petitions and is granted reinstatement by the Board. Respondents are jointly liable and shall pay \$2,500 fine; \$3,000 attorney fees and costs.	DT voluntarily surrendered pharmacy license and may not operate in any capacity unless it has petitioned the Board and is granted reinstatement.
PT JW's application for registration approved subject to the requirement that he enroll in PRN for one year. JW was terminated from PRN due to lack of attendance.	N/A	Revocation	N/A
APRN SJ, unlawfully prescribed controlled substances/dangerous drugs under Dr. AQ's name and credentials.	N/A	Public reprimand, \$1000 fine, \$950 in attorney's fees and costs.	N/A
Rx WM responsible for the actions of personnel in their employ in which two unauthorized refills were dispensed.	N/A	N/A	\$1000 fine, \$1000 attorney's fees and costs.
RPH PL diverted drugs from his employing pharmacy.	N/A	Revocation	N/A
Dr. VW wrote multiple prescriptions for controlled substances from June 2009 to the present while her license to practice medicine in Nevada was inactive. Dr. VW falsely	N/A	\$14,000 fine,\$1,962.87 attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2020 – December 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
represented to the Board that she held an active and current Nevada license with the NSBME on her CS renewal applications for the years 2010, 2012, 2014, 2016, and 2018. June 2020, the Board served Dr. VW with an order to cease and desist prescribing controlled substances for Nevada patients; Dr.VW surrendered her DEA which operated as an immediate suspension of her CS registration.			
Intern RPH diverted a total of sixty-six tablets of controlled substances from his employing pharmacy.	N/A	\$1,000 fine and \$500 in attorney's fees and costs.	N/A
APRN AC diverted controlled substances; surrendered her DEA certificate of registration for cause.	N/A	Revoked	N/A
PT LA diverted a total of 42 tablets of controlled substances from either valid prescriptions dispensed to patients or directly from the inventory of her employing pharmacy.	N/A	Revoked; fined \$500 and \$250 in attorney's fees and costs.	N/A
RPH JC verified as accurate, when it was not, the data and final product of a prescription resulting in the pharmacy dispensing Duloxetine 60 mg capsules rather than the Dexilant 60 mg capsules as prescribed.	Headaches; ophthalmological issues.	Fined \$1,000 and \$1,000 in attorney's fees and costs.	Fined \$1,000 and \$1,000 in attorney's fees and costs.
MD A-Q allowed other individuals to use his credentials to write and authorize prescriptions while he was out of the country.	N/A	Controlled substance registration is revoked; revocation stayed and placed on a two year probation. A-Q shall pay a \$5,000 fine and \$2,000 in attorney fees and costs.	

5A

FILED

JUN 13 2019

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-090-CS-S
	)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
	)	
KIARASH L. MIRKIA, M.D.,	)	
Certificate of Registration No. CS15197,	)	
	)	
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 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 this respondent because at the time of the events alleged herein, Respondent Kiarash L. Mirkia, M.D., Certificate of Registration No. CS15197 ("Dr. Mirkia") held a Board-issued controlled substance registration.

FACTUAL ALLEGATIONS

II.

In April 2018, Dr. Mirkia owned and was the Medical Director of Mirkia IV, PLLC ("Mirkia IV").

III.

Mirkia IV provided intravenous rehydration treatments to patients in the Las Vegas area using registered nurses who work for the company either directly or on a contract basis.

IV.

Dr. Mirkia allowed Mirkia IV's office staff, including office manager Alex Zukovski ("Zukovski"), who is not a practitioner or registered nurse, to possess the information and keys necessary to access Mirkia IV's inventory of dangerous drugs.

V.

Under Dr. Mirkia's direction, Zukovski or other Mirkia IV office staff accessed and possessed Mirkia IV's inventory of dangerous drugs and provided supplies of dangerous drugs to registered nurses without a practitioner on site, without a practitioner's direct supervision, before Dr. Mirkia or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the medication.

VI.

Dr. Mirkia directed the registered nurses who were employed by or contracted with Mirkia IV to possess and control dangerous drugs from Mirkia IV's inventory, including storing them at their homes, without a practitioner on site, without direct practitioner supervision, without a patient-specific and medication-specific written order for the patient and/or medication. Dr. Mirkia allowed those nurses to possess and store dangerous drugs from Mirkia IV's inventory for up to three days at a time in anticipation that Dr. Mirkia might examine a patient and issue an order for administration.

VII.

Dr. Mirkia allowed registered nurses to transport the dangerous drugs he put into their possession and control without a patient-specific and medication-specific order.

VIII.

Dr. Mirkia generally had no contact—did not examine and did not establish a bona fide therapeutic relationship with the patient—until after one of Mirkia IV's registered nurses transported the dangerous drugs in his/her possession to the patient's location.

IX.

After completing an “examination” of the patient by telephone, Dr. Mirkia would approve, deny or modify a pre-determined order authorizing the patient to receive treatment using an electronic medical record (“EMR”) system.

X.

After Dr. Mirkia issued an order to administer medication to the patient, the registered nurse purportedly performed his/her own assessment.

XI.

Mirkia IV’s nurses were directed to upsell, and often upsold, additional medications to the patient beyond what Dr. Mirkia initially ordered.

XII.

When an RN was successful in upselling additional dangerous drugs to a patient, an “on call” practitioner purportedly was available to amend the patient’s order prior to administration.

XIII.

Dr. Mirkia purchased sterile compounded dangerous drugs from Fusion IV Pharmaceuticals, Inc., *dba* Axia Pharmaceuticals (“Fusion”), in Los Angeles, California.

XIV.

Fusion sold compounded sterile products to practitioners in Nevada, including Dr. Mirkia and/or Mirkia IV.

XV.

Fusion is not licensed in Nevada.

APPLICABLE LAW

XVI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XVII.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

XVIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.¹

XIX.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

XX.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

¹ *See* NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

XXI.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

XXII.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

XXIII.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, 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).

XXIV.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued 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).

XXV.

“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(1)(k).

XXVI.

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).

XXVII.

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. NRS 639.210(4).

XXVIII.

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).

FIRST CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs - Statutory Violations

XXIX.

By allowing Mirkia IV’s staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia violated, or assisted and abetted his staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356. Because of that conduct, which violates Nevada law and is

inconsistent with the public interest, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant NRS 639.210(12), NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct

XXX.

By allowing Mirkia IV's staff, including its office manager and its registered nurses, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Mirkia IV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Mirkia engaged, or assisted and abetted his staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k). For that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197, is subject to discipline pursuant to NRS 639.210(4), NRS 453.236(1)(d) and/or NRS 639.255.

THIRD CAUSE OF ACTION

Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy

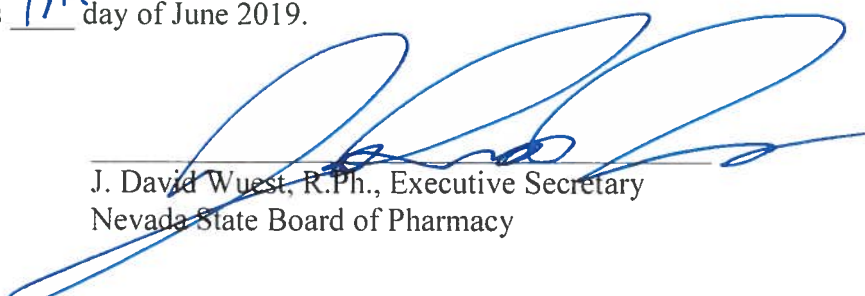
XXXI.

By purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Mirkia violated, or assisted and abetted that pharmacy in violating, NRS 639.233, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Mirkia's controlled substance registration, Certificate of Registration No. CS15197 is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d); NRS 453.241(1) and/or NRS 639.255.

[THIS SPACE INTENTIONALLY LEFT BLANK]

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 17th day of June 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,	)	CASE NO. 19-090-CS-S
	)	
Petitioner,	)	
v.	)	
	)	STATEMENT TO THE
KIARASH L. MIRKIA, M.D.,	)	RESPONDENT
Certificate of Registration No. CS15197,	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	/	RIGHT TO 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, July 17, 2019, 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.

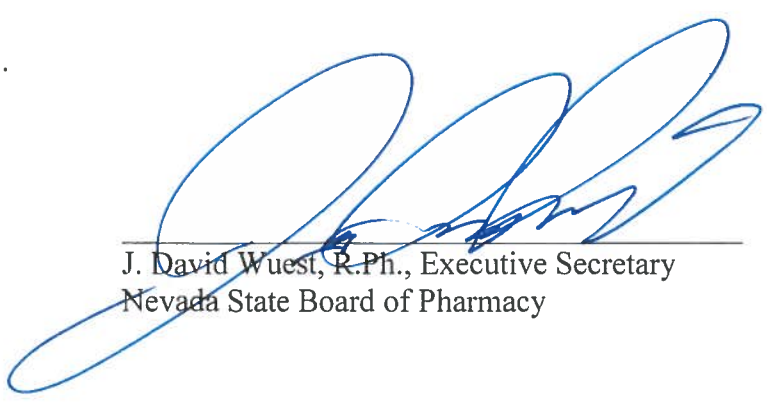
IV.

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 June, 2019.



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 14th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Kiarash L. Mirkia, MD
1878 Morro Vista Drive
Las Vegas, NV 89135**



SHIRLEY HUNTING

FILED

MAR 20 2020

NEVADA STATE BOARD
OF PHARMACY

1 LEWIS BRISBOIS BISGAARD & SMITH LLP
 2 KEITH A. WEAVER
 3 Nevada Bar No. 10271
 4 MELANIE L. THOMAS
 5 Nevada Bar No. 12576
 6 6385 S. Rainbow Boulevard, Suite 600
 7 Las Vegas, Nevada 89118
 8 Telephone: 702.893.3383
 9 Facsimile: 702.893.3789

10 Attorneys for Kiarash L. Mirkia, M.D.

11 BEFORE THE NEVADA STATE BOARD OF PHARMACY

12 NEVADA STATE BOARD OF
 13 PHARMACY,

CASE NO. 19-090-CS-S

ANSWER AND NOTICE OF DEFENSE

Petitioner,

vs.

14 KIARASH L. MIRKIA, M.D.,
 15 Certificate of Registration No. CS15197,

Respondent.

16 KIARASH L. MIRKIA, M.D. ("Dr. Mirkia"), by and through his counsel LEWIS
 17 BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

18 JURISDICTION

19 I. Answering Paragraph I, Respondent objects to this paragraph as it calls for
 20 a legal conclusion; notwithstanding, Respondent admits that he held a Board-issued
 21 controlled substance registration, Certificate of Registration No. CS15197.

22 FACTUAL ALLEGATIONS

23 II. Answering Paragraph II, Respondent admits that he was the owner of
 24 Mirkia IV, PLLC, but denies the remainder of the allegations.

25 III. Answering Paragraph III, Respondent admits that Mirkia IV provided
 26 intravenous rehydration treatments to patients in the Las Vegas area using registered
 27 nurses who are independent contractors paid by 1099s, and denies that the registered
 28 nurses were directly employed.

4838-1960-6967.1

ANSWER AND NOTICE OF DEFENSE

1 IV. Answering Paragraph IV, Respondent admits that Alex Zukovski was the
2 office manager of Mirkia IV, and had information and keys necessary to access Mirkia
3 IV's inventory, and denies the remainder of the allegations as to any other office staff.

4 V. Answering Paragraph V, Respondent admits that Zukovski accessed and
5 provided supplies to registered nurses after notifying Respondent, who was at times
6 supervising remotely through the use of onsite cameras and a logbook, before
7 Respondent or any other practitioner examined the patient and before there was a
8 patient-specific and medication-specific written order for the patient and/or medication.
9 Respondent denies the remainder of the allegations, including those related to other
10 office staff.

11 VI. Answering Paragraph VI, Respondent denies these allegations.

12 VII. Answering Paragraph VII, Respondent admits that registered nurses were
13 permitted to possess and transport inventory up to the end of their shift when they were
14 required to return it to Mirkia IV.

15 VIII. Answering Paragraph VIII, Respondent admits that he would be on
16 videoconference with the patient and nurse listening, would obtain past medical history,
17 current medications, allergies and symptoms, would approve certain supplements. The
18 nurse would provide the vital signs and run down on the patient. The application
19 WhatsApp was utilized to perform these functions because it is encrypted.

20 IX. Answering Paragraph IX, Respondent denies that he examined the
21 patients by telephone, but admits performing exams on video-conference with the patient
22 and nurse present, and afterwards would approve, deny or modify the regimen the patient
23 selected when requesting the IV services.¹ Respondent admits that patients would select
24 packages for a desired regimen, but there would not be an order given until Respondent
25 approved of the desired regimen.

26
27 _____
28 ¹ The regimens were set forth on the

1 X. Answering Paragraph X, Respondent denies these allegations, as the
2 registered nurse performed their assessment of the patient, including obtaining vital
3 signs, prior to calling Respondent to examine the patient and obtain orders.

4 XI. Answering Paragraph XI, Respondent denies nurses were directed to
5 upsell, and often upsold, additional medications to the patient beyond what Respondent
6 ordered. If a registered nurse believed that additional treatment was needed, they would
7 contact Respondent for additional orders or receive direction to call emergency services.

8 XII. Answering Paragraph XII, Respondent denies these allegations.

9 XIII. Answering Paragraph XIII, Respondent admits to purchasing from Fusion IV
10 Pharmaceuticals on behalf of Mirkia IV, PLLC for a period of time before learning from the
11 Board of Pharmacy that they were not licensed in Nevada, at which time Respondent
12 discontinued the relationship.

13 XIV. Answering Paragraph XIV, Respondent admits that Fusion sold products to
14 Mirkia IV, but denies that products were sold to Dr. Mirkia individually. Respondent is
15 without sufficient knowledge or information to form a belief as to the truth or falsity of the
16 allegations contained therein as it relates to other "practitioners in Nevada," and on that
17 basis denies those allegations.

18 XV. Answering Paragraph XV, Respondent admits that he became aware
19 through the Board of Pharmacy that Fusion is not licensed in Nevada.

20 APPLICABLE LAW

21 XVI. Answering Paragraph XVI, Respondent objects to this paragraph as it calls
22 for a legal conclusion, for which no response is required.

23 XVII. Answering Paragraph XVII, Respondent objects to this paragraph as it calls
24 for a legal conclusion, for which no response is required.

25 XVIII. Answering Paragraph XVIII, Respondent objects to this paragraph as it calls
26 for a legal conclusion, for which no response is required.

27 XIX. Answering Paragraph XIX, Respondent objects to this paragraph as it calls
28 for a legal conclusion, for which no response is required.

1 XX. Answering Paragraph XX, Respondent objects to this paragraph as it calls
2 for a legal conclusion, for which no response is required.

3 XXI. Answering Paragraph XXI, Respondent objects to this paragraph as it calls
4 for a legal conclusion, for which no response is required.

5 XXII. Answering Paragraph XXII, Respondent objects to this paragraph as it calls
6 for a legal conclusion, for which no response is required.

7 XXIII. Answering Paragraph XXIII, Respondent objects to this paragraph as it calls
8 for a legal conclusion, for which no response is required.

9 XXIV. Answering Paragraph XXIV, Respondent objects to this paragraph as it
10 calls for a legal conclusion, for which no response is required.

11 XXV. Answering Paragraph XXV, Respondent objects to this paragraph as it calls
12 for a legal conclusion, for which no response is required.

13 XXVI. Answering Paragraph XXVI, Respondent objects to this paragraph as it
14 calls for a legal conclusion, for which no response is required.

15 XXVII. Answering Paragraph XXVII, Respondent objects to this paragraph as it
16 calls for a legal conclusion, for which no response is required.

17 XXVIII. Answering Paragraph XXVIII, Respondent objects to this paragraph
18 as it calls for a legal conclusion, for which no response is required.

19 FIRST CAUSE OF ACTION

20 Unlawful Access and Possession of Dangerous Drugs—Statutory Violations

21 XXIX. Answering Paragraph XXIX, Respondent objects to the extent that this
22 paragraphs calls for a legal conclusion, and denies the remainder of the allegations
23 generally and specifically.

24 SECOND CAUSE OF ACTION

25 Unlawful Access and Possession of Dangerous Drugs—Unprofessional Conduct

26 XXX. Answering Paragraph XXX, Respondent objects to the extent that this
27 paragraphs calls for a legal conclusion, and denies the remainder of the allegations
28 generally and specifically.

1 THIRD CAUSE OF ACTION

2 Purchasing Sterile Compounded Drugs from an Unlicensed Pharmacy

3 XXXI. Answering Paragraph XXXI, Respondent objects to the extent that this
4 paragraphs calls for a legal conclusion, and denies the remainder of the allegations
5 generally and specifically.

6 AFFIRMATIVE DEFENSES

7 FIRST AFFIRMATIVE DEFENSE

8 The Board's Complaint fails to state a claim on which relief may be granted.

9 SECOND AFFIRMATIVE DEFENSE

10 The Board's Complaint, and each cause of action therein, is barred by the doctrine
11 of laches, estoppel, and the doctrine of unclean hands.

12 THIRD AFFIRMATIVE DEFENSE

13 Respondent denies each and every allegation of the Board's Complaint not
14 specifically admitted or otherwise pled to herein.

15 WHEREFORE, Respondent prays for judgment as follows:

- 16 1. That all charges against him be dismissed;
17 2. For such other and further relief as may be deemed just and proper in these
18 premises.

19 DATED: March 20, 2020

Respectfully submitted,

20 KEITH A. WEAVER
21 MELANIE L. THOMAS
22 LEWIS BRISBOIS BISGAARD & SMITH LLP

23 */s/ Melanie L. Thomas*

24 By: _____
25 Attorneys for Kiarash L. Mirkia, M.D.
26
27
28

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KIARASH L. MIRKIA, MD,
Certificate of Registration No. CS15197,**

Respondent.

Case No. 19-090-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, by and through counsel, Keith A. Weaver, Esq. and Melanie L. Thomas, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about June 13, 2019, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. On or about June 24, 2019, Respondent voluntarily placed his License No. 12548 to practice medicine from the Nevada State Board of Medical Examiners (NSBME) on inactive status and ceased practicing medicine in Nevada.
4. On or about July 1, 2020, Respondent's Certificate of Registration No. CS15197 was placed on inactive status.
5. On or about March 20, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.
6. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
7. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which

may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

8. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

9. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that Respondent:

A. Failed to put into practice policies and procedures in the operation of Mirkia IV to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with NRS 454.213(1), NRS 454.316, NRS 454.221, NRS 454.321, NRS 454.356 and NRS 639.100(1);

B. Purchased sterile compounded dangerous drugs from an outsourcing facility not licensed with the Board, in violation of NRS 639.233, NRS 639.285 and/or NAC 639.6915 (the Board notes that Mirkia IV immediately terminated its relationship with the outsourcing facility upon notification by the Board that this facility was not licensed as a manufacturer pursuant to NAC 639.6915); and

C. Committed acts that render his controlled substance registration inconsistent with the public interest pursuant to NRS 453.231.

10. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner when possessing and administering controlled substances and dangerous drugs to patients and purchasing sterile compounded dangerous drugs;

B. Certificate of Registration No. CS15197 shall remain inactive until such time as Respondent petitions the Board for reinstatement to active status and presents proof that his License No. 12548 to practice medicine from the NSBME is active and in good standing.

C. In the event Respondent applies for reinstatement of his certificate of registration to active status, or applies for any other certificate, license or permit 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.

D. In the Event Respondent petitions the Board for reinstatement and the Board reinstates his certificate of registration, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

E. Respondent shall pay a fine of One-Thousand Five-Hundred Dollars (\$1500.00) for the alleged violations, payable 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) of the effective date of this Order.

F. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

11. 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 Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 13, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts

set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 4th day of January, 2021

Signed this ____ day of January, 2021



KIARASH L. MIRKIA, MD,
Certificate of Registration No. CS15197

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 4th day of January, 2021



KEITH A. WEAVER, ESQ.
MELANIE L. THOMAS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kiarash L. Mirkia, MD, Certificate of Registration No. CS15197, in Case No. 19-090-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January, 2021.

Helen Park, President
Nevada State Board of Pharmacy

5B

OCT 02 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOHN ROBERT PHOENIX, APRN,
Certificate of Registration No. CS19962,

Respondent.

Case No. 19-143-CS-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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent John Robert Phoenix, APRN, held a controlled substance registration, Certificate of Registration No. CS19962, issued by the Board.

FACTUAL ALLEGATIONS

2. From approximately May 2017 until March 2020, Respondent dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration.

3. On or about March 5, 2020, Board staff served Respondent with an order pursuant to NRS 639.2895(1) to immediately cease and desist dispensing dangerous drugs for Nevada patients and was issued a citation and \$5000 administrative fine.

4. Respondent complied with the March 5, 2020, order, immediately applied for a dispensing practitioner registration, was granted a temporary registration on March 16, 2020, and approved for a dispensing practitioner registration by the Board on September 2, 2020.

FIRST CAUSE OF ACTION

Violations of State Law - Unlawful Dispensing

5. It is unlawful to dispense a dangerous drug except as authorized by law. NRS 454.215; NRS 639.100; NRS 639.23505. An advanced practice registered nurse may only dispense controlled substances or dangerous drugs with authorization from both the Board and the State Board of Nursing. NRS 639.1375; NAC 639.742; NAC 639.870; NAC 639.879. Violating 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).

6. By dispensing dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, Respondent violated NRS 454.215, NRS 639.100, NRS 639.1375, NRS 639.23505, NAC 639.742, NAC 639.870 and/or NAC 639.879, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Unlawful Dispensing

7. “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(1)(k).

8. By dispensing dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(4).

THIRD CAUSE OF ACTION

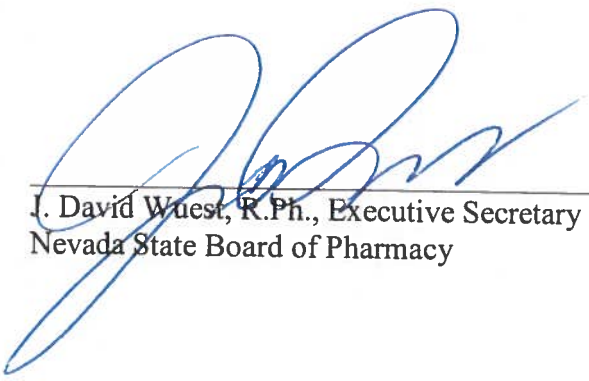
Commission of Acts that Render Registration Inconsistent with the Public Interest

9. 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).

10. By dispensing dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, Respondent committed an act that would render his controlled substance registration, Certificate of Registration No. CS19962, inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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 2nd day of October, 2020.



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,

CASE NO. 19-143-CS-S

Petitioner,

v.

**JOHN ROBERT PHOENIX, APRN,
Certificate of Registration No. CS19962,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

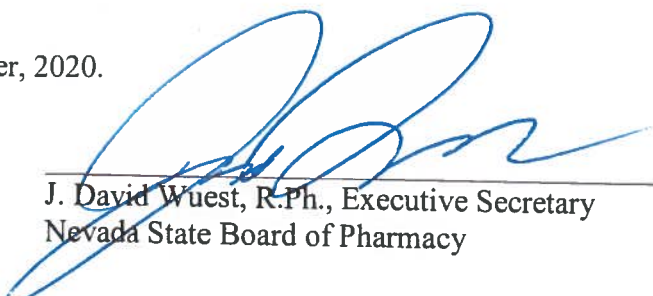
IV.

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 October, 2020.



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.****JOHN ROBERT PHOENIX, APRN,
Certificate of Registration No. CS19962,****Respondent.****CASE NO. 19-143-CS-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 her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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, she 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 _____, 2020.

JOHN ROBERT PHOENIX, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

John Robert Phoenix, APRN
1830 E. Sahara Avenue – Suite 201
Las Vegas, NV 89104


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JOHN ROBERT PHOENIX, APRN,
Certificate of Registration Nos. CS19962 and
PD27509,**

Respondent.

Case No. 19-143-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent John Robert Phoenix, APRN, Certificate of Registration Nos. CS19962 and PD27509, by and through counsel, Tracy L. Singh, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about October 2, 2020, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Respondent is fully aware of his right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of Paragraph 9 below, Respondent hereby freely and voluntarily waives his rights

to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. From approximately May 2017 until March 2020, Respondent dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, in violation of NRS 454.215, NRS 639.100, NRS 639.1375, NRS 639.23505, NAC 639.742, NAC 639.870 and/or NAC 639;

B. By dispensing dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k); and

C. By dispensing dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid dispensing practitioner registration, Respondent committed an act that would render his controlled substance registration, Certificate of Registration No. CS19962, inconsistent with the public interest pursuant to NRS 453.236(l)(d) and NRS 453.241(1).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

8. Respondent timely complied with a March 5, 2020, cease and desist and citation order, including payment of a \$5000 administrative fine, immediately applied for a dispensing

practitioner registration, was granted a temporary registration on March 16, 2020, appeared before the Board and approved for a dispensing practitioner registration on September 2, 2020.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent John Robert Phoenix, APRN, Certificate of Registration Nos. CS19962 and PD27509, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a dispensing practitioner; and

B. Respondent shall pay Nine-Hundred and Fifty Dollars (\$950.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

10. 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 that 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 by Respondent, the Board may lift the stay of suspension, and immediately suspend Certificate of Registration No. CS18013. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 13, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of January, 2021

Signed this ____ day of January, 2021

JOHN ROBERT PHOENIX, APRN,
Certificate of Registration Nos.
CS19962 and PD27509

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

**APPROVED AS TO FORM AND
CONTENT this ____ day of January,
2021**

TRACY L. SINGH, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent John Robert Phoenix, APRN, Certificate of Registration Nos. CS19962 and PD27509, in Case No. 19-143-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January, 2021.

Helen Park, President
Nevada State Board of Pharmacy



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

March 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: jphoenixm@gmail.com

John Robert Phoenix, APRN
1830 E Sahara Avenue - Ste 201
Las Vegas, NV 89104

Re: CEASE and DESIST/CITATION: Unlicensed Dispensing (Case No. 19-143-S)

Dear Mr. Phoenix:

The Nevada State Board of Pharmacy (Board) has determined that you have dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NAC 639.742 and NRS 639.310.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for Nevada patients. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. See NRS 639.2895(2).

Please be aware that the forgoing does not preclude further investigation or the filing of criminal charges. 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

5C

FILED**OCT 23 2020****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****CASE NO. 19-123-CS-S****Petitioner,****v.****ERICA J. SMITH, DDS,
Certificate of Registration No. CS17603,****NOTICE OF INTENDED ACTION
AND ACCUSATION****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 Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Erica J. Smith, DDS, held a Nevada controlled substance registration, Certificate of Registration No. CS17603, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 5, 2018, the Nevada State Board of Dental Examiners (NSBDE) issued its Findings of Fact, Conclusions of Law and Decision in Case No. 5627-0003, and revoked Respondent's License No. 5627 to practice dentistry for numerous violations of NRS Chapter 631.

3. On or about August 13, 2019, Board staff served Respondent with notice that the revocation of her NSBDE License No. 5627 operated as an immediate suspension of her Certificate of Registration No. CS17603 with the Board pursuant to NRS 639.2107.

FIRST CAUSE OF ACTION**Violations of State Law**

4. Respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 631 as detailed in the NSBDE's Findings of Fact,

Conclusions of Law and Decision in Case No. 5627-0003, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

5. By violating NRS Chapter 631 as detailed in the NSBDE's Findings of Fact, Conclusions of Law and Decision in Case No. 5627-0003, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

6. By violating NRS Chapter 631 as detailed in the NSBDE's Findings of Fact, Conclusions of Law and Decision in Case No. 5627-0003, Respondent has committed acts that render her registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

FOURTH CAUSE OF ACTION

Not Qualified for Registration

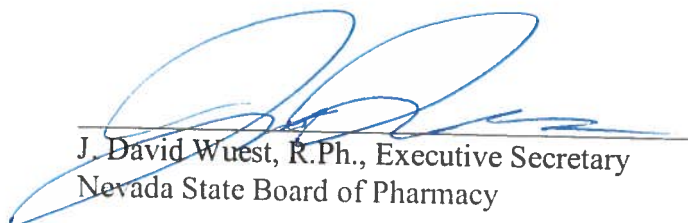
7. A practitioner must hold a license to practice his or her profession in this State and be registered with the Board to dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 823(f).

8. By the revocation of her NSBDE License No. 5627, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

9. The suspension of Respondent's Certificate of Registration No. CS17603 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

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 23rd day of October, 2020.



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 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 622A.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.

NOV 25 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ERICA J. SMITH, DDS,
Certificate of Registration No. CS17603,

Respondent.

CASE NO. 19-123-CS-S

AMENDED
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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 13, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

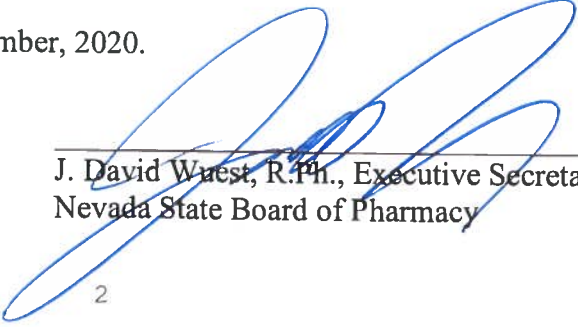
IV.

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 25th day of November, 2020.



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.

**ERICA J. SMITH, DDS,
Certificate of Registration No. CS17603,**

Respondent.

CASE NO. 19-123-CS-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/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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/she 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 _____, 2020.

ERICA J. SMITH, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Erika J. Smith, DDS
2121 East Flamingo Road, #113
Las Vegas, NV 89119


SHIRLEY HUNTING

Nevada State Board of Dental Examiners



6010 S. Rainbow Boulevard, Building A, Suite 1 • Las Vegas, Nevada 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

September 20, 2018

Larry Pinson, Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Re: Status of Dental License

Dear Larry:

Please be advised, the Nevada State Board of Dental Examiners after holding a formal hearing on July 13-14, 2018 has revoked the dental license of the below referenced dentist. A copy of the Findings of Fact, Conclusions of Law and Decision is enclosed for your records.

Erkia J. Smith, DDS License No: 5627 License Status: Revoked Date: 09/10/2018

Should you have any questions regarding this matter please do not hesitate to contact me at (702) 486-7048.

Sincerely,

Debra Shaffer-Kugel, Executive Director
Nevada State Board of Dental Examiners

Cc: File of Erika J. Smith, DDS

STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL
 EXAMINERS,

Complainant,

vs.

ERIKA J. SMITH, DDS,

Respondent.

Case No. 5627-0003

(Consolidated Case Nos.: 5627-1247;
 5627-1326; 5627-1385; 5627-1386;
 5627-1391; 5627-1483; 5627-1574)

**FINDINGS OF FACT, CONCLUSIONS OF LAW
 AND DECISION**

WHEREAS, on Friday, July 13, 2018 and Saturday, July 14, 2018, the Nevada State Board of Dental Examiners (the "Board") held a hearing relative to the Complaint dated and signed March 2, 2018, in the above-captioned matter.

I.

INTRODCUTION/GENERAL MATTERS

Parties

1. Board members present were: Byron Blasco, DMD, President; Timothy Pinther, DDS; R. Michael Sanders, DMD; Gregory Pisani, DMD;¹ Ali Shahrestani, DMD; Brenden Johnson, DDS; M. Sharon Gabriel, RDH; Yvonne Bethea, RDH; and Nikki Harris, Consumer Member.² Also present was Debra Shaffer-Kugel, Executive Director of the Board.

2. Bradley Roberts, DDS, appeared as the Investigator/Disciplinary Screening Officer ("DSO").

¹ Dr. Pisani was present for the hearing, but did not participate in the decision rendered by the Board.

² Jason Champagne, DDS, Secretary-Treasurer and Betty Pate, RDH, were excused.

3. Melanie Bernstein Chapman, Esq. was present and appeared as prosecutor for the Board. Sophia Long, Esq., Deputy Attorney General, was present and appeared as counsel for the Board.

4. Erika Smith, DDS ("Respondent" or "Dr. Smith") appeared. Lawrence Semenza, Esq., appeared as counsel on behalf of Respondent.

Exhibits

5. The following exhibits were admitted during the hearing without objection:

Exhibit No.	Description
Bates Nos.	
1 ESMITH000001	Licensure Verification dated August 18, 2017, regarding Erika J. Smith, DDS, License #5627, issued on November 1, 2007, by Examination, renewal date of June 30, 2019, identifying no Anesthesia Permits
2 ESMITH000002- ESMITH000011	Corrective Action Stipulation Agreement regarding Verified Complaint submitted to the NSBDE by Sunshine Flores on behalf of Minor, Shawn Wainright on June 6, 2022, approved by the Board on July 18, 2012
3 ESMITH000012- ESMITH000024	Corrective Action Non-Disciplinary Stipulation Agreement regarding the Verified Complaint submitted to the NSBDE by Sherry West on September 9, 2014; Timothy Carlo on May 5, 2014; and Timothy Wigchers on October 10, 2014, approved by the Board on September 18, 2015
4 ESMITH000025- ESMITH000027	Amendment to September 18, 2015 Corrective Action Non-Disciplinary Stipulation Agreement regarding Erika J. Smith, DDS, request for an installment payment plan to reimbursement the Board investigation costs and attorney's fees. Agreement approved by the Board on November 20, 2015
5 ESMITH000028	State of Nevada Order of Suspension of Erika J. Smith, DDS, dated July 18, 2015 re License to practice dentistry for failure to provide the July 2016 monthly installment payment to the Board,
6 ESMITH000029- ESMITH000030	Order of Reinstatement of Erika J. Smith, DDS, dated December 1, 2016, License to practice dentistry and agreement to pay reinstatement fee and the remaining balance due and owing for the Board investigation costs and attorney's fees on or before June 1, 2017

1	7	Notice of Complaint & Request for Records dated September 22, 2015, regarding the June 23, 2015 Verified Complaint filed by Geraldine Marchand against Erika J. Smith, DDS
2	ESMITH000031-	
3	ESMITH000056	
4	8	Erika J. Smith, DDS, Response to the Notice of Complaint & Request for Records regarding Geraldine Marchand, dated October 7, 2017
5	ESMITH000057-	
6	ESMITH000083	
7	9	Dental Records regarding Geraldine Marchand received on November 12, 2015 from John M. Quinn, DMD and correspondence providing same to Dr. Roberts and Dr. Smith and Geraldine Marchand
8	ESMITH000084-	
9	ESMITH000113	
10	10	Erika J. Smith, DDS, February 22, 2017 Response to the Notice of Informal Hearing, regarding Geraldine Marchand
11	ESMITH000114-	
12	ESMITH000133	
13	11	June 14, 2017 NSBDE response to Erika J. Smith, DDS' request for additional information submitted by patient Geraldine Marchand,
14	ESMITH000134-	
15	ESMITH000163	
16	12	Notice of Complaint & Request for Records dated June 20, 2016, regarding the Verified Complaint filed by Sharon Linthicum on May 27, 2016 against Erika J. Smith, DDS
17	ESMITH000164-	
18	ESMITH000172	
19	13	"No Answer" letter from the NSBDE to Erika J. Smith, DDS, dated August 23, 2016, regarding failure to respond to the Verified Complaint filed by Sharon Linthicum
20	ESMITH000173	
21	14	Letter from Erika J. Smith, DDS dated August 30, 2016 regarding her failure to respond to the Verified Complaint filed by Sharon Linthicum
22	ESMITH000174	
23	15	September 6, 2016 NSBDE response to Erika J. Smith, DDS' August 30 2016 letter regarding her failure to respond to the Verified Complaint filed by Sharon Linthicum
24	ESMITH000175	
25	16	NSBDE September 15, 2016, request for Dental Records from Albert Ruezga, DDS regarding Sharon Linthicum
26	ESMITH000176	
27		
28		

17	Erika J. Smith, DDS' September 15, 2016, request for an extension of time to respond to the Verified Complaint filed by Sharon Linthicum; NSBDE September 20, 2016 response to Erika J. Smith, DDS authorizing extension to submit a Response
ESMITH000177- ESMITH000179	
18	Dental Records regarding Sharon Linthicum received on September 26, 2015 from Albert Ruezga, DDS and correspondence dated September 28, 2016 providing same to Dr. Roberts and Dr. Smith and Sharon Linthicum
ESMITH000180- ESMITH000199	
19	NSBDE October 28, 2016 correspondence to Sharon Linthicum enclosing a copy of Erika J. Smith, DDS Response to the Verified Complaint and advising of the assignment of Bradley Roberts, DDS as the Disciplinary Screening Officer
ESMITH000200- ESMITH000212	
20	Erika J. Smith, DDS, February 22, 2017 Response to the Notice of Informal Hearing dated December 30, 2017, regarding Sharon Linthicum
ESMITH000213- ESMITH000223	
21	NSBDE June 14, 2017 correspondence to Erika J. Smith, DDS acknowledging her request for any additional information the Board received regarding Sharon Linthicum and enclosing the same to her
ESMITH000224- ESMITH000244	
22	Notice of Complaint & Request for Records dated January 7, 2016, regarding the Verified Complaint filed by Jeffrey Holmes on December 15, 2015 against Erika J. Smith, DDS
ESMITH000245- ESMITH000253	
23	Erika J. Smith, DDS, Response to the Notice of Complaint & Request for Records regarding Jeffrey Holmes, dated February 1, 2016 including correspondence dated January 14, 2016, from the State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy regarding overpayment to Dr. Smith for billing for services not delivered; and correspondence providing same to Mr. Holmes
ESMITH000254- ESMITH000260	
24	Erika J. Smith, DDS, February 22, 2017 Response to the Notice of Informal Hearing regarding Jeffrey Holmes
ESMITH000261	
25	Notice of Complaint & Request for Records dated May 28, 2016, regarding the Verified Complaint filed by Michelle Pedro on May 16, 2016 against Erika J. Smith, DDS
ESMITH000262-	

1	ESMITH000282	
2	26	NSBDE June 24, 2016 correspondence to Michelle Pedro acknowledging the Board's receipt of the supplemental information she provided to the NSBDE and stating the same has been forwarded to DSO Roberts
3	ESMITH000283-	
4	ESMITH000290	
5	27	NSBDE July 19, 2016 correspondence to DSO Bradley Roberts, DDS, enclosing dental records from Albert Ruezga, DDS regarding Michelle Pedro
6	ESMITH000291-	
7	ESMITH000316	
8	28	NSBDE July 21, 2016 correspondence to Michelle Pedro enclosing a copy of Erika J. Smith, DDS Response to the Verified Complaint filed with the NSBDE on May 16, 2016; and notifying her of the assignment of Bradley Roberts, DDS as the Disciplinary Screening Officer
9	ESMITH000317-	
10	ESMITH000331	
11		
12	29	October 6, 2016 email from Michelle Pedro to NSBDE attaching supplemental information; October 14, 2016 correspondence to Michelle Pedro acknowledging receipt of supplemental information and notifying her the same has been forwarded to DSO Roberts
13	ESMITH000332-	
14	ESMITH000334	
15	30	Erika J. Smith, DDS, February 22, 2017 Response to the Notice of Informal Hearing regarding Michelle Pedro
16	ESMITH000335	
17		
18	31	NSBDE June 14, 2017 correspondence to Erika J. Smith, DDS acknowledging her request for information the Board received regarding Michelle Pedro and enclosing the same to her
19	ESMITH000336-	
20	ESMITH000349	
21	32	Notice of Complaint & Request for Records dated May 28, 2016, regarding the Verified Complaint filed by Joseph Pedro, III, on May 16, 2016 against Erika J. Smith, DDS
22	ESMITH000350-	
23	ESMITH000370	
24	33	"No Answer" letter from NSBDE to Erika J. Smith, DDS, dated June 27, 2016, regarding her failure to respond to the Verified Complaint filed by Joseph Pedro, III
25	ESMITH000371	
26	34	
27	ESMITH000372-	NSBDE July 21, 2016 correspondence to Joseph Pedro, III, enclosing Erika J. Smith, DDS Response to the Verified Complaint
28		

1	ESMITH000388	
2	35	NSBDE July 25, 2016 correspondence to Joseph Pedro, III,
3	ESMITH000389-	acknowledging the Board's receipt of the supplemental information he
4	ESMITH000393	provided to the NSBDE and stating the same has been forwarded to DSO
5	36	Roberts
6	ESMITH000394	Erika J. Smith, DDS' February 22, 2017 Response to the Notice of
7		Informal Hearing regarding Joseph Pedro, III
8	37	NSBDE June 14, 2017 correspondence to Erika J. Smith, DDS
9	ESMITH000395-	acknowledging her request for additional information regarding Joseph
10	ESMITH000409	Pedro, III and enclosing the same to her
11	38	Notice of Complaint & Request for Records dated March 3, 2017,
12	ESMITH000410-	regarding the Verified Complaint filed by Britnee Smith, on February 27,
13	ESMITH000418	2017 against Erika J. Smith, DDS
14	39	NSBDE March 3, 2017 correspondence to Erika J. Smith, DDS notifying
15	ESMITH000419-	her of the Verified Complaint filed by Britnee Smith on February 27,
16	ESMITH000422	2017, and advising of the failure to comply with NAC 631.150
17	40	NSBDE April 11, 2017 correspondence to Britnee Smith, enclosing
18	ESMITH000423-	Erika J. Smith, DDS' Response to the Verified Complaint
19	ESMITH000433	
20	41	NSBDE April 24, 2017 correspondence to DSO Roberts enclosing dental
21	ESMITH000434-	records received from Dr. Jeff Moxley, regarding Britnee Smith
22	ESMITH000452	
23	42	State of Texas Consent Order in the matter of the License of Erika J.
24	ESMITH000453-	Smith, Texas Dental License Number 23104, regarding the request for
25	ESMITH000458	Erika J. Smith, DDS' license to be reinstated and the same being granted
26		under certain conditions, approved by the Board November 8, 2013
27	43	Correspondence dated January 14, 2016, from the State of Nevada,
28		Department of Health and Human Services, Division of Health Care

1	ESMITH000459-	Financing and Policy regarding overpayment to Dr. Smith for billing for
2	ESMITH000462	services not delivered to patient Jeffrey Holmes
3	44	Correspondence from the NSBDE to Erika J. Smith, DDS dated July 10,
4	ESMITH000463-	2017 Requesting Fingerprints as Required by NRS 622.360
5	ESMITH000464	
6	45	NSBDE December 30, 2016 Notice of Informal Hearing regarding
7	ESMITH000465-	patients: Jeffrey Holmes, Geraldine Marchand, Joseph Pedro, III,
8	ESMITH000470	Michelle Pedro and Sharon Linthicum scheduling the hearing for
9	46	February 24, 2016 at 10:00 am and Subpoena Duces Tecum requiring
10	ESMITH000471	any and all patient records be produced at said Hearing
11		June 21, 2017 email between Debra Shaffer-Kugel, Executive Director
12	47	NSBDE and Erika J. Smith, DDS regarding explanation of failure to
13	ESMITH000472-	attend informal hearing and requirement for communication with
14	ESMITH000485	retained legal counsel retaining Legal Counsel
15	48	Transcript of February 24, 2017 Informal Hearing
16	ESMITH000486-	
17	ESMITH000505	Proposed Findings & Recommendations of the Informal Hearing Held
18	49	Pursuant to NRS 631 and NAC 631 & Consent of Erika J. Smith, DDS to
19	ESMITH000506-	the Findings and Recommendations pursuant to NRS 631.363(5)
20	ESMITH000507	NSBDE May 19, 2017 correspondence to Erika J. Smith, DDS enclosing
21	50	the proposed Findings & Recommendations pursuant to NRS 631.363(5)
22	ESMITH000508	June 13, 2107 Correspondence from Erika J. Smith, DDS to the NSBDE
23	51	acknowledging her receipt of the proposed Findings &
24	ESMITH000509	Recommendations and request for a 45 day extension to respond
25		NSBDE June 14, 2017 correspondence to Erika J. Smith, DDS denying
26	52	45 day extension to respond to the proposed Findings &
27	ESMITH000510-	Recommendations, but granting extension for scheduling Full Board
28		Hearing
		Complaint verified by Debra Shaffer-Kugel, Executive Director, NSBDE
		on July 10, 2017

1	ESMITH000536	
2	53	Notice of Filing Complaint, Date Set for Formal Hearing & Related Matters dated July 10, 2017
3	ESMITH000537-	
4	ESMITH000539	
5	54	Certificate of Mailing regarding Complaint, Notice of Filing Complaint, Date Set for Formal Hearing & Related Matters dated July 10, 2017
6	ESMITH000540-	
7	ESMITH000541	
8	55	Correspondence from Lawrence J. Semenza, Esq. to John P. Kelleher, Esq. dated August 21, 2017 requesting a sixty (60) day continuance of the Formal Hearing set for August 25, 2017 and August 26, 2017 and conditions of his possible representation of Dr. Smith
9	ESMITH000542-	
10	ESMITH000543	
11	56	Email from John P. Kelleher, Esq. to Lawrence Semenza, Esq. dated August 21, 2017, granting his request for a sixty (60) day continuance of the Formal Board hearing regarding Erika J. Smith, DDS and requesting his formal Letter of Representation of Dr. Smith
12	ESMITH000544	
13		
14	57	Notice of Complaint & Request for Records dated December 7, 2017, regarding the Verified Complaint filed by Jennifer Rutledge on November 22, 2017 against Erika J. Smith, DDS
15	ESMITH000545-	
16	ESMITH000560	
17	58	"No Answer" letter from the NSBDE to Erika J. Smith, DDS, dated January 2, 2018, regarding failure to respond to the Verified Complaint filed by Jennifer Rutledge
18	ESMITH000561-	
19	ESMITH000563	
20	59	Bryson D. LeMone patient records regarding Jennifer Rutledge dated January 17, 2018
21	ESMITH000564-	
22	ESMITH000619	
23	60	Review Panel Findings dated February 9, 2018
24	ESMITH000620-	
25	ESMITH000627	
26	61	Certificate of Mailing of Review Panel Findings dated February 12, 2018
27		
28		

1	ESMITH000628	
2	62	Emails from December 4, 2017 through March 26, 2018 to/from MBC and Attorney Semenza
3	ESMITH000629-	
4	ESMITH000641	
5	63	NSBDE March 2, 2018 correspondence to Erika Smith, DDS regarding compliance with NRS 622.360
6	ESMITH000642-	
7	ESMITH000646	
8	64	NSBDE Amended Complaint verified by Debra Shaffer-Kugel, Executive Director, NSBDE, on March 2, 2018
9	ESMITH000647-	
10	ESMITH000672	
11	65	NSBDE Notice of Filing of Amended Complaint & Notice of April 6, 2018 Hearing at 11:00 am
12	ESMITH000673-	
13	ESMITH000676	
14	66	Respondent's Motion to Continue April 6, 2018 Formal Hearing filed March 27, 2018
15	ESMITH000677-	
16	ESMITH000679	
17	67	Email between Melanie Bernstein Chapman, Esq. and Lawrence J. Semenza, Esq. dated March 2018, regarding Respondent's Motion to Continue the April 6, 2018 Formal Hearing
18	ESMITH000680-	
19	ESMITH000682	
20	68	NSBDE Notice of Board Meeting to Consider Respondent's Motion to Continue Formal Hearing and Certificate of Service dated March 28, 2018
21	ESMITH000683-	
22	ESMITH000685	
23	69	Notice of Public Meeting scheduled for Tuesday, April 3, 2018, regarding Respondent's Motion to Continue the April 6, 2018 Formal Hearing
24	ESMITH000686-	
25	ESMITH000688	
26	70	Order regarding April 3, 2018 Board Meeting granting the continuance of the April 6, 2018 Formal Hearing and confirming the new Hearing
27		
28		

1	ESMITH000689- ESMITH000690	date of July 13-14, 2018
2		
3	71 ESMITH000691- ESMITH000693	NSBDE ReNotice of Hearing setting the Hearing for July 13, 2018 at 11:00 am and July 14, 2018 at 9:00 am, if necessary
4		
5		
6	72 ESMITH000694- ESMITH000695	Certificate of Service of NSBDE ReNotice of Hearing setting the Hearing for July 13, 2018 at 11:00 am and July 14, 2018 at 9:00 am, if necessary, dated April 12, 2018
7		
8		
9	73 ESMITH000696- ESMITH000698	Corrected ReNotice of Hearing setting the Hearing for July 13, 2018 at 1:00 pm and July 14, 2018 at 9:00 am, if necessary, dated April 12, 2018, clarifying start time of 1:00 pm only regarding July 13, 2018
10		
11		
12	74 ESMITH000699	June 19, 2018 Email from Melanie Bernstein Chapman, Esq. to Lawrence Semenza, Esq. regarding status of his representation of Erika J. Smith, DDS
13		
14		
15	75 (Offered by Respondent during Formal Hearing without Bates No.)	July 11, 2018 Correspondence from Attorney Semenza to NSBDE regarding representation of Dr. Smith at Formal Hearing and questions regarding same
16		
17		
18		
19	76 (Brought to Formal Hearing by patient and entered into evidence without objection; No Bates Nos.)	Michelle Pedro patient records 3/29/16 through 4/26/16, mailed to Michelle Pedro by Erika Smith, DDS on May 31, 2016
20		
21		
22		
23	77 (Brought to Formal Hearing by patient and entered into evidence without objection; No Bates Nos.)	Joseph Pedro patient records 4/5/16 through 4/25/16 mailed to Joseph Pedro by Erika Smith, DDS on May 31, 2016
24		
25		
26		
27		

28

1 2 3 4 5 6	78 (No Bates No.; Physical Exhibit)	Joseph Pedro partial fabricated by Erika Smith, DDS
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	79 (Offered by Respondent during hearing; No Bates Nos.)	Excerpts of patient records regarding Britnee Smith from Felipe Paleracio, DDS not previously produced to Board

6. Dr. Smith did not file a response or answer to the Formal Complaint dated July 10, 2017 and did not file a response or answer to the Amended Formal Complaint dated March 2, 2018.

Witnesses

7. At the Formal Hearing, the following individuals were sworn in and provided testimony: Geraldine Marchand, Michelle Pedro, Joseph Pedro, III, Sharon Linthicum, Brittnee Smith, Bradley Roberts, DDS, Debra Shaffer-Kugel, and Erika J. Smith, DDS.

II.

JURISDICTION

1. The Board is empowered to enforce the provisions of Chapter 631 of the Nevada Revised Statutes. *NRS 631.190*.

2. The Board, pursuant to NRS 630.190(6), keeps a register of all dentists and dental hygienists licensed in the State of Nevada; said register contains the names, addresses, license numbers and renewal certificate numbers of said dentists and dental hygienists.

3. On November 1, 2007, the Board issued Respondent a dental license (License #5627).

4. Respondent is licensed by the Board and, therefore, has submitted herself to the disciplinary jurisdiction of the Board.¹

III.

FINDINGS OF FACT

5. The Board, having considered all evidence presented, the testimony of witnesses,

1 and the arguments of counsel, for good cause appearing, finds sufficient quantity and/or quality
 2 of evidence sufficient to meet a preponderance of the evidence standard of proof as set forth in
 3 NRS Chapter 631 and by *Nassiri v. Chiropractic Physicians' Board of Nevada*, 130 Nev. Adv.
 4 Op. 27, at *8-9 (April 3, 2014) that:

5 Prior Board Complaints and Stipulations Regarding Same

6 6. On July 18, 2012, Respondent, with advice of counsel, freely and voluntarily
 7 entered into a *Corrective Action Stipulation Agreement* with the Board in Case No. 11-02285
 8 which, in pertinent part, provides:

9 1. On June 6, 2011, the Board notified Respondent of a verified complaint
 10 received from Sunshine Flores on behalf of Minor, Shawn Wainwright. On June
 11 20, 2011, the Board received an answer to the complaint filed on behalf of the
 12 Respondent by Andras F. Babero, Esq.

13 2. Based upon the limited investigation conducted to date, Disciplinary
 14 Screening Officer, Bradley Roberts, DDS, applying the administrative burden of
 15 proof of substantial evidence as set forth in *State, Emp. Security v. Hilton Hotels*,
 16 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see *Minton v. Board of*
 17 *Medical Examiners*, 110 Nev. 1060, 881 P. 2d 1339 (1994), see also NRS
 233B.135(3)(e), but not for any other purpose, including any other subsequent
 civil action, finds there is substantial evidence that Respondent failed to maintain
 proper records of pediatric patient Shawn Wainwright in violation of NAC
 631.230(1)(c).

18 3. Applying the administrative burden of proof of substantial evidence as
 19 set forth in *State, Emp. Security v. Hilton Hotels*, 102 Nev. 606, 608, 729 P.2d
 20 497, 498 (1986); and see *Minton v. Board of Medical Examiners*, 110 Nev. 1060,
 21 881 P. 2d 1339 (1994), see also NRS 233B.135(3)(e), Respondent without
 22 admitting to the opinion of the Disciplinary Screening Officer contained in
 paragraph 2, acknowledges for settlement purposes only, if this matter were to
 proceed to a full board hearing, substantial evidence exists that Respondent failed
 to maintain proper records of pediatric patient Shawn Wainwright in violation of
 NAC 631.230(1)(c).

23 In part, the *Corrective Action Stipulation Agreement* (Case No. 11-02285) approved by the
 24 Board on July 18, 2012, required Respondent's dental practice be monitored for a period of
 25 twelve (12) months subject to certain conditions, including requiring Respondent to obtain an
 26 additional supplemental education as follows: six (6) hours related to Pediatric Diagnosis &
 27 Treatment Planning; six (6) hours relations to Pediatric anesthesia and/or sedation; and six (6)
 28

1 hours related to Record Keeping.

2 6. On September 18, 2015, Respondent, with advice of counsel, freely and
3 voluntarily entered into a second *Corrective Action Non-Disciplinary Stipulation Agreement* with
4 the Board in Case No. 74127-02832 which, in pertinent part, provides as follows with regards to
5 patients Sherry West, Timothy Carlo, and Timothy Wigchers:

6
7 3. Based upon the limited investigation conducted to date, DSO,
8 Bradley Roberts, DDS, believes for this matter and not for any other
9 purpose, including any subsequent civil action, Respondent violated NAC
631.230(1)(c) with respect to treatment rendered to patient, Sherry West:

10 A. Respondent's delivery of four (4) quadrants of
11 scaling and root planing was unacceptable. Respondent
12 completed (4) quadrants of scaling and root planing in just
13 over one (1) hour. Respondent's daily schedule indicates
14 the patient was only scheduled for one (1) hour to complete
15 four (4) quadrants of scaling and root planning.
Respondent's daily schedule also indicates Respondent
scheduled several other procedures immediately after
treating this patient.

16 B. Respondent prepared Teeth #7, 8, 9, and 10 for
17 porcelain fused to metal crowns during a scheduled one (1)
18 hour appointment. At the end on the one (1) hour
19 appointment Respondent commenced treatment on the next
20 patient. At the next (1) hour appointment Respondent
21 permanently cemented crowns on Teeth # 7, 8, 9, and 10.
22 The next day the crown for tooth #10 came loose while the
23 patient was eating and the crown was swallowed.
24 Respondent took a new impression to replace the
25 swallowed crown for tooth #10 and while doing so the
26 other three (3) permanently cemented crowns detached in
27 the impression for the new crown for tooth #10. Those
28 three (3) crowns, Teeth #7, 8, and 9 were again cemented
permanently by Respondent. Respondent refused to deliver
the replacement crown for Tooth #10 because Respondent
wanted payment prior to completing treatment.
Respondent's crowns placed on Teeth #7, 8, and 9 were ill-
fitting due to open and short margins as observed by the
DSO and recorded in the notes of the subsequent treating
dentist.

1 ***

2 5. Based upon the limited investigation conducted to date, DSO,
3 Bradley Roberts, DDS, believes for this matter and not for any other
4 purpose, including any subsequent civil action, Respondent violated NAC
5 631.230(1)(c) with respect to treatment rendered to patient, Timothy
6 Carlo:

7 A. Respondent's build-ups performed on Teeth #13, 14
8 and 18 were unacceptable. Respondent left decay under the
9 buildups performed on Teeth #13, 14 and 18. The
10 remaining decay is noted by the subsequent treating dentist.

11 B. Respondent's failed to take periapical radiographs
12 of the teeth that were prepared. Without such radiographs,
13 Respondent could not know if the teeth in question had any
14 periapical pathology that would indicate the need for
15 endodontic therapy.

16 C. After placing temporary crowns on Teeth #13 and
17 14 the patient complained of discomfort and sensitivity.
18 Despite knowing of the patient's complaint, Respondent
19 failed to take periapical radiographs to determine if Teeth
20 #13, and 14 may require endodontic treatment.

21 ***

22 7. Based upon the limited investigation conducted to date, DSO,
23 Bradley Roberts, DDS, believes for this matter and not for any other
24 purpose, including any subsequent civil action, Respondent violated NAC
25 631.230(1)(c) with respect to treatment rendered to patient, Timothy
26 Wigchers:

27 A. Respondent failure to complete treatment because
28 of the patient's financial inability was unacceptable.

29 B. Respondent record keeping for this patient was
30 unacceptable. The patient's record indicates charges for
31 crowns already completed. The patient's record reflect
32 charges for treatment on dates when the patient was not
33 even in the office. The patient's records failed to indicate
34 the payments made by the patient. Respondent's records for
35 this patient do not memorialize any of the conversations
36 with patient regarding insurance problems.

37 In part, the *Corrective Action Non-Disciplinary Stipulation Agreement* (Case No. 74127-02832)

1 approved by the Board on September 18, 2015, required Respondent's dental practice be
2 monitored for a period of twelve (12) months subject to certain conditions, including requiring
3 Respondent to obtain an additional supplemental education as follows: ten (10) hours re: scaling
4 and root planning; ten (10) hours re: crowns; and ten (10) hours re: record keeping and billing
5 practices, and that Respondent retake the jurisprudence test.

6 7. On November 20, 2015, pursuant to agenda item 5(e), the Board granted
7 Respondent's request to amend Paragraph 9(E) of the September 18, 2015, *Corrective Action*
8 *Non-Disciplinary Stipulation Agreement* whereby an installment payment plan was implemented.

9 8. On July, 18, 2016, the Board issued an Order suspending Respondent's dental
10 license in the State of Nevada for failing to comply with Paragraph 9(E) of the September 18,
11 2015, *Corrective Action Non-Disciplinary Stipulation Agreement* as amended by the November
12 20, 2015 amendment.

13 9. On December 1, 2016, at the request of Dr. Smith, Dr. Smith appeared before the
14 Board at a public meeting to request the reinstatement of her dental license in the State of
15 Nevada upon submitting the reinstatement fee of \$300.00 and agreeing to reimburse the Board
16 the default reimbursed investigation costs in the amount of \$1,660.50 within six (6) months from
17 the date of the reinstatement of her dental license. In addition, the tolled monitoring time was
18 noted to commence upon the date of the reinstatement of the license for 135 days.

19 Patient, Geraldine Marchand

20 10. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
21 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
22 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
23 *Records* dated September 22, 2015, was notified of the verified complaint of patient, Geraldine
24 Marchand.

25 11. On October 7, 2015, the Board received from Respondent's then-attorney
26 Respondent's written response (w/enclosures), dated October 7, 2015, to Ms. Marchand's
27 verified complaint, a copy of which was provided to Ms. Marchand on October 9, 2015.
28

12. On November 12, 2015, the Board received dental records from Dr. John Quinn regarding Ms. Marchand, copies of which were provided to Respondent and Ms. Marchand on November 17, 2015.

Patient, Sharon Linthicum

13. Subsequent to entering into the above-referenced *Corrective Action Stipulation Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for Records* dated June 20, 2016, was notified of the verified complaint of patient, Sharon Linthicum.

14. On August 23, 2016, the Board sent Respondent correspondence advising, in part, that on June 20, 2016, it sent via certified mail the above-referenced verified complaint of Ms. Linthicum to the address Respondent had on file with the Board (i.e., 1430 Calvada Blvd, Suite 300-400, Pahrump, Nevada 98048) and advised that the Board had not yet received Respondent's factual answer and requested dental records of Ms. Linthicum.

15. On September 2, 2016, the Board received Respondent's letter dated August 30, 2016, which, in part, addressed the Board's August 23, 2016, letter and requested that the verified complaint be resent to 2550 E. Desert Inn Road, #248, Las Vegas, Nevada 989121.

16. On September 6, 2016, the Board sent Respondent correspondence which, in part, addressed Respondent's August 23, 2016, letter and which noted that on July 9, 2016, via the online portal, Respondent removed her above-referenced Pahrump dental office address. Another copy of the Notice of Complaint and supporting documents concerning the verified complaint of patient, Sharon Linthicum was enclosed with the September 6, 2016 letter sent to Respondent from the Board.

17. On September 20, 2016, the Board advised Respondent her request for an extension to and including October 14, 2016, to file an answer to the verified complaint of Ms. Linthicum was granted.

18. On September 26, 2016, the Board received a copy of dental records from Albert

1 Ruezga, DDS regarding Ms. Linthicum, copies of which were provided to Respondent and Ms.
2 Linthicum on September 28, 2016.

3 19. On October 14, 2016, the Board received Respondent's written response dated
4 October 13, 2016, to Ms. Linthicum's verified complaint, a copy of which was provided to Ms.
5 Linthicum on October 28, 2016. Respondent's October 14, 2016 written response with
6 enclosures did not include any x-ray and/or billing records which Respondent's response states
7 are not available "because the computers were destroyed during the move of my office."

8 Jeffrey Holmes

9 20. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
10 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
11 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
12 *Records* dated January 7, 2016, was notified of the verified complaint of Jeffrey Holmes.

13 21. On February 3, 2016, the Board received Respondent's attorney's written
14 response, with enclosure, dated February 1, 2016, relative to the verified complaint of Mr.
15 Holmes, a copy of which was sent to Mr. Holmes on February 9, 2016.

16 Patient, Michelle Pedro

17 22. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
18 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
19 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
20 *Records* dated May 28, 2016 was notified of the verified complaint of patient, Michelle Pedro.

21 23. On June 18, 2016, the Board received Ms. Pedro's additional supplemental
22 information dated June 18, 2016, a copy of which was sent to Respondent on June 24, 2016.

23 24. On June 27, 2016, the Board sent Respondent correspondence advising, in part,
24 that on May 28, 2016, it sent via certified mail the above-referenced verified complaint of Ms.
25 Pedro to the address Respondent had on file with the Board (i.e., 1430 Calvada Blvd, Suite 300-
26 400, Pahrump, Nevada 98048) and advised that the Board had not yet received Respondent's
27 factual answer and requested dental records of Ms. Pedro.
28

1 25. On July 15, 2016, the Board received Respondent's written response, to Ms.
2 Pedro's verified complaint, a copy of which was provided to Ms. Pedro on July 21, 2016.
3 Respondent's July 15, 2016 written response with enclosures did not include any x-ray and/or
4 billing records which Respondent's response states are not available "because the computers
5 were destroyed during the move of my office."

6 26. On July 18, 2016, the Board received a copy of dental records from Albert
7 Ruezga, DDS regarding Ms. Pedro, copies of which were provided to Respondent and Ms. Pedro
8 on July 19, 2016.

9 27. On or about October 7, 2016, the Board received Ms. Pedro's additional
10 supplemental information, a copy of which was sent to Respondent on October 14, 2016.

11 Patient, Joseph Pedro III

12 28. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
13 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
14 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
15 *Records* dated May 28, 2016, was notified of the verified complaint of patient, Joseph Pedro III.

16 29. On June 27, 2016, the Board sent Respondent correspondence advising, in part,
17 that on May 28, 2016, it sent via certified mail the above-referenced verified complaint of Mr.
18 Pedro to the address Respondent had on file with the Board (i.e., 1430 Calvada Blvd, Suite 300-
19 400, Pahrump, Nevada 98048) and advised that the Board had not yet received Respondent's
20 factual answer and requested dental records of Mr. Pedro.

21 30. On July 15, 2016, the Board received Respondent's written response to Mr.
22 Pedro's verified complaint, a copy of which was provided to Mr. Pedro on July 21, 2016.
23 Respondent's July 15, 2016 written response with enclosures did not include any x-ray and/or
24 billing records which Respondent's response states are not available "because the computers
25 were destroyed during the move of my office."

26 31. On June 18, 2016, the Board received Mr. Pedro's additional supplemental
27 information dated June 18, 2016, a copy of which was sent to Respondent on June 24, 2016.
28

1 32. On July 25, 2016, the Board received Mr. Pedro's additional supplemental
2 information dated July 25, 2016, a copy of which was sent to Respondent on July 25, 2016.

3 Patient, Brittnee Smith

4 33. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
5 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
6 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
7 *Records* dated March 3, 2017, was notified of the verified complaint of patient, Brittnee Smith.

8 34. On April 7, 2017, the Board received Respondent's written response to Ms.
9 Smith's verified complaint, a copy of which was provided to Ms. Smith on April 11, 2017.

10 35. On April 24, 2017, the Board received a copy of dental records from Jeff Moxley,
11 DDS regarding Ms. Smith, copies of which were provided to Respondent and Ms. Smith on
12 April 24, 2017.

13 Patient, Jennifer Rutledge

14 36. Subsequent to entering into the above-referenced *Corrective Action Stipulation*
15 *Agreement* in Case No. 11-02285 and the *Corrective Action Non-Disciplinary Stipulation*
16 *Agreement* in Case No. 74127-02832, Respondent, via a *Notice of Complaint & Request for*
17 *Records* dated December 17, 2017, was notified of the verified complaint of patient, Jennifer
18 Rutledge.

19 37. On or about January 2, 2018, the Board sent Respondent correspondence
20 advising, in part, that on December 7, 2017, it sent via certified mail the above-referenced
21 verified complaint of Ms. Pedro to the address Respondent had on file with the Board (i.e., 2550
22 E. Desert Inn Road, #248, Las Vegas, Nevada 89121) and advised that the Board had not yet
23 received Respondent's factual answer and requested dental records of Ms. Rutledge.

24 38. On January 17, 2018, the Board received a copy of dental records from Bryson
25 LeMone, DDS regarding Ms. Rutledge, copies of which were provided to Respondent and Ms.
26 Rutledge on January 25, 2018.

27 39. At no time has Respondent provided a response to the verified complaint of Ms.
28

1 Rutledge.

2 Informal Hearing

3 40. On December 30, 2016, via certified mail, return receipt requested, and regular
4 mail, Respondent was provided with a Notice of Informal Hearing regarding the verified
5 complaints of Geraldine Marchand, Sharon Linthicum, Jeffry Holmes, Michelle Pedro, Joseph
6 Pedro III, the *Corrective Action Stipulation Agreement* (Case No. 11-02285) which was
7 approved by the Board on July 18, 2012, and the *Corrective Action Non-Disciplinary Stipulation*
8 *Agreement* (Case No. 74127-02832) which was approved by the Board on September 18, 2015.

9 41. The Notice of Informal Hearing set the informal hearing for 10:00 a.m. on Friday,
10 February 24, 2017, at the offices of Morris, Polich & Purdy, LLP, 3800 Howard Hughes
11 Parkway, Suite 500, Las Vegas, Nevada 89169.

12 42. In part, the Notice of Informal Hearing indicated pursuant to NAC 631.250(1), the
13 Disciplinary Screening Officer shall not limit the scope of the investigation to the matters set
14 forth in the authorized investigation noted above, "but will extend the investigation to any
15 additional matters which appear to constitute a violation of any provision of Chapter 631 of the
16 Nevada Revised Statutes or the regulations contained in Chapter 631 of NAC of this Chapter."

17 43. Included with the Notice of Informal Hearing was a Subpoena Duces Tecum
18 dated December 27, 2016, addressed to Respondent which, in pertinent part, provides:

19
20 WE COMMAND YOU, that all and singular, business and excuses being set
21 aside, appear at **Morris Polich & Purdy, LLP, 3800 Howard Hughes**
22 **Parkway, Suite 500, Las Vegas, Nevada 89169, on the 24th day of February**
23 **2016, at the hour of 10:00 am to produce the following documents:**

- 24 1. Any and all records regarding patients ***Jeffrey Holmes,***
25 ***Geraldine Marchand, Joseph Pedro, III, Michelle Pedro and***
26 ***Sharon Linthieum,*** including, but not limited to, billing records,
27 laboratory work orders, prescription slips, insurance records
28 (including any correspondence or billing submitted to an insurance
provider), health history, charts notes, informed consents, daily
patient schedules for the dates of treatment, day sheets,
radiographs, treatment plans and patient logs; and

1 Id., pg. 1 (emphasis in original).

2 44. On January 20, 2017, Respondent was also personally served with a copy of the
3 above-referenced Notice of Informal Hearing and Subpoena Duces Tecum.

4 45. On February 23, 2017, the Board received Respondent's correspondence dated
5 February 22, 2017 which, in part, addressed the fact that Respondent received the Notice of
6 Informal Hearing and Subpoena Duces Tecum. Respondent's correspondence also advised she
7 would not be attending the informal hearing. Respondent's February 23, 2017 correspondence
8 was accompanied by certain records for Geraldine Marchand, Sharon Linthicum, Michelle
9 Pedro, and Joseph Pedro III. Respondent's February 23, 2017 correspondence did not request a
10 continuance of the Informal Hearing noticed for February 24, 2017.

11 46. In attendance at the February 24, 2017, informal hearing was Bradley Roberts,
12 DDS, Disciplinary Screening Officer, the Board's Executive Director, Debra-Shaffer-Kugel, and
13 the Board's attorney, John A. Hunt, Esq. Respondent did not attend the Informal Hearing.

14 47. Following the informal hearing, written findings of fact and conclusions were
15 drafted, pursuant to NRS 631.363(3). See Findings and Recommendations of the Informal
16 Hearing Held Pursuant to NRS 631 and NAC 631 & Consent of Erika J. Smith, DDS, to the
17 Findings and Recommendations Pursuant to NRS 631.363(5) dated May 19, 2017 (hereinafter
18 "FR&C"). The FR&C were forwarded to Respondent for review and consent by Respondent,
19 pursuant to NRS 631.363(5). Respondent did not consent to the FR&C.

20 48. On February 9, 2018, the investigations into the verified complaints of the
21 patients described herein and the FR&C were reviewed by the Review Panel appointed pursuant
22 to SB 256. As to all of the patients described herein, the Review Panel found that there is a
23 preponderance of the evidence to support the FR&C and/or that there is a preponderance of the
24 evidence to support a conclusion that the Respondent violated one or more provisions of NRS
25 Chapter 631 and/or NAC Chapter 631, and that this matter shall proceed pursuant to NRS
26 631.360 and/or NAC 631.255.

27 49. On February 12, 2018, Respondent was served with the Review Panel Findings.
28

Formal Complaint And Hearing

50. On July 7, 2017, the Board's formal *Complaint* was filed in the above-captioned matter, *Nevada State Board of Dental Examiners v. Erika J. Smith, DDS*, case no. Case No. 5627-0003 (Consolidated Case Nos.: 5627-1247; 5627-1326; 5627-1385; 5627-1386; 5627-1391; 5627-1483; 5627-1574). *See*, Exhibit 52.

51. A *Notice of Filing of Complaint, Date(s) Set of Formal Hearing & Related Matters*, dated July 10, 2017, was executed by the Board's Executive Director. *See*, Exhibit 53.

52. On July 10, 2017, Respondent was served via regular U.S. Mail and via certified mail, return receipt requested, with a copy of the *Complaint* dated July 7, 2017, and *Notice of Filing of Complaint, Date(s) Set for Formal Hearing & Related Matters* dated July 10, 2017. *See*, Exhibit 54.

53. On July 10, 2017, the Board's Executive Director sent correspondence to Dr. Smith which, in part addressed the filing of the *Complaint* dated July 7, 2017, and NRS 622.360's provisions regarding completing a set of fingerprint and authorization documents.

54. Respondent did not submit a response or answer to the Board's *Complaint* dated July 7, 2017.

55. Respondent did not submit or return to the Board completed fingerprints and/or authorization documents which were addressed in the July 10, 2018 correspondence.

56. On August 21, 2017, attorney Lawrence Semenza advised that he would be making an appearance on behalf of Respondent, but only if the Board granted a continuance of the formal hearing. *See*, Exhibit 55. The requested continuance was granted. *See*, Exhibit 56.

57. On March 2, 2018, the Board's *Amended Complaint* was filed and served on Respondent. *See*, Exhibit 64.

58. A *Notice of Filing of Complaint, Date(s) Set of Formal Hearing & Related Matters*, dated March 2, 2018, was executed by the Board's Executive Director and served on Respondent. *See*, Exhibit 65.

1 59. On March 27, 2018, Lawrence Semenza, Esq. filed a Motion to Continue the
2 formal hearing set for April 6, 2018. *See*, Exhibit 66. The Board considered, and granted, the
3 Motion to Continue on April 3, 2018. *See*, Exhibits 69, 70.

4 60. On April 12, 2018, the Respondent, via her counsel, was served with a *ReNotice*
5 *of Hearing*, setting the formal hearing for July 13, 2018. *See*, Exhibit 71. A *Corrected ReNotice*
6 *of Hearing* was served on Respondent's counsel *See*, Exhibit 73.

7 61. On April 12, 2018, Respondent's counsel was again served with the previously
8 served, Review Panel Findings dated February 9, 2018, Amended Complaint in the matter of
9 *Nevada State Board of Dental Examiners vs. Erka J. Smith, DDS*, dated March 2, 2018, and
10 another fingerprint package and instructions pursuant to NRS 622.360 for completion by
11 Respondent. *See*, Exhibit 72.

12 62. Respondent did not submit a response or answer to the Board's *Amended*
13 *Complaint* dated March 2, 2018.

14 63. Despite being advised that she was required to return the fingerprint cards and
15 verification within thirty (30) days, Respondent did not submit or return to the Board completed
16 fingerprints and/or authorization documents which were served on April 12, 2018 until the date
17 of the formal hearing, July 13, 2018.

18 64. Neither Respondent nor her counsel communicated with the Board or the Board's
19 counsel at any time between April 3, 2018 and July 12, 2018, the day before the formal hearing.

20 65. Respondent, represented by counsel, appeared at the July 13, 2018 formal
21 hearing.

22 Allegations in the Amended Complaint

23 66. NRS 631.3475 provides, in pertinent part:

24 NRS 631.3475 Malpractice; professional incompetence; disciplinary action in
25 another state; substandard care; procurement or administration of controlled
26 substance or dangerous drug; inebriety or addiction; gross immorality; conviction
27 of certain crimes; failure to comply with certain provisions relating to controlled
28 substances; failure to obtain certain training; certain operation of medical facility.
The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;

4. More than one act by the dentist or dental hygienist constituting substandard care in the practice of dentistry or dental hygiene;

50. NRS 631.3485 provides, in pertinent part:

NRS 631.3485 Violation of chapter or regulations; failure to pay fee for license; failure to make health care records available for inspection and copying. The following acts, among others, constitute unprofessional conduct:

1. Willful or repeated violations of the provisions of this chapter;
2. Willful or repeated violations of the regulations of the State Board of Health, the State Board of Pharmacy or the Board of Dental Examiners of Nevada;

4. Failure to make the health care records of a patient available for inspection and copying as provided in NRS 629.061.

51. NRS 631.349 provides, in pertinent part:

NRS 631.349 Examples of unprofessional conduct not complete list or authorization of other acts; Board may hold similar acts unprofessional conduct.

The acts described in NRS 631.346 to 631.3485, inclusive, must not be construed as a complete list of dishonorable or unprofessional conduct, or as authorizing or permitting the performance of other and similar acts, or as limiting or restricting the Board from holding that other or similar acts constitute unprofessional or dishonorable conduct.

Claim #1:
Allegations/Claims Regarding Respondent's
Treatment Of Patient, Geraldine Marchand

52. Respondent's treatment of Patient, Geraldine Marchand, violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349.

53. With regard to Claim #1 pertaining to the allegations that Respondent violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349, the following acts are hereby established by a preponderance of evidence:

A. Respondent recommended the extraction of Tooth #24. Respondent has not provided any radiographic evidence which would have justified the recommendation for extraction of Tooth #24. Of note, the subsequent treating dentist's periodontal chart shows Tooth #24 had no

1 more than 4mm pocketing. Further, the subsequent treating dentist's
2 radiograph of Tooth #24 does not provide any radiographic evidence to
3 support Respondent's recommendation for extraction of Tooth #24.

4 B. Respondent claims to have performed four (4) quadrants of scaling
5 and root planing. A review of Respondent's daily schedule for the day this
6 patient received treatment indicates Respondent would have allegedly
7 performed four (4) quadrants of scaling and root planing in less than 1.5
8 hours since Respondent had scheduled another patient for treatment
9 commencing 1.5 hours for the time Respondent commenced treatment on
10 this patient. Also, the Patient in this complaint has provided testimony the
11 four (4) quadrants of scaling and root planing she was billed for was
12 performed in less in 1.5 hours. Performing four (4) quadrants of scaling
13 and root planing in less than 1.5 hours is below the standard of care.
14 Respondent's records for this Patient are void of the existence of a
15 periodontal chart. Further the subsequent treating dentist's periodontal
16 chart for this Patient corroborates the need for this patient to receive four
17 (4) quadrants of scaling and root planing just two (2) months after
18 Respondent allegedly performed four (4) quadrants of scaling and root
19 planing. The radiographs taken by the subsequent treating dentist show
20 sub gingival calculus deposits present that clearly should have been
21 removed by Respondent just two (2) months earlier when Respondent
22 allegedly performed four (4) quadrants of scaling and root planing on this
23 Patient.

24 C. The composite fillings performed by Respondent on Teeth #4, #5,
25 #12, and #13 were below the standard of care. The radiographs taken by
26 the subsequent treating dentist clearly indicate large amounts of excessive
27 composite that was left interproximally on Teeth #4, #5, #12, and #13. It
28 does not appear Respondent made any effort to remove this extra filling
material, nor did Respondent advise the Patient of the presence of the
excess filling material.

D. The resulting treatment that was below the standard of care caused
the Patient to endure unnecessary pain, suffering, and additional cost to
have Respondent's substandard treatment corrected.

E. The complaint of this Patient involves similar treatment and/or
involves similar issues which were at-issue in the two prior corrective
action stipulations which Respondent entered into freely and voluntarily,
with the advice of counsel.

F. Respondent failed to produce a complete copy of this Patient's
records.

1
2
3
4 54. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
5 NRS 631.3485(1) and (4), and/or NRS 631.349.

6 Claim #2:
7 Allegations/Claims Regarding Respondent's
8 Treatment Of Patient, Sharon Linthicum

9 55. Respondent's treatment of Patient, Sharon Linthicum, violated NRS 631.3475(1),
10 (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349.

11 56. With regard to Claim #2 pertaining to the allegations that Respondent violated
12 NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349, the following
13 acts are hereby established by a preponderance of evidence:

14 A. On April 21, 2016, Respondent extracted Teeth #2, #3, #13³, #14,
15 #15, #18, #20, #21, #27, #29 and #30. The extractions performed by
16 Respondent on Teeth #2, #3, #13, #14, #18, #28, and #30 were below the
17 standard of care. Respondent's lack of skill, knowledge, and training
18 resulted in Respondent leaving root tips in the extraction sites of Teeth #2,
19 #3, #13, #14, #18, #28, and #30. Further, Respondent's records are void of
20 any notation that the roots tips were present post extraction. Respondent
21 failed to take postoperative radiographs which would have confirmed or
22 dismissed the presence of the multiple remaining root tips. Of note,
23 although Respondent did not take any postoperative radiographs,
24 Respondent provided a copy of a referral to an oral surgeon with specific
25 teeth listed which needed additional treatment. It is the Disciplinary
26 Screening Officer's opinion that Respondent fabricated this referral after
27 she received records from the subsequent treating dentist. Further,
28 although admittedly not a handwriting expert, it is the Disciplinary
Screening Officer's opinion that the written chart notes submitted by
Respondent have been fabricated based upon the belief that the written
chart notes submitted by Respondent all appear be written at the same
time. Unlike other patient records reviewed, there are no initials on any of

³ Dr. Smith's records indicate that she removed tooth #12 but subsequent dentist's records show that it was actually tooth #13. Therefore, for ease of reference, tooth #13 is referenced.

1 the notes submitted for this patient. Also, void in this patient chart is any
2 notation for the Patient's next visit (unlike other patient chart notes; for
3 example, the chart notes of patient, Geraldine Marchand, always reference
4 when the next visit is supposed to be conducted). The subsequent treating
5 dentist has provided radiographs corroborating the presence of root tips in
6 the extraction sites for Teeth #2, #3, #13, #14, #18, #28, and #30. The
7 subsequent treating dentist has provided testimony that Respondent's
8 incomplete treatment consisted of leaving root tips and bone spurs (due to
9 incomplete alveoplasty) which resulted in the patient experiencing an
10 active infection and an ill-fitting prosthesis. This Patient has given
11 testimony Respondent never informed her of the remaining root tips.

12
13 B. Respondent's fabrication of an Upper Partial (teeth #2, #3, #13,
14 #14 & #15) and Lower Partial (teeth #18, #19, #20, #21, #28, #29, #30, &
15 #31) are below the standard of care. The Lower Partial could not be seated
16 which caused this Patient to experience unnecessary pain and suffering.
17 The Upper Partial had no occlusion with a large gap beneath it on the
18 tissue side of the prosthesis resulting in the left side being in hyper-
19 occlusion.

20
21 C. Respondent, without notification, abandoned this Patient which is
22 below the standard of care. Respondent, within only a few days of
23 performing the extractions, closed her office with no notice which resulted
24 in this Patient being unreasonably denied the ability to seek postoperative
25 surgical care.

26
27 D. The resulting treatment which was below the standard of care
28 caused the Patient to endure unnecessary pain, suffering, and additional
cost to have Respondent's substandard treatment corrected.

E. Respondent failed to produce a complete copy of this patient's
records.

F. The complaint of this Patient involves similar treatment and/or
involves similar issues which were at-issue in the two prior corrective
action stipulations which Respondent entered into freely and voluntarily,
with the advice of counsel.

57. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
NRS 631.3485(1) and (4), and/or NRS 631.349.

Claim #3:
Allegations/Claims Regarding Respondent's
Conduct Relative To Jeffrey Holmes⁴

58. NRS 631.348(6) provides:

NRS 631.348 Misleading statements; false advertising; fraud in securing license; practice under misleading name; submitting fraudulent claim to insurer; failure to notify insurer of forgiven debt. The following acts, among others, constitute unprofessional conduct:

6. Submitting a false or fraudulent claim for payment to an insurer for dental services rendered; . . .

59. Respondent's conduct relative to Jeffrey Holmes violated NRS 631.348(6) and/or NRS 631.3485(1), and/or NRS 631.349.

60. With regard to Claim #3 pertaining to the allegations that Respondent violated NRS 631.348(6) and/or NRS 631.3485(1), and/or NRS 631.349, the following acts are hereby established by a preponderance of evidence:

A. Respondent willfully and/or repeatedly submitted false and/or fraudulent claims for payment to Medicaid relative to Jeffrey Holmes. Respondent submitted eleven (11) claims for payment on August 22, 2015 (totaling \$1,332.90) for treatment Respondent never rendered to this Patient. Respondent submitted the eleven (11) claims without even examining this patient. Patient has provided testimony that although he had contacted Respondent regarding possible treatment, he cancelled his appointment with Respondent and thus never presented to Respondent for examination or treatment. On or about September 4, 2015, Respondent received payment for the eleven (11) false and/or fraudulent claims Respondent had submitted to Medicaid. The Patient has provided testimony he made repeated attempts to obtain a reimbursement/refund from Respondent. To date, Respondent has not responded to this Patient's inquiries regarding the matter and his request for a reimbursement/refund.

⁴ Board staff contacted Mr. Holmes to provide testimony for the original formal hearing scheduled for April 6, 2018 prior to the Board granting Mr. Semenza's request for continuance. At that time, Mr. Holmes' wife represented that he was gravely ill and would be unable to attend. Therefore, Board staff did not subpoena his presence for the current formal hearing.

1 However, it should be noted Respondent on January 14, 2016, advised the
2 Nevada Medicaid Surveillance and Utilization Review unit (SUR) that
3 Respondent wanted the false and/or fraudulent eleven (11) claims relative
4 to this Patient be deducted from future payments to be paid to Respondent.

5 61. In light of the above, Respondent has violated NRS 631.348(6) and/or NRS
6 631.3485(1), and/or NRS 631.349.

7 Claim #4
8 Allegations/Claims Regarding Respondent's
9 Treatment Of Patient, Michelle Pedro

10 62. Respondent's treatment of Patient, Michelle Pedro, violated NRS 631.3475(1),
11 (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349.

12 63. With regard to Claim #4 pertaining to the allegations that Respondent violated
13 NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349, the following
14 acts are hereby established by a preponderance of evidence:

15 A. The extractions performed by Respondent on Teeth #3, #5, #29
16 and #31 were below the standard of care. Respondent's lack of skill,
17 knowledge, and training resulted in Respondent leaving root tips in the
18 extraction sites of Teeth #3, #5, #29 & #31. In addition, there were bone
19 spurs due to an incomplete alveoplasty. Further, Respondent did not
20 inform this Patient of the presence of the root tips until the Patient
21 complained of post-operative problems within days of the extractions.

22 B. Respondent failed to take postoperative radiographs which would
23 have confirmed or dismissed the presence of the multiple remaining root
24 tips.

25 C. Respondent, without notification, abandoned this Patient which
26 was below the standard of care. Respondent, within a week of performing
27 the extractions, closed her office with no notice which resulted in this
28 Patient being unreasonably denied the ability to seek postoperative
surgical care.

D. The resulting treatment which was below the standard of care
caused the Patient to endure unnecessary pain, suffering, and additional
cost to have Respondent's substandard treatment corrected.

1
2 E. Respondent failed to produce a complete copy of this Patient's
3 records.

4 F. The complaint of this patient involves similar treatment and/or
5 involves similar issues which were at-issue in the two prior corrective
6 action stipulations which Respondent entered into freely and voluntarily,
7 with the advice of counsel.

8 64. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
9 NRS 631.3485(1) and (4), and/or NRS 631.349.

10 Claim #5
11 Allegations/Claims Regarding Respondent's
12 Treatment Of Patient, Joseph Pedro III

13 65. Respondent's treatment of Patient, Joseph Pedro III, violated NRS 631.3475(1),
14 (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349.

15 66. With regard to Claim #5 pertaining to the allegations that Respondent violated
16 NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or NRS 631.349, the following
17 acts are hereby established by a preponderance of evidence:

18 A. The partial (teeth #23, #24, #25 & #26) fabricated by Respondent
19 for this Patient was below the standard of care. The occlusion is
20 unacceptable and there is little or no retention.

21 B. The resulting treatment that was below the standard of care caused
22 this Patient to endure unnecessary pain, suffering and additional cost to
23 have Respondent's substandard treatment corrected.

24 C. Respondent, without notification, abandoned this Patient, which
25 was below the standard of care. Respondent, within only a few days of
26 fabricating the partial for this Patient, closed her office with no notice
27 which resulted in this Patient being unreasonably denied the ability to seek
28 postoperative surgical care.

D. Respondent failed to produce a complete copy of this Patient's
records.

1 E. The complaint of this patient involves similar treatment and/or
2 involves similar issues which were at-issue in the two prior corrective
3 action stipulations which Respondent entered into freely and voluntarily,
4 with the advice of counsel.

5 67. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
6 NRS 631.3485(1) and (4), and/or NRS 631.349.

7 Claim #6
8 Allegations/Claims Regarding Respondent's
9 Treatment Of Patient, Brittnee L. Smith

10 68. Respondent's treatment of Patient, Brittnee L. Smith, violated NRS 631.3475(1),
11 (2), (4), and/or NRS 631.3485(1), and/or NRS 631.349.

12 69. With regard to Claim #6 pertaining to the allegations that Respondent violated
13 NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1), and/or NRS 631.349, the following acts are
14 hereby established by a preponderance of evidence:

15 A. Respondent used inadequate anesthesia for a surgical extraction on
16 tooth #17.

17 B. Respondent drilled into the distal root of tooth #18 causing damage
18 that can only be repaired with extensive treatment (extraction and implant
19 placement or root canal and hemisection of the distal root).

20 C. The complaint of this patient involves similar treatment and/or
21 involves similar issues which were at-issue in the two prior corrective
22 action stipulations which Respondent entered into freely and voluntarily,
23 with the advice of counsel.

24 70. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
25 NRS 631.3485(1), and/or NRS 631.349.

26 Claim #7
27 Allegations/Claims Regarding Respondent's
28 Treatment Of Patient, Jennifer Rutledge

1 71. Respondent's treatment of Patient, Jennifer Rutledge, violated NRS 631.3475(1),
2 (2), (4), and/or NRS 631.3485(1), and/or NRS 631.349.

3 72. With regard to Claim #7 pertaining to the allegations that Respondent violated
4 NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1), and/or NRS 631.349, the following acts are
5 hereby established by a preponderance of evidence:
6

7 A. Respondent failed to fill fillings on teeth #s 28, 29 and 30 properly
8 in that, when the fillings on teeth #s 28, 29 and 30 were done the
9 occlusion was not checked and equilibrated properly, therefore leaving the
teeth in hyper-occlusion.

10 B. Respondent failed to polish or smooth the teeth properly, and was
11 reportedly in a rush to complete the procedures.

12 C. Respondent failed to ensure that the restorations were properly
13 bonded.

14 D. Respondent's failure to properly bond the restorations left the
15 patient with pain and discomfort until the fillings were replaced by Dr.
LeMone six months after Respondent's treatment.

16 E. The complaint of this patient involves similar treatment and/or
17 involves similar issues which were at-issue in the two prior corrective
18 action stipulations which Respondent entered into freely and voluntarily,
with the advice of counsel.

19 F. Respondent failed to produce a complete copy of this Patient's
20 records.

21 73. In light of the above, Respondent has violated NRS 631.3475(1), (2), (4), and/or
22 NRS 631.3485(1), and/or NRS 631.349.

23
24
25 Claim #8
26 Allegations/Claims Regarding Failure To Comply
27 With Subpoena Duces Tecum
28

1 74. Respondent's violated NRS 631.3485(4) and/or NRS 631.349 by failing to
2 produce complete copies of patients' records requested via *Subpoena Duces Tecum*.

3 75. With regard to Claim #8 pertaining to the allegations that Respondent violated
4 NRS 631.3485(4) and/or NRS 631.349, the following is hereby established by a preponderance
5 of evidence:
6

7 A. Included with the Notice of Informal Hearing was a Subpoena Duces
8 Tecum dated December 27, 2016, addressed to Respondent which, in pertinent
9 part, provides:
10

11 WE COMMAND YOU, that all and singular, business and excuses being
12 set aside, appear at **Morris Polich & Purdy, LLP, 3800 Howard**
13 **Hughes Parkway, Suite 500, Las Vegas, Nevada 89169, on the 24th day**
14 **of February 2016, at the hour of 10:00 am to produce the following**
15 **documents:**

16 1. Any and all records regarding patients *Jeffrey*
17 *Holmes, Geraldine Marchand, Joseph Pedro, III,*
18 *Michelle Pedro and Sharon Linthieum*, including, but not
19 limited to, billing records, laboratory work orders,
20 prescription slips, insurance records (including any
21 correspondence or billing submitted to an insurance
22 provider), health history, charts notes, informed consents,
23 daily patient schedules for the dates of treatment, day
24 sheets, radiographs, treatment plans and patient logs; and

25 B. On January 20, 2017, Respondent was personally served with a copy of
26 the Notice of Informal Hearing and Subpoena Duces Tecum.

27 C. Respondent has failed to produce all records commanded in the
28 Subpoena Duces Tecum which is deemed unprofessional conduct in
violation of NRS 631.3485(4) and/or NRS 631.349.

76. In light of the above, Respondent has violated NRS 631.3485(4) and/or NRS 631.349.

Claim #9.
Allegations/Claims Regarding
Respondent's Address Information

77. NAC 631.150 provides:

NAC 631.150 Filing of addresses of licensee; notice of change; display of license. (NRS 631.190, 631.350)

1. Each licensee shall file with the Board the addresses of his or her permanent residence and the office or offices where he or she conducts his or her practice.

2. Within 30 days after any change occurs in any of these addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.

3. The licensee shall display his or her license and any permit issued by the Board, or a copy thereof, at each place where he or she practices.

[Bd. of Dental Exam'rs, § XVI, eff. 7-21-82] — (NAC A 9-6-96; R066-11, 2-15-2012)

78. With regard to Claim #9 pertaining to the allegations concerning Respondent's violation of NAC 631.150(2) relative to Respondent's failure to give the Board written notice of her change of address, the following facts are established by a preponderance of the evidence:

A. Respondent failed to update her permanent residence and dental office within 30 days from the occurrence as set forth in NAC 631.150. It is documented through a processor server that Dr. Smith has not lived at the residence on file, i.e., 8829 Martin Downs Place Las Vegas Nevada 89130 since at least January 3, 2017.

B. Pursuant to the verified complaint filed with the Board by patient Brittnee L. Smith on February 7, 2017, it is referenced that Responded treated said patient at the office doing business as Dental Center of Nevada located at 601 5 Rancho Drive Ste B—I 5 Las Vegas, Nevada 89106 (office of Felipe Palaeracio, DDS) on January 7, 2017.

1 C. As of February 23, 2017, Respondent failed to provide this office address
2 as set forth in NAC 631.150. Further, due to the failure to update an office
3 address, the Board was not informed Respondent was actively practicing dentistry
4 in the State of Nevada, and this failure to provide an office location has impeded
5 the Board's ability to monitor Respondent's practice pursuant to the operative
6 Corrective Action Stipulation Agreement.

7 D. As of March 2, 2018, Respondent has failed to provide an office address
8 or an address of permanent residence as required by NAC 631.150.

9 79. In light of the above, Respondent has violated NAC 631.150(2).

10 Claim #10

11 Allegations/Claims Regarding

12 Respondent's Failure To Notify The Board Regarding The Consent Order Respondent Entered
13 Into With The Texas State Board Of Dental Examiners On November 8, 2013

14 80. NAC 631.155 provides, in pertinent part:

15 NAC 631.155 Licensee to notify Board of certain events. (NRS 631.190)
16 Each licensee shall, within 30 days after the occurrence of the event, notify the
17 Board in writing by certified mail of:

18 ***

19 3. The suspension or revocation of his or her license to practice dentistry or the
20 imposition of a fine or other disciplinary action against him or her by any agency
21 of another state authorized to regulate the practice of dentistry in that state;

22 81. With regard to Claim #10 pertaining to the allegations concerning Respondent's
23 violation of NAC 631.155 relative to Respondent's failure to give the Board written notice of a
24 consent Order with the Texas State Board of Dental Examiners, the Board does not find that
25 there is a preponderance of the evidence to establish violation of NAC 631.155.

26 82. In light of the above, Respondent is not found to be guilty of violating NAC
27 631.155.

28 Claim #11

Allegations/Claims

Recovery Of Attorney's Fees And Costs

1 83. NRS 622.400 provides:

2 1. A regulatory body may recover from a person reasonable attorney's
3 fees and costs that are incurred by the regulatory body as part of its
4 investigative, administrative and disciplinary proceedings against the
5 person if the regulatory body:

6 (a) Enters a final order in which it finds that the person has
7 violated any provision of this title which the regulatory body has
8 the authority to enforce, any regulation adopted pursuant thereto or
9 any order of the regulatory body; or

10 (b) Enters into a consent or settlement agreement in which the
11 regulatory body finds or the person admits or does not contest that
12 the person has violated any provision of this title which the
13 regulatory body has the authority to enforce, any regulation
14 adopted pursuant thereto or any order of the regulatory body.

15 2. As used in this section, "costs" means:

16 (a) Costs of an investigation.

17 (b) Costs for photocopies, facsimiles, long distance telephone calls
18 and postage and delivery.

19 (c) Fees for court reporters at any depositions or hearings.

20 (d) Fees for expert witnesses and other witnesses at any
21 depositions or hearings.

22 (e) Fees for necessary interpreters at any depositions or hearings.

23 (f) Fees for service and delivery of process and subpoenas.

24 (g) Expenses for research, including, without limitation, reasonable
25 and necessary expenses for computerized services for legal
26 research.

27 84. With regard to Claim #11, pertaining to the allegations concerning recovery of
28 attorney's fees and costs, the following facts are hereby established by a preponderance of the
evidence:

- 1 A. This action relates to the Board, a regulatory body, undertaking action as part of
2 its investigative, administrative, and disciplinary proceedings against Respondent
3 as to the enforcement of provisions of chapter 631 of the Nevada Revised Statutes
4 and/or chapter 631 of the Nevada Administrative Code which the Board has the
5 authority to enforce and, therefore, NRS 622.400(1) is satisfied.
- 6 B. That, as a result of NRS 622.400(1) being satisfied, as alleged immediately above,
7 should NRS 622.400(1)(a) or (b) be satisfied, the Board may recover from
8 Respondent its attorney's fees and costs.
- 9 C. This action relates to the Board, a regulatory body, undertaking action as part of
10 its investigative, administrative, and disciplinary proceedings against Respondent
11 as to the enforcement of provisions of chapter 631 of the Nevada Revised Statutes
12 and/or chapter 631 of the Nevada Administrative Code which the Board has the
13 authority to enforce. In addition, this document (i.e., this *Findings of Fact,*
14 *Conclusions of Law, & Decision*) is a final order in which the Board finds, as
15 noted herein, that Respondent has violated provisions of chapter 631 of the
16 Nevada Revised Statutes and/or chapter 631 of the Nevada Administrative Code,
17 which the Board has the authority to enforce and, therefore, NRS 622.400(1) is
18 satisfied.

19 85. Any findings of Fact that is or may be construed to constitute a Conclusion of
20 Law is hereby incorporated as such to the extent as if originally so designated.

21 IV.

22 CONCLUSIONS OF LAW

23 86. Having made the aforementioned findings, the Board decides that there is a
24 sufficient quantity and/or quality of evidence sufficient to meet a preponderance of the evidence
25 standard of proof (*see, Nassiri v. Chiropractic Physicians' Board of Nevada*, 130 Nev. Adv. Op.
26 27, at *8-9 (April 3, 2014)) to make the following conclusions of law:

27 87. By virtue of the foregoing findings, and as more fully addressed above,
28 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or
NRS 631.349 relative to her treatment of patient, Geraldine Marchand.

1 88. By virtue of the foregoing findings, and as more fully addressed above,
2 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or
3 NRS 631.349 relative to her treatment of patient, Sharon Linthicum.

4 89. By virtue of the foregoing findings, and as more fully addressed above,
5 Respondent has violated NRS. 631.3485(1), NRS 631.348(6), and/or NRS 631.349 relative to the
6 billing submitted with respect to patient, Jeffrey Holmes.

7 90. By virtue of the foregoing findings, and as more fully addressed above,
8 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or
9 NRS 631.349 relative to her treatment of patient, Michelle Pedro.

10 91. By virtue of the foregoing findings, and as more fully addressed above,
11 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1) and (4), and/or
12 NRS 631.349 relative to her treatment of patient, Joseph Pedro, III.

13 92. By virtue of the foregoing findings, and as more fully addressed above,
14 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1), and/or NRS
15 631.349 relative to her treatment of patient, Brittnee L. Smith.

16 93. By virtue of the foregoing findings, and as more fully addressed above,
17 Respondent has violated NRS 631.3475(1), (2), (4), and/or NRS 631.3485(1), and/or NRS
18 631.349 relative to her treatment of patient, Jennifer Rutledge.

19 94. By virtue of the foregoing findings, and as more fully addressed above,
20 Respondent has violated NRS 631.3485(4) and/or NRS 631.349 relative to her failure to produce
21 the original and complete records of patients Jeffrey Holmes, Geraldine Marchand, Joseph
22 Pedro, III, Michelle Pedro and Sharon Linthicum, as commanded in the *Subpoena Duces Tecum*
23 dated December 27, 2016.
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1 Board. Payment shall be made payable to the Nevada State Board of Dental Examiners
2 and mailed directly to 6010 S. Rainbow Blvd., Suite A1, Las Vegas, Nevada 89118.

3 3. Pursuant to NRS 631.350(1)(1), Respondent shall reimburse patient, Geraldine
4 Marchand in the amount of Five Hundred Thirty-Two Dollars and 00/100 (\$532.00).
5 Payment is due within thirty (30) days of the service on Respondent of the Notice of
6 Entry of this Order.
7

8 4. Pursuant to NRS 631.350(1)(1), Respondent shall reimburse patient, Sharon
9 Linthicum in the amount of One Thousand Ninety-Two Dollars and 00/100 (\$1,092.00).
10 Payment is due within thirty (30) days of the service on Respondent of the Notice of
11 Entry of this Order.
12

13 5. Pursuant to NRS 631.350(1)(1), Respondent shall reimburse patient, Michelle
14 Pedro in the amount of Three Thousand Seven Hundred Eighty Four and 00/100
15 (\$3,784.00). Payment is due within thirty (30) days of the service on Respondent of the
16 Notice of Entry of this Order.
17

18 6. Pursuant to NRS 631.350(1)(1), Respondent shall reimburse patient, Joseph
19 Pedro, III, in the amount of Two Thousand Seven Hundred Sixty-One and 00/100
20 (\$2,761.00). Payment is due within thirty (30) days of the service on Respondent of the
21 Notice of Entry of this Order
22

23 Dated this 5 day of September, 2018.
24

25 Nevada State Board of Dental Examiners

26 
27 Byron M. Blasco, DMD
28 President

1 Submitted by:
2 Attorney General's Office, State of Nevada
3 Adam Paul Laxalt, Attorney General

4 By: 
5 Sophia Long, Deputy Attorney General

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NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

August 13, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: erikajdds@yahoo.com

Erika J. Smith, DDS
 2121 East Flamingo Road #113
 Las Vegas NV 89119

Re: Suspension of Certificate of Registration No. CS17603

Dear Dr. Smith:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Dental Examiners that your License No. 5627 was revoked on September 10, 2018 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 the revocation of your dental license operates as an immediate suspension of your Certificate of Registration No. CS17603 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. 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

9171 9690 0935 0157 4997 47

5D

FILED

OCT 23 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DEREK C. BRADDIX, APRN,
Certificate of Registration No. CS25303,

Respondent.

CASE NO. 17-125-CS-A-N

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

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Derek C. Braddix, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS25303, issued by the Board.

FACTUAL ALLEGATIONS

2. On February 21, 2019, Respondent surrendered his DEA Certificate of Registration No. MB4093617 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

4. On or about February 22, 2019, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. MB4093617 for cause operated as an immediate suspension of his Certificate of Registration No. CS25303 with the Board pursuant to NRS 639.2107.

FIRST CAUSE OF ACTION

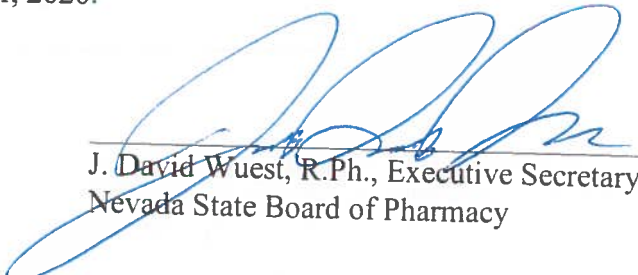
Surrender of DEA Registration for Cause

5. By surrendering his DEA Certificate of Registration No. MB4093617 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

6. By surrendering his DEA Certificate of Registration No. MB4093617 for cause, the suspension of Respondent's Certificate of Registration No. CS25303 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

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 23rd day of October, 2020.


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 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 622A.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.

FILED

NOV 25 2020

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****CASE NO. 17-125-CS-A-N****Petitioner,****v.****DEREK C. BRADDIX, APRN,
Certificate of Registration No. CS25303,****AMENDED
STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING****Respondent.**

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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 13, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

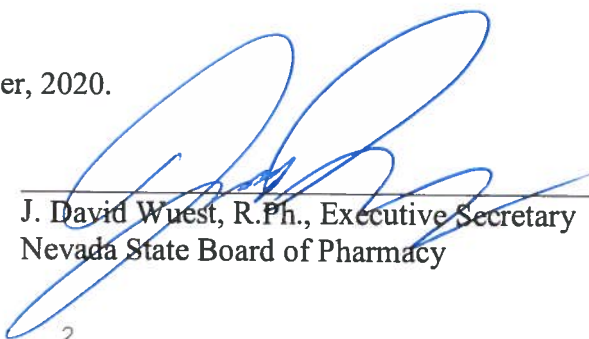
IV.

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 25th day of November, 2020.



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.****DEREK C. BRADDIX, APRN,
Certificate of Registration No. CS25303,****Respondent.****CASE NO. 17-125-CS-A-N****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 her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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, she 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 _____, 2020.

DEREK C. BRADDIX, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of December, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Derek C. Braddix, APRN
1119 Mississippi Ave., Unit 115
St. Louis, MO 63104


SHIRLEY HUNTING



NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

February 22, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: jaidensdada@yahoo.com

Derek Braddix
 2152 Reno Hwy #1
 Fallon, NV 89406

Re: Suspension of Certificate of Registration No. CS25303

Dear Mr. Braddix:

The Nevada State Board of Pharmacy (Board) is informed by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. MB4093617 on February 21, 2019.

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS25303 with the Board.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. 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

U. S. Department of Justice - Drug Enforcement Administration

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION****DEA USE ONLY**File No.


In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

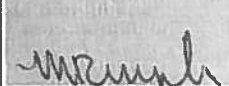
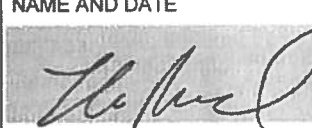
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT (Print)		ADDRESS OF REGISTRANT	
Derek C. Braddix M.P.		2512 Reno Highway, Suite 1 Fallon, Nevada 89406	
DEA REGISTRATION NO.			
MB4093617			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE	
		2.21.19	

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE		TITLE	
		Special Agent	
NAME AND DATE		TITLE	
		Supervisor Division Investigator	

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C. 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

5E

FILED**OCT 23 2020****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****JESSE THI MAI, FNP-C,
Certificate of Registration No. CS20701,****Respondent.****CASE NO. 19-054-CS-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

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jesse Thi Mai, FNP-C, held a Nevada controlled substance registration, Certificate of Registration No. CS20701, issued by the Board.

FACTUAL ALLEGATIONS

2. On February 21, 2019, Respondent surrendered his DEA Certificate of Registration No. MR2801288 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

4. On or about February 27, 2019, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. MR2801288 for cause operated as an immediate suspension of his Certificate of Registration No. CS20701 with the Board pursuant to NRS 639.2107.

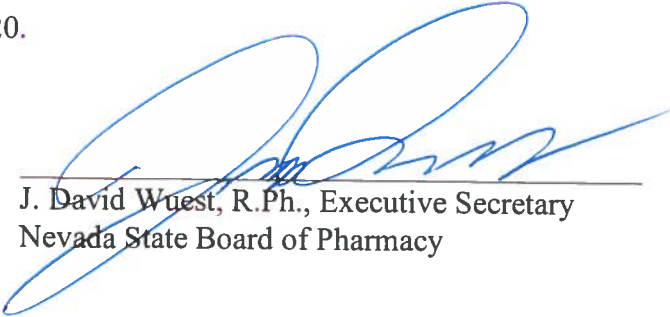
FIRST CAUSE OF ACTION
Surrender of DEA Registration for Cause

5. By surrendering his DEA Certificate of Registration No. MR2801288 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

6. By surrendering his DEA Certificate of Registration No. MR2801288 for cause, the suspension of Respondent's Certificate of Registration No. CS20701 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

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 23rd day of October, 2020.



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 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 622A.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 NO. 19-054-CS-S

Petitioner,

v.

**JESSE THI MAI, FNP-C,
Certificate of Registration No. CS20701,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

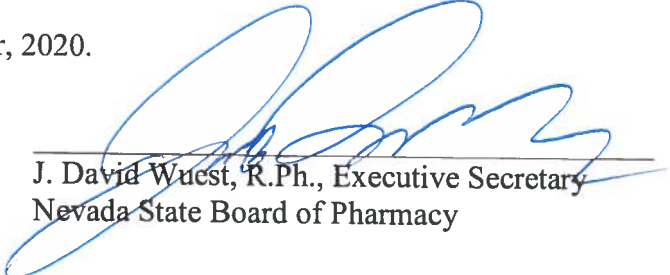
IV.

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 23rd day of October, 2020.



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.

**JESSE THI MAI, FNP-C,
Certificate of Registration No. CS20701,**

Respondent.

CASE NO. 19-054-CS-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 her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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, she 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 _____, 2020.

JESSE THI MAI, FNP-C

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jesse T. Mai, FNP-C
4324 S. Eastern Avenue – Suite B
Las Vegas, NV 89119



SHIRLEY HUNTING



NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

February 27, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:

mfamilyhealthclinic@gmail.com

Jesse T. Mai, FNP-C
4324 S. Eastern Avenue – Suite B
Las Vegas, NV 89119

Re: Suspension of Certificate of Registration No. CS20701

Dear Mr. Mai:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. MR2801288 on February 21, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS20701 with the Board.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. 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 black ink, appearing to read "Brett Kandt", is written over a circular stamp or seal.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

U. S. Department of Justice - Drug Enforcement Administration

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

DEA USE ONLY

File No.

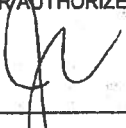
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

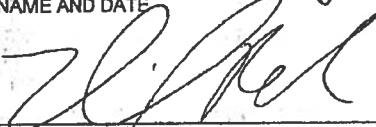
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT (Print)	ADDRESS OF REGISTRANT	
JESSE T MAI	4324 S. EASTERN AVE., STE B LAS VEGAS, NV 89119	
DEA REGISTRATION NO. MR2801288		
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 		DATE 2-21-19

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE  David Behar	TITLE DEA Special Agent
NAME AND DATE  Jessica Zoellner	TITLE DEA Diversion Investigator

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

5F

FILED

OCT 27 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DHAVAL SHAH, MD,
Certificate of Registration Nos. CS15290 and
PD00165,

Respondent.

CASE NO. 20-222-CS-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 NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Dhaval Shah, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS15290, and a Nevada dispensing practitioner registration, Certificate of Registration No. PD00165, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about August 26, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case Nos. 19-32539-01 and 20-32539-1, and revoked Respondent's License No. 12305 to practice medicine for violations of NRS Chapter 630.

3. On October 13, 2020, Respondent surrendered his DEA Certificate of Registration No. BS9611333 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

4. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of

my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

5. On or about October 23, 2020, Board staff served Respondent with notice that the revocation of his NSBME License No. 12305 and his surrender of his DEA Certificate of Registration No. BS9611333 for cause operated as an immediate suspension of his Certificate of Registration Nos. CS15290 and PD00165 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients.

FIRST CAUSE OF ACTION

Violations of State Law

6. Respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 19-32539-01 and 20-32539-1, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

7. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 19-32539-01 and 20-32539-1, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 19-32539-01 and 20-32539-1, Respondent has committed acts that render his registrations to prescribe and dispense controlled substances inconsistent with the public interest pursuant to

NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

FOURTH CAUSE OF ACTION
Revocation of License to Practice Medicine

9. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f).

10. By the revocation of his NSBME License No. 12305 to practice medicine, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

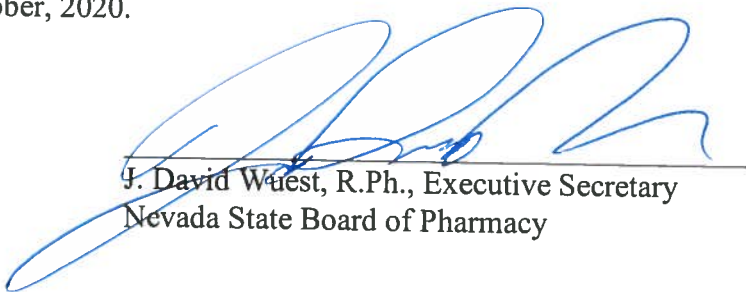
FIFTH CAUSE OF ACTION
Surrender of DEA Registration for Cause

11. By surrendering his DEA Certificate of Registration No. BS9611333 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

12. The suspension of Respondent's Certificate of Registration Nos. CS15290 and PD00165 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

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 27th day of October, 2020.



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 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 622A.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 NO. 20-222-CS-S

Petitioner,

v.

**DHAVAL SHAH, MD,
Certificate of Registration Nos. CS15290 and
PD00165,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

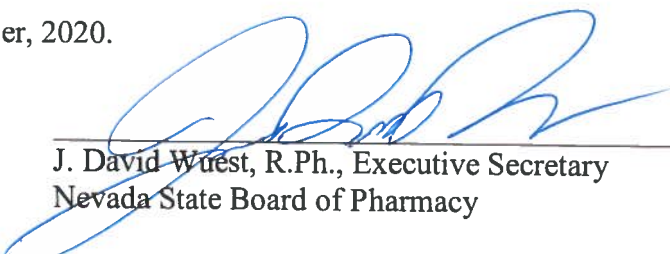
IV.

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 27th day of October, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

1 Crane M. Pomerantz, Esq.
 2 Nevada Bar No.: 14103
 3 Johnathon Fayeghi, Esq.
 4 Nevada Bar No.: 12736
 5 SKLAR WILLIAMS PLLC
 6 410 South Rampart Boulevard, Suite 350
 7 Las Vegas, Nevada 89145
 8 Telephone: (702) 360-6000
 9 Facsimile: (702) 360-0000
 10 Email: cpomerantz@sklar-law.com
 11 jfayeghi@sklar-law.com

FILED

DEC 4 2020

NEVADA STATE BOARD
OF PHARMACY

12 Attorneys for Dhaval Shah, MD

13 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

14 NEVADA STATE BOARD OF PHARMACY,

15 CASE NO.: 20-222-CS-S

16 Petitioner,

17 v.

18 **ANSWER AND NOTICE OF DEFENSE**

19 DHAVAL SHAH, MD,
 20 Certificate of Registration Nos. CS15290 and
 21 PD00165,

22 Respondent.

23 Respondent above named, in answer to the Notice of Intended Action and Accusation filed
 24 in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

25 1. That his objections to the Notice of Intended Action and Accusation as being
 26 incomplete or failing to state clearly the charges against him, is hereby interposed on the following
 27 grounds: None.

28 2. That, in response to the Notice of Intended Action and Accusation, Respondent
 admits, denies, and alleges as follows:

a. Answering Paragraph 1 of the Notice of Intended Action and Accusation,
 Respondent admits that at the time of the events alleged in the Notice of Intended Action and
 Accusation he held a Nevada controlled substance registration (Certificate of Registration No.
 CS15290) and a Nevada dispensing practitioner registration (Certificate of Registration No.

1 PD00165), and thus, falls within the jurisdiction of the Board.

2 b. Answering Paragraph 2 of the Notice of Intended Action and Accusation,
3 Respondent admits the allegations set forth therein.

4 c. Answering Paragraph 3 of the Notice of Intended Action and Accusation,
5 Respondent admits the allegations set forth therein.

6 d. Answering Paragraph 4 of the Notice of Intended Action and Accusation,
7 Respondent admits that on October 13, 2020 he executed the DEA Surrender for Cause due to the
8 Nevada State Board of Medical Examiners' August 26, 2020 Order revoking Respondent's
9 License No. 12305. The remaining allegations of Paragraph 4 of the Notice of Intended Action
10 and Accusation call for a legal conclusion and therefore Respondent need not respond to such
11 allegations. To the extent an answer is required, Respondent denies the remaining allegations in
12 this paragraph.

13 e. Answering Paragraph 5 of the Notice of Intended Action and Accusation,
14 Respondent is without sufficient information to admit or deny the allegations in this paragraph.
15 Respondent affirmatively states that he has not possessed, administered, prescribed and/or
16 dispensed controlled substances or dangerous drugs for any patients since August 26, 2020.

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1 f. Answering Paragraphs 6 through 12 of the Notice of Intended Action and
2 Accusation, these paragraphs contain conclusions of law for which no answer is required. To the
3 extent an answer is required, Respondent denies the allegations in these paragraphs.

4 I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of
5 Defense, and all facts therein stated, are true and correct to best of my knowledge.

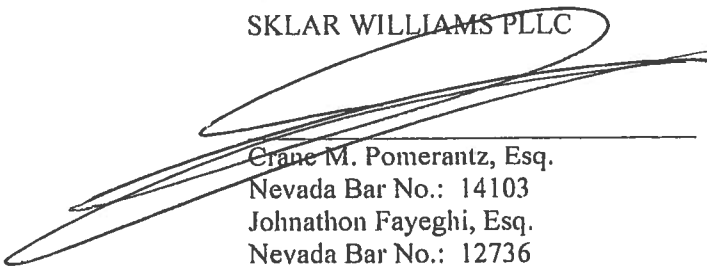
6 Dated this 3rd day of December, 2020.

7 

8 DHAVAL SHAH MD

9 On behalf of Respondent:

10 SKLAR WILLIAMS PLLC

11 
12 _____
13 Crane M. Pomerantz, Esq.

14 Nevada Bar No.: 14103

15 Johnathon Fayeghi, Esq.

16 Nevada Bar No.: 12736

17 410 South Rampart Blvd., Suite 350

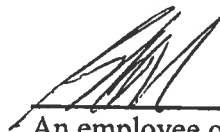
18 Las Vegas, Nevada 89145

19 Telephone: (702) 360-6000

20 Facsimile: (702) 360-000
21
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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 4th day of December, 2020, I caused two true and correct copies of the foregoing **Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.



An employee of SKLAR WILLIAMS PLLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Dhaval Shah, MD
2610 W. Horizon Ridge Pkwy, #103/104
Henderson, NV 89052

Dhaval Shah, MD
2435 Fire Mesa St., Suite 120
Las Vegas, NV 89128

Dhaval Shah, MD
7452 Grassy Field Court
Las Vegas, NV 89131



SHIRLEY HUNTING

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaints

Case Nos. 19-32539-01

Against

20-32539-1

DHAVAL JASVANTBHAI SHAH, M.D.,

FILED

Respondent.

AUG 26 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: [Signature]

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Dhaval Jasvantbhai Shah, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorneys, Crane Pomerantz, Esq., and Johnathon Fayeghi, Esq., of the law firm of Sklar Williams PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a medical doctor currently licensed in inactive 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). His license was originally issued on June 15, 2007 (License No. 12305).

2. On July 12, 2019, in Case No. 19-32539-01, the IC filed a formal Complaint (Complaint One) charging Respondent with violating the Medical Practice Act. Specifically, Complaint One alleges one (1) violation of NRS 630.301(4), Malpractice (Count I), and one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Timely, Legible, Accurate and Complete

¹ All agreements and admissions made by Respondent are solely for final disposition of these matters 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.

1 Medical Records (Count II). On March 13, 2020, in Case No. 20-32539-1, the IC filed a formal
 2 Complaint (Complaint Two) charging Respondent with violating the Medical Practice Act.
 3 Specifically, Complaint Two alleges one (1) violation of NRS 630.301(4), Malpractice (Count I), one
 4 (1) violation of NRS 630.3062(1)(a), Failure to Maintain Accurate and Complete Medical Records
 5 (Count II), one (1) violation of NRS 630.301(4), Malpractice – Respondent Superior (Count III), and
 6 one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Accurate and Complete Medical
 7 Records – Respondent Superior (Count IV). Complaints One and Two are hereinafter referred to
 8 collectively as the “Complaints.”

9 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
 10 provided in NRS 630.352.

11 4. Respondent was properly served with a copy of the Complaints, has reviewed and
 12 understands the Complaints, and has had the opportunity to consult with competent counsel
 13 concerning the nature and significance of the Complaints.

14 5. Respondent is hereby advised of his rights regarding these administrative matters, and
 15 of his opportunity to defend against the allegations in the Complaints. Specifically, Respondent has
 16 certain rights in these administrative matters as set out by the United States Constitution, the Nevada
 17 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
 18 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
 19 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
 20 Complaints, the right to representation by counsel, at his own expense, in the preparation and
 21 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
 22 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
 23 the Board, and the right to judicial review of the Board’s order, if the decision is adverse to him.

24 6. Respondent understands that, under the Board’s charge to protect the public by
 25 regulating the practice of medicine, the Board may take disciplinary action against Respondent’s
 26 license, including license probation, license suspension, license revocation and imposition of
 27 administrative fines, as well as any other reasonable requirement or limitation, if the Board
 28 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 Complaints, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaints 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 Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaints filed in this matter, including defense of the Complaints, adjudication of the

allegations set forth in the Complaints, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaints as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaints remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is not admitting that the IC's claims/counts as alleged in the Complaints have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaints, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve these Complaints pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count II of Complaint One, Failure to Maintain Timely, Legible, Accurate and Complete Medical Records, and all counts of Complaint Two, Count I, Malpractice, Count II, Failure to Maintain Accurate and Complete Medical Records, Count III, Malpractice – Respondeat Superior, and Count IV, Failure to Maintain Accurate and Complete Medical Records – Respondeat Superior.

b. Respondent's license shall be immediately revoked. Pursuant to NRS 622A.410(1), Respondent may not apply for reinstatement of his medical license for a period of one (1) year from the date of the Board's acceptance of this Agreement as an Order of the Board.

c. Respondent shall pay a fine of \$2,000 per count admitted to hereby, consisting of five (5) counts, for a total of \$10,000, within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement

d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matters within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$23,246.7, not including any costs that may be necessary to finalize this Agreement.

e. 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.

f. Respondent shall receive a Public Letter of Reprimand.

g. The remaining counts of the Complaints, and any other claims arising therefrom or from pending Board Investigations, Case Nos. 20-19416, 20-19375, 19-19162, 19-19137, 19-18542, 18-17919 and 15-15920, 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 the Complaints. In the course of seeking Board acceptance, approval and adoption

1 of this Agreement, counsel for the IC may communicate directly with the Board staff and the
 2 adjudicating members of the Board.

3 Respondent acknowledges that such contacts and communications may be made or
 4 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
 5 meeting where this Agreement is discussed, and that such contacts and communications may
 6 include, but may not be limited to, matters concerning this Agreement, the Complaints and any
 7 and all information of every nature whatsoever related to these matters. The IC and its counsel
 8 agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where
 9 this Agreement is discussed and, if requested, respond to any questions that may be addressed to
 10 the IC or the IC's counsel.

11 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
 12 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
 13 an order of the Board, and, pending full compliance with the terms herein, the cases shall be
 14 closed and all remaining claims arising out of the Complaints shall be dismissed with prejudice.

15 9. Effect of Rejection of Agreement by Board. In the event the Board does not
 16 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
 17 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
 18 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
 19 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
 20 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
 21 the Complaints and from participating in disciplinary proceedings against Respondent, including
 22 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
 23 such member absent evidence of bad faith.

24 10. Binding Effect. If approved by the Board, Respondent understands that this
 25 Agreement is a binding and enforceable contract upon Respondent and the Board.

26 11. Forum Selection Clause. The parties agree that in the event either party is
 27 required to seek enforcement of this Agreement in district court, the parties consent to such
 28 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,

1 State of Nevada, Washoe County.

2 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
 3 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 4 be entitled to recover reasonable attorneys' fees and costs.

5 **13. Failure to Comply With Terms.** Should Respondent fail to comply with any term
 6 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 7 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 8 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 9 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 10 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 11 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

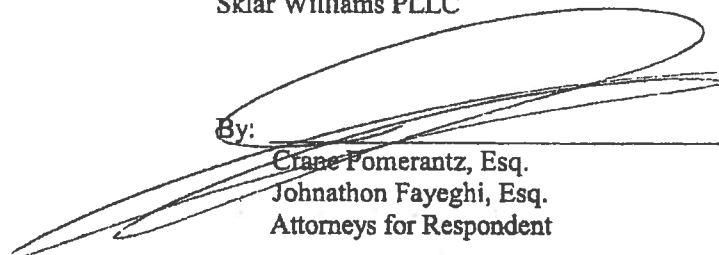
Dated this 16 day of MARCH, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

Dated this 13th day of March, 2020.

Sklar Williams PLLC

By: 
Crane Pomerantz, Esq.
Johnathon Fayeghi, Esq.
Attorneys for Respondent

Dated this 13th day of March, 2020.


Dhaval Jasvantbhai Shah, M.D., Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement (19-32539-01 and
2 20-32539-1) is approved and accepted by the Nevada State Board of Medical Examiners on the
3 26th day of August, 2020, with the final total amount of costs due of \$23,246.70.

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7 Rachakonda D. Prabhu, M.D., President
8 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

U. S. Department of Justice - Drug Enforcement Administration

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION****DEA USE ONLY**

File No.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

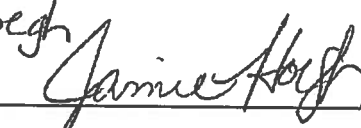
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT (Print)		ADDRESS OF REGISTRANT	
Dhaval Shah		2435 FIRE MESA ST SUITE 120 LAS VEGAS, NV 89128	
DEA REGISTRATION NO. BS9611333			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 		DATE 10/13/2020	

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE CRISTINA FERNANDEZ. 10/13/2020. 	TITLE Medical Assistant.
NAME AND DATE Jamie Hoegh 10/13/2020 	TITLE Billing / Credential.

PRIVACY ACT

AUTHORITY:
PURPOSE:
ROUTINE USES:

Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
Permit surrender for cause of DEA Certificate of Registration.

The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.

EFFECT:

Submission of this information is voluntary. There is no effect on the individual if not provided.



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

October 23, 2020

VIA CERTIFIED U.S. MAIL AND ELECTONIC MAIL TO cids.opat@gmail.com

Dhaval Shah, MD
2435 Fire Mesa Street – Suite 120
Las Vegas, NV 89128

**Re: Suspension of Certificate of Registration Nos. CS15290 and PD00165
(Case No. 20-222-CS-S)**

Dear Dr. Shah:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. 12305 issued by the Nevada State Board of Medical Examiners was revoked on August 26, 2020, and that you surrendered your DEA Certificate of Registration No. BS9611333 on October 13, 2020 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 the revocation of your NSBME License No. 12305 and your surrender of your DEA Registration No. BS9611333 operate as an immediate suspension of your Certificate of Registration Nos. CS15290 and PD00165 with the Board. You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registrations by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the foregoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosures

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-222-CS-S

Petitioner,

v.

STIPULATION AND ORDER

**DHAVAL SHAH, MD,
Certificate of Registration Nos. CS17603 and
PD00165,**

Respondent.

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Dhaval Shah, MD, Certificate of Registration Nos. CS15290 and PD00165, by and through counsel, Johnathon Fayeghi, Esq. and Crane M. Pomerantz, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about October 27, 2020, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. On or about December 4, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.
4. Respondent is fully aware of his right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. The Nevada State Board of Medical Examiners has entered an order in Case Nos. 19-32539-01 and 20-32539-1, and revoked Respondent's License No. 12305 to practice medicine for violations of NRS Chapter 630;

B. Respondent has surrendered his DEA Certificate of Registration No. BS9611333 to the U.S. Drug Enforcement Administration by executing a DEA Form 104; and

C. Respondent is no longer authorized by Federal or state law to prescribe or dispense controlled substances.

8. Those violations are plead with particularity in the Accusation, and are grounds for revocation of Certificate of Registration Nos. CS15290 and PD00165 pursuant to NRS 453.236(1), NRS 453.241(1)(b) and/or NRS 639.255(1).

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation, the Board and Respondent stipulate to the following penalties. The registrations of Respondent Dhaval Shah, MD, Certificate of Registration Nos. CS15290 and PD00165, are hereby revoked pursuant to NRS 453.241(1)(b) and/or NRS 639.255(1)(d).

10. Respondent may not prescribe any controlled substance or dispense any controlled substance or dangerous drug until he petitions to the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his controlled substance registration pursuant to NRS 453.226 and dispensing practitioner registration pursuant to NRS 639.23505.

11. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

12. In the event Respondent petitions 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 petition, his compliance with this Order, and the facts and circumstances underlying this matter.

13. Any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that 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 Stipulation by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

14. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 14, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding the Stipulation, even if Respondent is not present at the meeting.

15. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

16. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the

Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 8th day of December, 2021

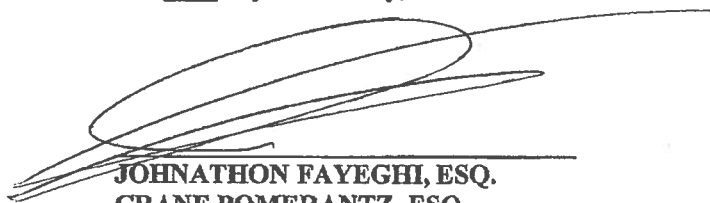
Signed this ____ day of January, 2021



DHAVAL SHAH, MD,
Certificate of Registration Nos. CS17603
and PD00165

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT
this 8th day of December, 2021



JOHNATHON FAYEGHI, ESQ.
CRANE POMERANTZ, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby accepts the foregoing Stipulation as its decision as to Dhaval Shah, MD, Certificate of Registration Nos. CS17603 and PD00165, in Case No. 20-222-CS-S. The Board hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January, 2021.

Helen Park, President
Nevada State Board of Pharmacy

5G

FILED**NOV 25 2020****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****RICHARD WASHINSKY, MD,
Certificate of Registration No. CS06491,****Respondent.****CASE NO. 19-232-CS-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 NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Richard Washinsky, MD ("Washinsky"), held a controlled substance registration, Certificate of Registration No. CS06491 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Washinsky operates a medical practice located at 2851 N. Tenaya Way, Suite 103, Las Vegas, Nevada 89128.

3. The Drug Enforcement Administration ("DEA") filed a referral for civil prosecution against Washinsky for forty-seven (47) violations of writing controlled substances prescriptions while out of the country.

4. Washinsky was outside of the United States from October 28-November 2, 2017, January 5-14, 2018, May 22-27, 2018, May 30-June 6, 2018, and December 19, 2018-January 3, 2019.

5. On August 3, 2017, Patient S.C. was seen by Washinsky with notes for Klonopin (generic clonazepam). Over four months later, on January 9, 2018, a prescription for clonazepam was called into the pharmacy while Washinsky was out of the country.
6. On August 31, 2017, Patient W.L. was seen by Washinsky. A prescription for Xanax 1 mg was called in by Isabelle, a member of Washinsky's staff, on October 30, 2017 while Washinsky was out of the country.
7. On October 10, 2017, Patient A.G. was seen by Washinsky with notes to continue Z-Pak and omeprazole. A prescription for promethazine-codeine syrup was called in by Isabelle, a member of Washinsky's staff, on October 30, 2017, while Washinsky was out of the country.
8. On November 13, 2017, Patient K.B. was seen by Washinsky. A prescription for Z-Pak 250 mg and Phenergan-codeine 240 cc was called in by Jordano, a member of Washinsky's staff, on January 9, 2018 while Washinsky was out of the country.
9. On January 2, 2018, Patient C.S. was seen by Washinsky with notes to "continue Xanax, amoxicillin." A prescription dated January 7, 2018 was written for Norco 10/325 mg while Washinsky was out of the country.
10. On January 3, 2018, Patient C.B. was seen by Washinsky with notes "will be out of town rx written for 1/11/18". A prescription for hydrocodone-acetaminophen 10-325 mg was written with the date of January 11, 2018 with no "do not fill until [date]" notation.
11. On January 4, 2018, Patient C.M. was seen by Washinsky with notes "Norco-written for 1-11-18". A prescription for Norco 10/325 mg was written with the date of January 11, 2018 by Washinsky's staff with no notation of "do not fill until [date]".
12. On January 4, 2018, Patient R.C. was seen by Washinsky with notes "Duragesic patch written for 1/11/18 as I will be out of town . . . Oxycodone written for 1/11/18". A prescription for fentanyl 100 mcg/hr patch and oxycodone hcl 30 mg was written on January 11, 2018 while Washinsky was out of the country. There is no notation for "do not fill until [date]". Patient R.C. was again seen on May 21, 2018 with notes for oxycodone 30 mg, Adderall 20 mg

stating “will be out of town rx written for 5/25/28”. A prescription was written on May 25, 2018 for fentanyl 100 mcg/hr patch while Washinsky was out of the country.

13. On January 4, 2018, Patient J.D. was seen by Washinsky with notes to continue Xanax, zolpidem, and amlodipine. A prescription was called in by Isabelle, a member of Washinsky’s staff, for alprazolam ER on January 8, 2018 while Washinsky was out of the country.

14. On April 26, 2018, Patient M.K. was seen by Washinsky with a note “Adderall 30 mg Gave rx written for 5/24/2018 as I will be out of town.” A prescription pre-dated May 24, 2018 for Adderall 30 mg was written without a notation “do not fill before [date]”, during a time when Washinsky was out of the country.

APPLICABLE LAW

15. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

16. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.431; NRS 453.381(1).

17. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 453.431; NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

18. It is unlawful for a person to possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

19. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).
20. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).
21. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
22. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
23. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).
24. 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 or registration issued by the Board. NRS 639.210(11).
25. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).
26. 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).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

27. By pre-signing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to call in or write prescriptions for patients while he was engaged in overseas travel, Washinsky was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), NRS 453.236(1), NRS 453.331, NRS 454.223, NAC 454.060, and is subject to discipline pursuant to NRS 639.210.

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

28. By pre-signing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to call in or write prescriptions for patients while he was engaged in overseas travel, Washinsky performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NRS 453.331, NRS 454.223 and NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

THIRD CAUSE OF ACTION

Violations of Federal Controlled Substances Act

29. By permitting his staff to prescribe controlled substances and dangerous drugs under Washinsky's name by providing blank or pre-signed prescription pads, and/or allowing staff to call in prescriptions, Washinsky violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C.

§ 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

30. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel, Washinsky violated 21 USC § 822(a)(2), 21 USC § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

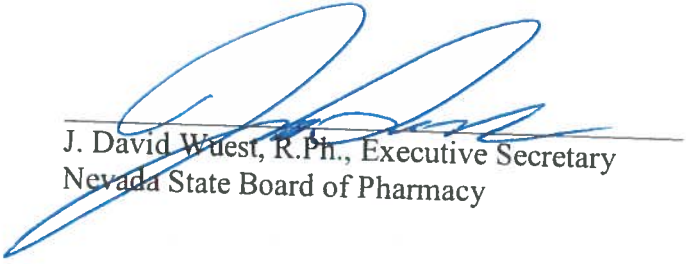
FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

31. As set forth herein, Washinsky has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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.

DATED this 25th day of November, 2020.


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 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 622A.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 NO. 19-232-CS-S

Petitioner,

v.

**RICHARD WASHINSKY, MD,
Certificate of Registration No. CS06491,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

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 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 13, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

**Via Videoconference at Zoom: <https://zoom.us/j/5886256671>
or**

**Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671**

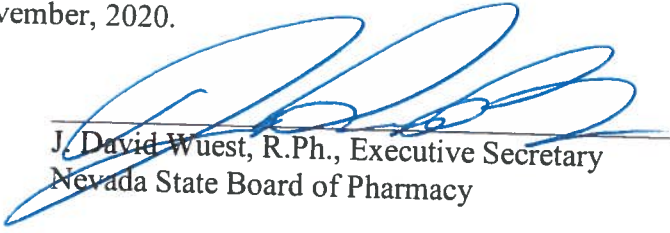
IV.

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 25th day of November, 2020.


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED

DEC 7 2020

NEVADA STATE BOARD
OF PHARMACYBEFORE THE BOARD OF PHARMACY
OF THE STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY

Petitioner,

vs.

RICHARD WASHINSKY, M.D.

Certificate of Registration No. CS06291,

Respondent.

CASE NO.: 19-232-CS-S

ANSWER TO NOTICE OF INTENDED
ACTION AND ACCUSATION

Richard Washinsky, M.D., ("Dr. Washinsky"), by and through his counsel of record MURPHY JONES APC, in answer to the Notice of Intended Action and Accusation ("Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy ("Board"), declares:

1. That his objection to the Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

Vague, Ambiguous, Lacks Specificity and/or Detail, .

2. That, in answer to the Accusation, Dr. Washinsky admits, denies and alleges as follows:

Dr. Washinsky has retained legal counsel who is conducting an independent investigation into the allegations espoused in the Accusation. Dr. Washinsky requests a hearing in the matter, on the merits of the case, and will provide additional information and produce relevant documentation after his legal counsel has been afforded the opportunity to adequately prepare a defense to the Accusation. With the afore-referenced reservation, Dr. Washinsky admits and denies the allegations espoused in the Notice of Intended Action and Accusation as follows:

I.

Dr. Washinsky admits that the Board has jurisdiction over this matter.

II.

Dr. Washinsky is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained in paragraphs II - XIV and therefore denies the same.

ANSWER

1 In addition, paragraphs XXVII - XXX call for legal conclusions and Dr. Washinsky therefore
2 denies the same.

3 **AFFIRMATIVE DEFENSES**

4 **FIRST AFFIRMATIVE DEFENSE**

- 5 1. Complainant fails to state a claim upon which relief can be granted.

6 **SECOND AFFIRMATIVE DEFENSE**

- 7 2. Complainant's causes of action are barred by applicable statute of limitations

8 **THIRD AFFIRMATIVE DEFENSE**

- 9 3. Complainant's causes of action are barred by the doctrine of unclean hands.

10 **FOURTH AFFIRMATIVE DEFENSE**

- 11 4. Complainant's causes of action are barred by the doctrine of laches.

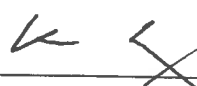
12 **FIFTH AFFIRMATIVE DEFENSE**

- 13 5. Complainant's causes of action are barred by the doctrines of estoppel and/or waiver.

14 **SIXTH AFFIRMATIVE DEFENSE**

- 15 6. The facts not having been fully developed, Respondent further affirmatively pleads
16 the following affirmative defenses as may be applicable in this action: accord and
17 satisfaction, arbitration and award, assumption of risk, contributory negligence,
18 discharge in bankruptcy, duress, estoppel, failure of consideration, fraud, illegality,
19 injury by fellow servant, laches, license, payment, release, res judicata, statute of
20 frauds, statute of limitations, waiver, and any other matter constituting an avoidance
21 or affirmative defense.
22

23
24 DATED: December 7, 2020

25 By: 

26 Kevin C. Murphy, Esq.
27 Attorney for Respondent Richard
28 Washinsky, M.D.

ANSWER

CERTIFICATE OF SERVICE

Case Name: **In the Matter of the Notice of Intended Action and Accusation Against:
RICHARD WASHINSKY, M.D.**

Case No.: 19-232-CS-S

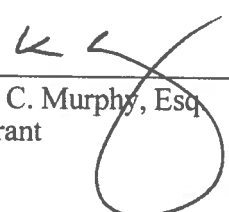
I declare:

I am employed in the law firm of MURPHY JONES APC, which is the office of a member of the Nevada State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter.

On December 7, 2020, I served the attached **ANSWER** via **EMAIL SERVICE** to the following person(s):

Courtney Lee, Esq., General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road, E-217
Las Vegas, NV 89119
Email: c.lee@pharmacy.nv.gov

I declare under penalty of perjury under the laws of the State of Nevada the foregoing is true and correct, and that this declaration was executed on December 7, 2020, at San Diego, California.

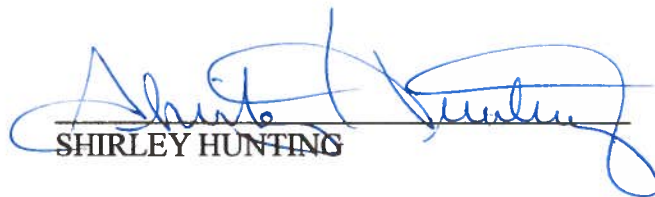


Kevin C. Murphy, Esq
Declarant

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of December, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Richard D. Washinsky, MD
2851 N. Tenaya Way, #103
Las Vegas, NV 89128


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**RICHARD WASHINSKY, MD,
Certificate of Registration No. CS06491,**

Respondent.

Case Nos. 19-232-CS-S

STIPULATION AND ORDER

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy (“Board”), and Respondent Richard Washinsky, MD (“Washinsky”), Certificate of Registration No. CS06491, by and through counsel, Kevin Murphy, Esq. of Murphy Jones, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about November 17, 2020, Board Staff served Respondent Washinsky with the Notice of Intended Action and Accusation (“Accusation”) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent Washinsky waives certified mail or personal service of the Accusation.
3. This Stipulation has been entered before Respondent Washinsky filed an Answer and Notice of Defense (“Answer”) to the Accusation. Washinsky fully accepts this Stipulation even though he did not file an Answer.
4. Respondent Washinsky is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent Washinsky is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Washinsky failed to comply with the provisions of Paragraphs 9, 15 and/or 16 below, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Washinsky admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Washinsky:

A. Unlawfully prescribed controlled substance prescriptions and/or dangerous drugs issued to patients while Respondent was engaged in overseas travel, in violation of NRS 453.331(1)(f) and (h), NRS 453.401(1)(a), NRS 454.223(2), NAC 453.440, NAC 454.060, NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee or staff to access/utilize his credentials by providing blank prescription pads with Washinsky's pre-printed name and/or signature, providing log-on information to e-scribing systems, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, in violation of NRS 453.226, NRS 453.321, NRS 453.381(1), NRS 453.401(1), NRS 639.100, NRS 639.235, NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Washinsky not conceding or admitting to such allegations, the Board and Washinsky stipulate to the following penalties and conditions. The registration of

Respondent Washinsky, MD, Certificate of Registration No. CS06491, is hereby revoked. The revocation is stayed, and Washinsky is placed on probation for two (2) years from the effective date of this signed Stipulation and Order, subject to the following conditions. Washinsky shall:

- A. Accept this Stipulation and Order as a public reprimand regarding Respondent Washinsky's duties and responsibilities as a prescribing practitioner;
- B. Pay a fine of Five-Thousand Dollars (\$5,000.00) for the alleged violations;
- C. Pay Two-Thousand Dollars (\$2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and
- D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

10. Upon successful completion of probation, Respondent Washinsky's Certificate of Registration No. CS06491 will be fully restored, conditioned upon Washinsky's underlying medical license and DEA registration being active and in good standing.

11. 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 that 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 by Respondent, the Board may lift the stay of revocation, and immediately revoke Washinsky's Certificate of Registration No. CS06491. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on December 2, 2020. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the

Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

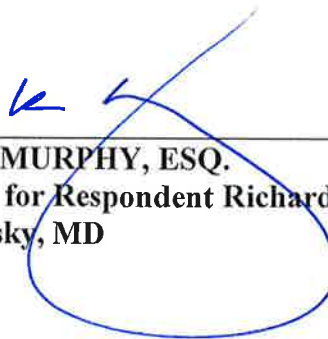
Signed this 14 day of December, 2020



RICHARD WASHINSKY, MD
Certificate of Registration No. CS06491

APPROVED AS TO FORM AND
CONTENT this 16th day of December,
2020

Signed this ____ day of December, 2020



KEVIN MURPHY, ESQ.
Counsel for Respondent Richard
Washinsky, MD

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, in Case No. 19-232-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of November, 2020.

Helen Park, President
Nevada State Board of Pharmacy

6

6A

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: Affordable Excellence Surgery Center

Physical Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas NV State: NV Zip Code: 89148 Telephone: _____

702 948 8894 Fax: 702-948-8956 Toll Free Number: _____

E-mail: Mike C @ 215sc.com

Website: _____

Managing Pharmacist: Mary Grear 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.

MA Chesok

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

Mike Chesok

Print Name of Authorized Person

Date

7/29/20

Board Use Only

Date Processed: _____

Amount: *500.00*

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste 200City: Las Vegas State: NV Zip: 89148Telephone: 702-948-8894 Fax: 702-948-8956Contact Person: Mike Chesek

For any corporation non publicly traded, disclose the following:

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

a) Jeremy Lipshutz 6120 S. Fort Apache Rd, Ste 100 Las Vegas NV 89148
Name Business Addressb) _____
Name Business Address CS17864c) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? 6

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Thursday
 Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours _____

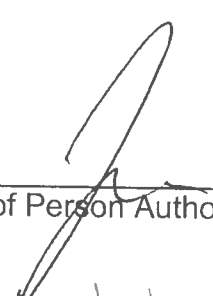
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20281694749

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz
Responsible Person of Affordable Excellence Surgery Center
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

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Affordable Excellence Surgery Center

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>2002</u>	Case #: <u>02-036-RPh</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.

Mary Green, RPh
 Signature

7/29/2020
 Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

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 Ambulatory Surgery Center
Affordable Excellence Surgery Center Nature of Pharmacy or Wholesaler
6120 S Fort Apache Rd, Ste 200 Name and Address of Business for Which Designated Representative Is Requested
Las Vegas NV
89148
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Lipshutz First Name Jeremy Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Canfield Ave Henderson NV 89052
 Present Residence Address-Street or RFD City State/Zip
9/2015-present Dates

6120 S. Fort Apache Rd #200 Las Vegas, NV 89148
 Present Business Address City State/Zip
2014-present Dates

Present Position with the Pharmacy or Wholesaler Medical Director - surgery center Phone:
 Residence 702-948-8894 Business

Date of Birth 47 Place of Birth (City, County, State) Boston, Suffolk, MA
 Age Social Security Number Sex Male

Color of Eyes Hazel Color of Hair Brown Complexion White Weight 450lbs Build Heavy Height 6'0"

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 N/A Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial [Signature] Page 1

A. **Current Marriage** 11/12/2000 Novi, Oakland MI
 Date City, County and State
 Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz
 Date of Birth Place of Birth Southfield, MI
 Resident address Candlestick Ave Henderson NV 89052
 Street City State Zip
 Telephone: Resider. Business 702-250-8266
 Spouse's employer Lipshutz & Wilk Marital Group, LLP Occupation Marketing
 Address of employer 6120 S. Fort Apache Rd #400 Las Vegas NV 89148
 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
<u>Parker Lipshutz</u>	<u> </u>	<u>Royal Oak, MI</u>	<u>Candlestick Ave Henderson, NV 89052</u>
<u>Maxwell Lipshutz</u>	<u> </u>	<u>Cleveland, OH</u>	<u>"</u>
<u>Ryder Lipshutz</u>	<u> </u>	<u>Commerce Twp, MI</u>	<u>"</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

FAMILY INFORMATION-Continued

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			
Nelson Lipshutz		Rodchiff Rd, Woburn, MA 02468	Consultant
Mother			
Sallee (Horowitz) Lipshutz		"	Executive
Father-in-Law			
Stuart Fishman		Mountain City St, Henderson, NV 89052	Retired
Mother-in-Law			
Dena (Goroff) Fishman		"	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
Abigail (Lipshutz) Schildcrout		LaSalle, Huntington Woods, MI	Physician
Spouse			
Douglas Schildcrout		LaSalle " 48070	Engineer
Rebecca (Lipshutz) Peak		Adams St., Woburn, MA	Physician
Spouse			
Brian Peak		" 01581	Entrepreneur

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Ainger Elementary	Woburn, MA	1982-1985
High School	Newton South High School	Newton, MA	1987-1991
College	Grinnell College	Grinnell, IA	1991-1995
University	Johns Hopkins U. Public Health	Baltimore, MD	1996-1998
	Wayne State U. School of Medicine	Detroit, MI	1998-2003
Other	UNLV-William S. Boyd School of Law	Las Vegas, NV	2015-2019

Type of degree obtained, if any MD, JD, MHSCollege or university where obtained Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins U

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 _____

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 Middlesex State MA Date registered 1991

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>N/A</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? N/A city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? MA 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>N/A</u>				

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
Defendant	8/31/2015	Eight Judicial District - NV A-NV-701103-B	Las Vegas, Clark, NV	Dismissed with Prejudice 7/12/2016
Defendant	Under Seal	US District - NV 2:19-cv-1871-JD-VCF	Las Vegas, Clark, NV	Pending

- 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
Barch Enterprises, LLC-Series I	LLC-Corporation	2015
Lipshutz + Wills Medical Group LLP	LLP - Partnership	2019
Jeremy M. Lipshutz, MD, LTD	S-Corporation	2019

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
9/2015 - present	Candlestick Ave	Henderson	NV
11/2011 - 9/2015	502 Beneficial Pl	Henderson	NV
2/2010 - 11/2011	1355 Quiet River Ave	Henderson	NV
3/2009 - 2/2010	1363 Quiet River Ave	Henderson	NV
9/2005 - 3/2009	West Blomfield Oaks Dr	West Blomfield	MI
6/2003 - 9/2005	Fenwick Rd	University Hts	OH
6/1999 - 6/2003	Main St	Royal Oak	MI
6/1998 - 6/1999		Troy	MI
3/1980 - 6/1999	24 Rockliff Rd	Newton (Waban)	MA

Applicant's initial

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2011 - present	Lipshutz-Hill Medical Group, LLP 61205 Fort	1700
Title	Description of Duties	Name of Supervisor
Physician	Medical Practice as a doctor	Self
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:

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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>Scott Auerbach</u>	Ho	<u>RiverSpay Henderson, NV</u>	<u>89012</u>			<u>11</u>
Employer	Business					
Name <u>Lisa Auerbach</u>	Ho	<u>RiverSpay Henderson, NV</u>	<u>89012</u>			<u>11</u>
Employer	Business					
Name <u>Rajiv Khamankar</u>	Home					<u>5</u>
Employer	Business					
Name <u>Allen Gessen</u>	Home					<u>30</u>
Employer	Business					
Name <u>Stephanie Lerner</u>	Home					<u>10</u>
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

Medical License MI 2005-present; Medical License NV 2009-present;
Lawyer, State Bar of Nevada 2019-present

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

Page 7

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? *Surgery Center*

Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? *Surgery Center*

Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? *Sometimes - will not always be present when open.*

Yes ☒ No ☐



Date of photograph *8/19/20*

Applicant's initial *[Signature]*

COUNTY OF Clark

I, Jeremy Lipshutz, 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 19 day of August, 2020

Notary Public

(seal)



Applicant's initial

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, **Affordable Excellence Surgery Center, 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 01/20/2020, 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 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968684

You may verify this certificate
online at <http://www.nvsos.gov>



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

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Affordable Excellence Surgery Center, LLC

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	Business Number
<i>Barbara K. Cegavske</i>	E4272552020-4
Secretary of State	Filing Number
State Of Nevada	20200427256
	Filed On
	01/20/2020 12:49:50 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
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Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
Jeremy M. Lipshutz, MD, Ltd.		USA	
Name		Country	
6120 South Fort Apache Road, Suite 200		Las Vegas	
Address		City	
		NV	89148
		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 Jeremy M. Lipshutz, MD, Ltd.
 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

Managing Member

Title

01/17/2020

Date

Kristopher Mangosing

From: David Wuest
Sent: Friday, October 23, 2020 8:11 AM
To: Shannon Reichman
Cc: Shirley Hunting; Kristopher Mangosing
Subject: FW: 215 Surgery Center

Please place in their file.

Dave

J. David Wuest
 Executive Secretary
 Nevada State Board of Pharmacy



From: Tracy Meyer <TracyM@215sc.com>
Sent: Wednesday, October 14, 2020 12:10 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: 215 Surgery Center

Good Morning Dave,

I wish to inform you that Michael Cheseck is no longer with 215 Surgery Center. It is with that being said I would like to take this opportunity to introduce myself as your new point of contact for the facility. My name is Tracy Meyer, and I have been the Director of nursing at 215 Surgery Center since the facility opened in July of 2014. I was offered the Administrator position upon Mikes departure in late August. I accepted this position and worked as acting administrator while waiting for the official appointment from 215 Surgery Center. I was presented with Administrator Appointment Letter on September 21, 2020. If you have any questions please don't hesitate to email or call, I look forward to working with you in the future.

Have an amazing day,

Tracy S. Meyer, RN
 Administrator and Director of Nursing



6120 S. Fort Apache Rd., Suite 200
 Las Vegas, NV 89148
 Email Tracym@215sc.com

6B

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: First Specialty Surgery Center

Physical Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas NV State: Zip Code: 89148 Telephone: 702-948-8891

Fax: 702-948-8956 Toll Free Number: _____

E-mail: Mike C @ 215sc.com

Website: _____

Managing Pharmacist: Mary Grear 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.

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

Mike Chesok
Print Name of Authorized Person

7/29/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste 200City: Las Vegas State: NV Zip: 89148Telephone: 702-948-8894 Fax: 702-948-8956Contact Person: Mike Chesek

For any corporation non publicly traded, disclose the following:

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

a) Jeremy Lipshutz 6120 S. Fort Apache Rd, Ste 100 Las Vegas NV 89148
Name Business Address CS17864b) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? \$

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Thursday
 Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours _____

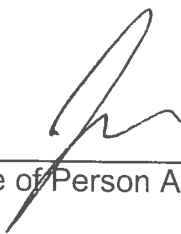
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20201694751

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz
Responsible Person of First Specialty Surgery Center
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

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: First Specialty Surgery Center, 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: WV Date: 2002 Case #: 02-036 RPH-S
 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.

Mary Green RPh
Signature

7/29/2020
Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

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 First Specialty Surgery Center
6120 S. Fort Apache Rd. Ste. 200 Las Vegas NV 89148
 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 Lipshutz First Name Jeremy Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Candlestick Ave Henderson NV 89052
 Present Residence Address-Street or RFD City State/Zip

9/2015-present Las Vegas, NV 89148
 Present Business Address City State/Zip

2014-present Medical Director - Surgery Center 702-948-8894
 Present Position with the Pharmacy or Wholesaler Phone Business

Date of Birth Place of Birth (City, County, State)

47 Boston, Suffolk, MA Male
 Age Social Security Number Sex

Hazel Brown White 450lbs Heavy 6'0"
 Color of Eyes Color of Hair Complexion Weight Build Height

None
 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. N/A Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initial A

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2000 Novi, Oakland MI
 Date City, County and State
 Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz No. -
 Date of Birth - Place of Birth Southfield, MI
 Resident address Candlestick Ave Henderson NV 89052
 Street City State Zip
 Telephone: Residence - Business 702-250-8266
 Spouse's employer Lipshutz with Medical Group, LLC Occupation Marketing
 Address of employer 6120 S. Fort Apache Rd #100 Las Vegas NV 89148
 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>Parker Lipshutz</u>	<u>7-1-11</u>	<u>Royal Oak, MI</u>	<u>Candlestick Ave Henderson, NV 89052</u>
<u>Maxwell Lipshutz</u>	<u>7-1-11</u>	<u>Cleveland, OH</u>	<u>"</u>
<u>Ryder Lipshutz</u>	<u>7-1-11</u>	<u>CommerceTwp, MI</u>	<u>"</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 [Signature]

FAMILY INFORMATION-Continued

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			
<u>Nelson Lipshutz</u>		<u>Radcliff Rd, Waban, MA 02468</u>	<u>Consultant</u>
Mother			
<u>Sallee (Horowitz) Lipshutz</u>		<u>"</u>	<u>Executive</u>
Father-in-Law			
<u>Stuart Fishman</u>		<u>Mountain City St, Henderson, NV 89052</u>	<u>Retired</u>
Mother-in-Law			
<u>Dena (Goroff) Fishman</u>		<u>"</u>	<u>Retired</u>

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
<u>Abigail (Lipshutz) Schildcrout</u>		<u>LaSalle, Huntington Woods, MI</u>	<u>Physician</u>
Spouse			
<u>Douglas Schildcrout</u>		<u>LaSalle " 48070</u>	<u>Engineer</u>
<u>Rebecca (Lipshutz) Peak</u>		<u>Adams St., Westborough, MA</u>	<u>Physician</u>
Spouse			
<u>Brian Peak</u>		<u>" 01581</u>	<u>Entrepreneur</u>

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Ainger Elementary</u>	<u>Waban, MA</u>	<u>1980-1985</u>	Yes ☒ No ☐
High School	<u>Newton South High School</u>	<u>Newton, MA</u>	<u>1987-1991</u>	Yes ☒ No ☐
College	<u>Grinnell College</u>	<u>Grinnell, IA</u>	<u>1991-1995</u>	Yes ☒ No ☐
University	<u>Johns Hopkins U. Public Health</u>	<u>Baltimore, MD</u>	<u>1996-1998</u>	Yes ☒ No ☐
	<u>Wayne State U. School of Medicine</u>	<u>Detroit, MI</u>	<u>1998-2003</u>	Yes ☒ No ☐
Other	<u>UNLV-William S. Boyd School of Law</u>	<u>Las Vegas, NV</u>	<u>2015-2019</u>	Yes ☒ No ☐

Type of degree obtained, if any..... MD, JD, MHSCollege or university where obtained..... Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins

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 _____

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 Middlesex State MA Date registered 1991

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 _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? MA 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 _____

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
Defendant	8/31/2015	Eighth Judicial District of NV A-M-701103-B	Las Vegas, Clark, NV	Dismissed with Prejudice 7/17/20
Defendant	Under Seal	US District Ct - NV 2:19-cv-1871-KJD-VCF	Las Vegas, Clark, NV	Pending

- 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
Bardar Enterprises, LLC-Series I	LLC-Corporation	2015
Lipshutz+Willis Medical Group LLP	LLP-Partnership	2019
Jeremy M. Lipshutz, MD, Ltd	S-Corporation	2019

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
9/2015 - present	Candlestick Ave	Henderson	NV
11/2011 - 9/2015	502 Beneficial Pl	Henderson	NV
2/2010 - 11/2011	1355 Quiet River Ave	Henderson	NV
3/2009 - 2/2010	1363 Quiet River Ave	Henderson	NV
9/2005 - 3/2009	West Blenheim Oaks Dr	West Blenheim	MI
6/2003 - 9/2005	Fenwick Rd	University Hts	OH
6/1999 - 6/2003	Main St	Royal Oak	MI
6/1998 - 6/1999		Troy	MI
3/1980 - 6/1999	24 Rockliff Rd	Newton (Waban)	MA

Applicant's initial _____

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2011 - present	Lipshutz White Medical Group LLP 61205 Fort	1700
Title	Description of Duties	Name of Supervisor
Physician	Medical Practice as a doctor	Self
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.

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>Scott Averbach</u>	Hc	<u>RiverSpry</u>	<u>Henderson, NV</u>	<u>89012</u>	<u>---</u>	<u>11</u>
Employer	Business					
Name <u>Lisa Averbach</u>	Home	<u>RiverSpry</u>	<u>Henderson, NV</u>	<u>89012</u>	<u>---</u>	<u>11</u>
Employer	Business					
Name <u>Rajiv Khamankar</u>	Home				<u>---</u>	<u>5</u>
Employer	Business					
Name <u>Allen Gessen</u>	Home				<u>---</u>	<u>30</u>
Employer	Business					
Name <u>Stephanie Lerner</u>	Home				<u>---</u>	<u>10</u>
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

Medical License MI 2005-present; Medical License NV 2009-present;
Lawyer, State Bar of Nevada 2019-present

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? *Surgery Center* Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? *Surgery Center* Yes ☐ No ☒
Owner / Medical Director
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? *Sometimes - will not always be present when open.* Yes ☒ No ☐



Date of photograph 8/19/20

Applicant's initial [Signature]

STATE OF Nevada

SS.

COUNTY OF Clark

I, Jeremy Lipschutz, 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 19 day of

August, 2020
Mindy Garcia-Preciado
 Notary Public

(seal)



Applicant's initial

Page 9

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, **First Specialty Surgery Center, 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 01/20/2020, 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 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968672

You may verify this certificate

online at <http://www.nvsos.gov>



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

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

First Specialty Surgery Center, LLC

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. Cegavske</i>	Business Number E4272612020-5
Secretary of State State Of Nevada	Filing Number 20200427262
	Filed On 01/20/2020 12:50:08 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 MANAGING MEMBER:

Jeremy M. Lipshutz, MD, Ltd.

Name

USA

Country

6120 South Fort Apache Road, Suite 200

Address

Las Vegas

City

NV

State

89148

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 **Patrick N. Chapin**

**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

Organizer

Title

01/15/2020

Date

Kristopher Mangosing

From: David Wuest
Sent: Friday, October 23, 2020 8:26 AM
To: Shannon Reichman
Cc: Shirley Hunting; Kristopher Mangosing
Subject: FW: First Specialty Surgery Center update of administrator

Same

J. David Wuest
 Executive Secretary
 Nevada State Board of Pharmacy



From: Tracy Meyer <TracyM@215sc.com>
Sent: Thursday, October 15, 2020 4:40 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: Mary Grear <mgrear2000@yahoo.com>
Subject: First Specialty Surgery Center update of administrator

Good Afternoon Dave,

I wish to inform you that Michael Cheseck is no longer with First Specialty Surgery Center. There is a license application that was submitted by Michael, the previous administrator, which is currently in the approval process at this time. With that being said, I would like to take this opportunity to introduce myself as the current administrator for First Specialty Surgery Center, to be further referenced as FSSC. I will be your point of contact for the facility moving forward. My name is Tracy Meyer. I am a registered nurse in the State of Nevada. I have been working within the Ambulatory Surgery Center setting for over 10 years and held various positions bridging through different disciplines ranging from, but not limited to, clerical assignments, clinical posts as well as several management appointments.

Following Mr. Cheseck's departure, I was offered and accepted the position as Administrator for First Specialty Surgery Center. FSSC is a co-located facility with the physical address of 6120 S. Fort Apache Road in the city of Las Vegas Nevada, with operating on the second Wednesday of each month maintaining hours of 7am to 5pm on that respective day. I began working as acting administrator while waiting for the official appointment from FSSC, which I received on October 6th, 2020 . If you have any questions please don't hesitate to email or call, I look forward to working with you in the future.

Have an amazing day,

Tracy S. Meyer, RN
 Administrator and Director of Nursing

6C

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: Ultimate Specialty Surgery Center
Physical Address: 6120 S. Fort Apache Rd, Ste. 200 Las Vegas NV 89148
City: Las Vegas State: Zip Code: 89148 Telephone: 702-948-8894
Fax: 702-948-8956 Toll Free Number: _____
E-mail: Mike C @ 215sc.com

Website: _____

Managing Pharmacist: Mary Grear 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.

Mike Cheseck

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

Mike Cheseck

Print Name of Authorized Person

7/29/20

Date

Board Use Only

Date Processed: _____

Amount: *500.00*

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste. 200City: Las Vegas State: NV Zip: 89148Telephone: 702-948-8894 Fax: 702-948-8956Contact Person: Mike Cheseck

For any corporation non publicly traded, disclose the following:

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

a) Jeremy Lipshutz 6120 S. Fort Apache Rd, Ste 100 Las Vegas NV 89148
Name Business Address CS17864b) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Thursday
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: NV20201694148

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz
Responsible Person of Ultimate Specialty Surgery Center
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

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

Managing Pharmacist

 Pharmacist Name: Mary Greer, RPh

 License #: 10687

 Pharmacy Name: Ultimate Specialty Surgery Center, 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>NC</u>	Date: <u>2002</u>	Case #: <u>02-036-RPH-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.

Mary Green RPh
 Signature

7/29/2020
 Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

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 Ambulatory Surgery Center
Ultimate Specialty Surgery Center Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested 6120 S. Fort Apache Rd, Ste 200 Las Vegas NV 89148
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Lipshutz First Name Jeremy Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Candlestick Ave Henderson NV 89052
 Present Residence Address-Street or RFD City State/Zip
9/2015-present Dates

6120 S. Fort Apache Rd #200 Las Vegas, NV 89148
 Present Business Address City State/Zip
2014-present Dates

Medical Director - Surgery Center Phone: 702-948-8894
 Present Position with the Pharmacy or Wholesaler Business

Date of Birth 47 Place of Birth (City, County, State) Boston, Suffolk, MA

Age 47 Social Security Number Sex Male

Color of Eyes Hazel Color of Hair Brown Complexion White Weight 450lbs Build Heavy Height 6'0"

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 N/A Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2000 Novi, Oakland MI
 Date City, County and State
 Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz
 Date of Birth _____ Place of Birth Southfield, MI
 Resident address Candlestick Ave Henderson NV 89052
 Street City State Zip
 Telephone: Residence 702-250-8266 Business 702-250-8266
 Spouse's employer Lipshutz & Wilk Medical Group, LLP Occupation Marketing
 Address of employer 6120 S. Fort Apache Rd #400 Las Vegas NV 89148
 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>Parker Lipshutz</u>	<u>1.1.11</u>	<u>Royal Oak, MI</u>	<u>Candlestick Ave Henderson, NV 89052</u>
<u>Maxwell Lipshutz</u>	<u>1.1.11</u>	<u>Cleveland, OH</u>	<u>"</u>
<u>Ryder Lipshutz</u>	<u>1.1.11</u>	<u>CommerceTwp, MI</u>	<u>"</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 _____

FAMILY INFORMATION-Continued

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 <u>Nelson Lipshutz</u>		<u>2nd Cliff Rd, Waban, MA 02468</u>	<u>Consultant</u>
Mother <u>Sallee (Horowitz) Lipshutz</u>		<u>"</u>	<u>Execut'v</u>
Father-in-Law <u>Stuart Fishman</u>		<u>Mountain City St, Henderson, NV 89052</u>	<u>Retired</u>
Mother-in-Law <u>Dena (Goroff) Fishman</u>		<u>"</u>	<u>Retired</u>

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
<u>Abigail (Lipshutz) Schilder</u>		<u>LaSalle, Huntington Woods, MI</u>	<u>Physician</u>
Spouse <u>Douglas Schilder</u>		<u>LaSalle " 48070</u>	<u>Engineer</u>
<u>Rebecca (Lipshutz) Peak</u>		<u>Adams St., Westborough, MA</u>	<u>Physician</u>
Spouse <u>Brian Peak</u>		<u>" 01581</u>	<u>Entrepreneur</u>

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Ainger Elementary</u>	<u>Waban, MA</u>	<u>1980-1985</u>	Yes ☒ No ☐
High School	<u>Newton South High School</u>	<u>Newton, MA</u>	<u>1987-1991</u>	Yes ☒ No ☐
College	<u>Grinnell College</u>	<u>Grinnell, IA</u>	<u>1991-1995</u>	Yes ☒ No ☐
University	<u>Johns Hopkins U. Public Health</u>	<u>Baltimore, MD</u>	<u>1996-1998</u>	Yes ☒ No ☐
	<u>Wayne State U. School of Medicine</u>	<u>Detroit, MI</u>	<u>1998-2003</u>	Yes ☒ No ☐
Other	<u>UNLV-William S. Boyd School of Law</u>	<u>Las Vegas, NV</u>	<u>2015-2019</u>	Yes ☒ No ☐

Type of degree obtained, if any MD, JD, MHSCollege or university where obtained Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins U.Applicant's initial AL

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A 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 Middlesex State MA Date registered 1991

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 _____
- 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 _____
- 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 _____

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
Defendant	8/31/2015	Eighth Judicial District - NV A-14-701103-B	Las Vegas, Clark, NV	Dismissed with Prejudice 7/17/2
Defendant	Under Seal	US District - NV 2:19-cv-1871-JSD-VCF	Las Vegas, Clark, NV	Pending

- 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
Banchar Enterprises, LLC-Series I	LLC-Corporation	2015
Lipshutz + Willis Medical Group LLP	LLP - Partnership	2019
Jeremy M. Lipshutz, MD, LTD	S-Corporation	2019

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
9/2015 - present	Candlestick Ave	Henderson	NV
11/2011 - 9/2015	502 Beneficial Pl	Henderson	NV
2/2010 - 11/2011	1355 Quiet River Ave	Henderson	NV
3/2009 - 2/2010	1363 Quiet River Ave	Henderson	NV
9/2005 - 3/2009	West Blomfield Oaks Dr	West Blomfield	MI
6/2003 - 9/2005	Fenwick Rd	University Hts	OH
6/1999 - 6/2003	Main St	Royal Oak	MI
6/1998 - 6/1999		Troy	MI
3/1980 - 6/1999	24 Rockliff Rd	Newton (Waban)	MA

Applicant's initial

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.

Month and Year <i>11/2011 - present</i>	Name/Mailing Address of Employer/Business <i>Lipshutz-Hill's Medical Group LLP 61205 Fort</i>	Number of Employed Hours <i>1700</i>
Title <i>Physician</i>	Description of Duties <i>Medical Practice as a doctor</i>	Name of Supervisor <i>Self</i>
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.

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>Scott Auerbach</u>	Home	<u>RiverSpray</u>	<u>Henderson, NV</u>	<u>89012</u>		<u>11</u>
Employer	Business					
Name <u>Lisa Auerbach</u>	Home	<u>RiverSpray</u>	<u>Henderson, NV</u>	<u>89012</u>		<u>11</u>
Employer	Business					
Name <u>Rajiv Khamankar</u>	Home					<u>5</u>
Employer	Business					
Name <u>Allen Gessen</u>	Home					<u>30</u>
Employer	Business					
Name <u>Stephanie Lerner</u>	Home					<u>10</u>
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

Medical License MI 2005-present; Medical License NV 2009-present;
Lawyer, State Bar of Nevada 2019-present

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:

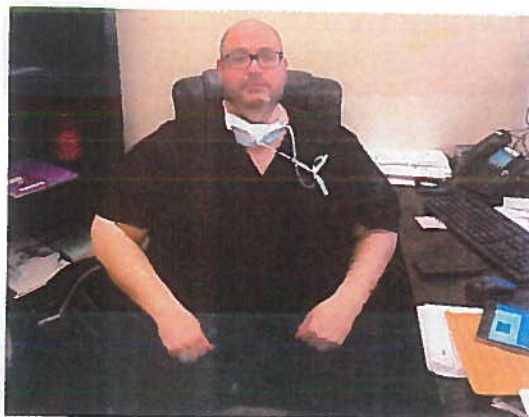
N/A

Applicant's initial

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? *Surgery Center* Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? *Surgery Center* Yes ☐ No ☒
Owner / Medical Director
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? *Sometimes - will not always be present when open.* Yes ☒ No ☐



Date of photograph 8/19/20

Applicant's initial [Signature]

STATE OF Nevada

SS.

COUNTY OF Clark

I, Jeremy Lipshutz, being duly sworn, depose and say I have read the foregoing application and knew 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 19 day of

August, 2020
Mindy Garcia-Preciado
 Notary Public

(seal)



Applicant's initial

Page 9

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, **Ultimate Specialty Surgery Center, 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 01/20/2020, 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 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968681

You may verify this certificate
online at <http://www.nvsos.gov>



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

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Ultimate Specialty Surgery Center, LLC

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. Cegavske</i>	Business Number E4272522020-7
Secretary of State State Of Nevada	Filing Number 20200427253
	Filed On 01/20/2020 12:49:31 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 MANAGING MEMBER:

Jeremy M. Lipshutz, MD, Ltd.

Name

USA

Country

6120 South Fort Apache Road, Suite 200

Address

Las Vegas

City

NV

State

89148

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 **Jeremy M. Lipshutz, MD, Ltd.**

**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

Managing Member

Title

01/17/2020

Date

Kristopher Mangosing

From: David Wuest
Sent: Friday, October 23, 2020 8:27 AM
To: Shannon Reichman
Cc: Kristopher Mangosing; Shirley Hunting
Subject: FW: Ultimate Specialty Surgery Center

Same

J. David Wuest
 Executive Secretary
 Nevada State Board of Pharmacy



From: Tracy Meyer <TracyM@215sc.com>
Sent: Thursday, October 15, 2020 5:01 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: Mary Gear <mgrear2000@yahoo.com>
Subject: Ultimate Specialty Surgery Center

Good Afternoon Dave,

I wish to inform you that Michael Cheseck is no longer with Ultimate Specialty Surgery Center. There is a license application that was submitted by Michael, the previous administrator, which is currently in the approval process at this time. With that being said, I would like to take this opportunity to introduce myself as the current administrator for Ultimate Specialty Surgery Center, to be further referenced as USSC. I will be your point of contact for the facility moving forward. My name is Tracy Meyer and I am a registered nurse in the State of Nevada. I have been working within the Ambulatory Surgery Center setting for over 10 years and held various positions bridging through different disciplines ranging from, but not limited to, clerical assignments, clinical posts as well as several management appointments.

Following Mr. Cheseck's departure, I was offered and accepted the position as Administrator for Ultimate Specialty Surgery Center. USSC is a co-located facility with the physical address of 6120 S. Fort Apache Road in the city of Las Vegas Nevada, conducting business on the third Wednesday of each month maintaining hours of 7am to 5pm on that respective day. I began working as interim administrator while waiting for the official appointment from USSC, which I received on October 7th, 2020. If you have any questions please don't hesitate to email or call, I look forward to working with you in the future.

Have an amazing day,

Tracy S. Meyer, RN
 Administrator and Director of Nursing

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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: Plus One Pharmacy, LLC
Physical Address: 6525 S. Fort Apache Rd Suite #140
City: Las Vegas State: NV Zip Code: 89148 Telephone: 702-591-3099
Fax: N/A Toll Free Number: N/A
E-mail: anupate17@yahoo.com
Website: N/A
Managing Pharmacist: Serj S. Markanan License Number: 16248

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.

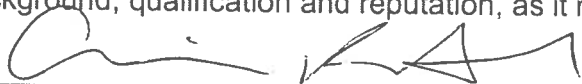
Within the last five (5) years:

- 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

Anisha Patel
Print Name of Authorized Person

4/12/2020
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: N/AMailing Address: 3225 McLeod Dr Suite 110City: Las Vegas State: NV Zip: 89121Telephone: 702-591-3099 Fax: _____Contact Person: Anisha Patel

For any corporation non publicly traded, disclose the following:

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

a) Anisha Patel ^{#110} 3225 McLeod Dr Las Vegas, NV 89121
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. 1003) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 7 pmSaturday 9 am 2 pmSunday closed am _____ pm24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201755142

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Anisha Patel

Responsible Person of Plus One 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

Anisha Patel

Print Name of Authorized Person

4/12/20

Date

Managing Pharmacist

 Pharmacist Name: CHRISTY NGUYEN

 License #: 16074

 Pharmacy Name: ONE PLUS 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

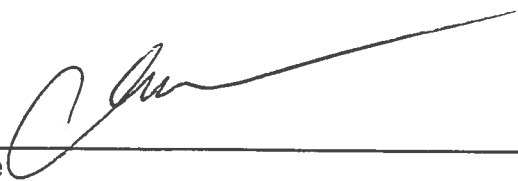
Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
County	_____		Court: _____

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



Date

10/29/20

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/17/20

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
Plus One Pharmacy Nature of License
6525 S. Fort Apache Rd #140 Las Vegas, NV 89148
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Patel First Name Anisha Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD City State/Zip

Venficello dr.

Dates

Las Vegas

NV 89138

Present Business Address City State/Zip

N/A

Dates

Occupation Phone Residence Business

CPA

N/A

Date of Birth Place of Birth (City, County, State)

West Covina, CA

Female

Age Social Security Number or ITIN Sex

39

Color of Eyes Color of Hair Complexion Weight Build Height

Brown

Black

medium

105 lbs

Petite

5'0"

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 AP Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/4/2009 Dholka, Gujarat India
Date City, County and SS# or ITIN
 Spouse's full name (Maiden) Ritesh R. Patel
 Date of Birth _____ Place of Birth Dholka, India
 Resident address Venticello dr. Las Vegas NV 89138
Street City State Zip
 Telephone: Residence _____ Business 702-527-7977
 Spouse's employer CURE Leaf Occupation Self-employed
 Address of employer S. Fort Apache Rd #101 Las Vegas, NV 89148
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				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
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
<u>Shaan Patel</u>		<u>Las Vegas, NV</u>	<u>Venticello dr. Las Vegas, NV 89138</u>
<u>Riaan Patel</u>		<u>Las Vegas, NV</u>	<u>Venticello dr. Las Vegas, NV 89138</u>
<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 AP

FAMILY INFORMATION-Continued

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

Karun N. Patelchambolle ct. Las Vegas, NV 89144 self-employed

Mother

Jaya K. Patelchambolle ct. Las Vegas, NV 89144 home-maker

Father-in-Law

Ramesh H. PatelKupurwada, Dholka Gujarat India

Mother-in-Law

Milababen PatelVentcello dr. Las Vegas, NV 89138 home-maker**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

Kamlesh PatelAmador Ranch Las Vegas, NV 89149 EngineerMeeta PatelAmador Ranch Las Vegas, NV 89149 Pharmacist

Spouse

Rajesh PatelBayhaven ct Las Vegas, NV 89131 self-employedSanka PatelBayhaven ct. Las Vegas, NV 89131 Dentist

Spouse

MAN/AN/A

Spouse

MA**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <u>N/A</u>			Yes ☐ No ☒
High School <u>Diamond Bar HS</u>	<u>Diamond Bar, CA</u>	<u>1996-1999</u>	Yes ☒ No ☐
College <u>CAL Poly Pomona</u>	<u>Pomona, CA</u>	<u>1999-2002</u>	Yes ☒ No ☐
University <u>University of Las Vegas</u>	<u>Las Vegas, NV</u>	<u>2005-2007</u>	Yes ☒ No ☐

Type of degree obtained, if any BS in Business Admin/CIS ; MS in AccountancyCollege or university where obtained Cal-Poly Pomona ; UNLV

Applicant's initial

AP

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 _____ 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
----------------	-----	--------	-------------------------	-----------------	------------------

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? NIA city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☒ No ☐ If yes when? NIA 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

AP

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
--------------------------	-------------------	------	-----------------

Present - 06/2018

Ventucello Dr

Las Vegas NV 89138

2002 - 06/2018

1500 chambolle cl.

Las Vegas, NV 89144

1995 - 2002

1628 Fire Hollow dr.

Diamond Bar, CA 91765

N/A

Applicant's initial

AP

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
09/2010 - Present	DOT 1787 W Lake Mead Blvd. LVNV 89106	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Forensic Accountant	Financial Analysis	Neal Umphress
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2005	Gaming Control Board	FBI Job
Title	Description of Duties	Name of Supervisor
Auditor	Audit Gaming Establishments	Linda Tobin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2004	McCarran Intl Airport	Gaming Job
Title	Description of Duties	Name of Supervisor
Financial Office Assistant I	Accounts Receivable duties	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2003	Circus Circus Hotel & Casino	County Job
Title	Description of Duties	Name of Supervisor
Database marketing clerk	Database mgmt/mkt	Tom Malloy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2002	Twin Peaks software Pasadena CA	moved to Las Vegas
Title	Description of Duties	Name of Supervisor
Tech. Support Rep.	Technical Support	Emanuel Nkulitila
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2002	Peninsula Luggage & Gifts Walnut CA	Seasonal Job
Title	Description of Duties	Name of Supervisor
Store clerk	customer service	Urmika Patel
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 AP

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>Nate Nash</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89106</u>		<u>10 years</u>
Employer <u>self employed</u>	Business					
Name <u>Tammi Owens</u>	Home	<u>Reno, NV</u>				<u>15 years</u>
Employer <u>GCB</u>	Business					
Name <u>Parvin Patel</u>	Home	<u>Las Vegas, NV</u>				<u>20 years</u>
Employer <u>Self employed</u>	Business					
Name <u>David Reed</u>	Home	<u>Las Vegas, NV</u>				<u>6 years</u>
Employer <u>Banker</u>	Business	<u>Wells Fargo</u>				
Name	Home					
Employer	Business					

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

CPA - Nevada - 2009 (held since)

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

XP

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:

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 ☒



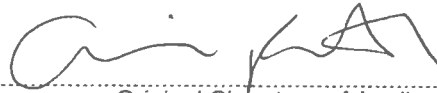
STATE OF Nevada

ss.

COUNTY OF Clark

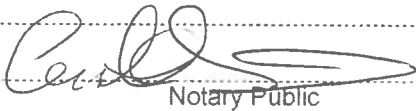
I, Anisha Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.



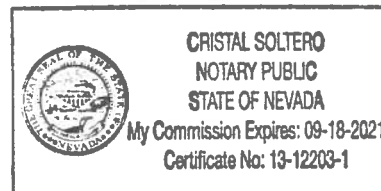
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of April, 2020



Notary Public

(seal)



Applicant's initial AP

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

761

Date 10/29/2020

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 PLUS ONE PHARMACY
Nature of Pharmacy or Wholesaler
6545 FORT APACHE ROAD SUITE #40 LAS VEGAS
Name and Address of Business for Which Designated Representative Is Requested
PLUS ONE PHARMACY
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN CHRISTY U
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

GOLDSTAR STREET HENDERSON NV 89012
Present Residence Address-Street or RFD City State/Zip

6545 FORT APACHE RD #40 Dates LAS VEGAS NV 89148
Present Business Address City State/Zip

PHARMACY MANAGER Dates 10/29/20
Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business

SAIGON VIETNAM
Date of Birth Place of Birth (City, County, State)

49 FEMALE
Age Social Security Number Sex

DARK BROWN DARK BROWN 126 lbs 5'2"
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  Page 1

A. **Current Marriage** 10/29/20
 Date _____ City, County and State _____
 Spouse's full name (Maiden) KEVIN NGUYEN S.S. _____
 Date of Birth _____ Place of Birth SAIGON / VIETNAM
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business MULTI LOCATION
 Spouse's employer CVS Occupation PHARMACIST
 Address of employer PROVIDE UPON REQUEST
 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
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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
------	------------	-------------	-------------------

BRYAN NGUYEN

HENDERSON / NV

GOLDSTAR ST, HENDERSON, NV

EMILY NGUYEN

HENDERSON / NV

GOLDSTAR ST, HENDERSON, NV
89012

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 ny

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

VINCENT NGUYEN

LA BONITA CERRITOS, CA AUTO MECHANIC

Mother

VICKIE DO

SAME AS ABOVE

HAIRSTYLIST

Father-in-Law

SU NGUYEN

DECEASED

Mother-in-Law

NUI KHAU

BAKER ROAD SANDIEGO, CA

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
---------------	------------	---------	------------

IRENE NGUYEN

PROVIDE UPON REQUEST

FINANCIAL AID

Spouse

COUNSELOR

TUYEN NGUYEN

PROVIDE UPON REQUEST

RPH

Spouse

PHAT T NGUYEN

RPH

KEVIN V NGUYEN

PROVIDE UPON REQUEST

ENGINEERS

Spouse

MICHELLE NGUYEN

RPH

QUYNH NGUYEN

PROVIDE UPON REQUEST

RPH

Spouse

VAN

RPH

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes ☐ No ☐
High School	LE QUI DON VIETNAM	8/85 - 05/88	Yes ☒ No ☐
College	CALIFORNIA STATE OF FULLERTON	CALIFORNIA 08/96 - 05/98	Yes ☒ No ☐
University	LONG ISLAND UNIVERSITY	NEW YORK 09/98 - 05/02	Yes ☒ No ☐

Type of degree obtained, if any DOCTOR OF PHARMACYCollege or university where obtained LONG ISLAND UNIVERSITY

Applicant's initial

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A 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 N/A 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 _____

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

- 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
-----------------------------	-------------------	------	-----------------

01/03 to 08/10 2471 BLAIR CASTLE ST HENDERSON NV 89052/CLARK

01/1990 to 08/2002 17621 LA BONITA PL CERRITOS, CA / ORANGE COUNTY

Applicant's initial

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/03 - 12/2014	MEDCO MAIL ORDER / EXPRESS SCRIPT 625 ANNIE OAKLEY DR LAS VEGAS, NV	12 YEARS
CUSTOMER SERVICE RPH / CLINICAL REVIEW RPH / PRIOR AUTHORIZATION RPH		
05/2015 - 12/2018	DESERT PARKWAY BEHAVIORAL HOSPITAL / 3247 MARYLAND	
PART TIME PHARMACIST		VERONICA WALTERS
01/2017 - PRESENT	CULINARY PHARMACY 650 N NELLIS LAS VEGAS, NV	
PER DIEM PHARMACIST		MATT HENDERSON
08/2019 - PRESENT	FIDELIS SPECIALTY PHARMACY / 5275 ARVILLE ST	
PER DIEM PHARMACIST		VICTOR BAJAR
10/2019 - PRESENT	PHARMACEUTICAL PRODUCT DEVELOPMENT / 8285 W	
PER DIEM RESEARCH PHARMACIST		ARBY #331 LAS VEGAS, NV
08/2020 - 10/2020	PHARMACIST IN CHARGE ALL CITY PHARMACY II	
PHARMACY MANAGER		ERICA VITAL

If additional space is needed, continue on page 10 or provide attachment.

5. 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>TRAM NGUYEN</u>	Home	<u>PROVIDE UPON REQUEST</u>				<u>18 YEARS</u>
Employer <u>MEDCO</u>	Business					
Name <u>CINDY SMITH</u>	Home					<u>2 YEARS</u>
Employer	Business					
Name <u>LAM TRAN</u>	Home	<u>PROVIDE UPON REQUEST</u>				
Employer <u>WALGREEN</u>	Business					
Name <u>THUY LUONG</u>	Home	<u>PROVIDE UPON REQUEST</u>				
Employer	Business					
Name <u>TRINH LUU</u>	Home	<u>PROVIDE UPON REQUEST</u>				
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

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 ☒

N/A

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

Applicant's initial

ny

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 ☐



Applicant's initial

[Signature]

SS.

COUNTY OF Clark

I, CHRISTY NGUYEN, 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.

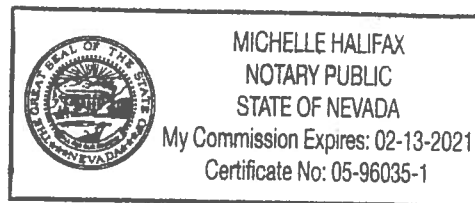
[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 29 day of

OCT

2020

Michelle Halifax
Notary Public



(seal)

Applicant's initial [Signature]

Page 9

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/06/2020

Work Order Item Number: W2020040601195 - 509159
Filing Number: 20200591384
Filing Type: Articles of Organization
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E5913852020-9

Entity Status: Active

Entity Name: Plus One Pharmacy, LLC

Expiration Date: None

Commercial Registered Agent

ANDERSON REGISTERED AGENTS

3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE*Secretary of State***KIMBERLEY PERONDI***Deputy Secretary for
Commercial Recordings***STATE OF NEVADA****OFFICE OF THE
SECRETARY OF STATE***Commercial Recordings Division**202 N. Carson Street**Carson City, NV 89701**Telephone (775) 684-5708**Fax (775) 684-7138**North Las Vegas City Hall**2250 Las Vegas Blvd North, Suite 400**North Las Vegas, NV 89030**Telephone (702) 486-2880**Fax (702) 486-2888***Business Entity - Filing Acknowledgement**

04/06/2020

Work Order Item Number: W2020040601195 - 509160
Filing Number: 20200591386
Filing Type: Initial List
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:**Entity ID:** E5913852020-9**Entity Name:** Plus One Pharmacy, LLC**Entity Status:** Active**Expiration Date:** None

Commercial Registered Agent

ANDERSON REGISTERED AGENTS

3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State

Filed in the Office of <i>Bethanne K. Czarnecki</i>	Business Number E5913852020-9
	Filing Number 20200591384
Secretary of State State Of Nevada	Filed On 04/06/2020 14:43:48 PM
	Number of Pages 2

☒	NRS 86 -	Articles of Organization Limited-Liability Company	☐	NRS 86.544 -	Registration of Foreign Limited-Liability Company
☐	NRS 89 -	Articles of Organization Professional Limited-Liability Company	☐	NRS 86.555 -	Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)	Plus One Pharmacy, LLC
2. Foreign Entity Name: (Name in home jurisdiction)	
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: 3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐ 3b) Date formed: ☐
4. 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) ANDERSON REGISTERED AGENTS Name of Registered Agent OR Title of Office or Position with Entity 3225 MCLEOD DRIVE #110 Street Address LAS VEGAS City Nevada 89121 Zip Code Mailing Address (if different from street address) City Nevada Zip Code <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 A.T. Mathis Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 04/06/2020 Date
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Anisha Patel Name 3225 McLeod Drive, Suite 100 Address Las Vegas City NV 89121 State Zip Code
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual):



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

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)				
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐			
10. Records Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86 544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. 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. Amanda Phillips Name Country Address City State Zip/Postal Code X <u>Amanda Phillips</u> (attach additional page if necessary)			

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)



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

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Plus One Pharmacy, LLC

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. Cegavske</i>	Business Number E5913852020-9
Secretary of State State Of Nevada	Filing Number 20200591386
	Filed On 04/06/2020 14:43:48 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 MANAGER:

Anisha Patel

Name

USA

Country

3225 McLeod Drive, Suite 100

Address

Las Vegas

City

NV

State

89121

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 **Amanda Phillips**

**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

Organizer

Title

04/06/2020

Date

SECRETARY OF STATE



DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Plus One Pharmacy, LLC** did, on 04/06/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/06/2020.

Barbara K. Cegavske

Certificate Number: B20200406712233

You may verify this certificate

online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Plus One Pharmacy, LLC

Nevada Business Identification # NV20201755142

Expiration Date: 04/30/2021

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 04/06/2020.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Certificate Number: B20200406712234

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

8

8A

Changes Highlighted

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 ownershipPharmacy Name: Monicos Pharmacy LLCPhysical Address: 2701 N Tenaya Way, Suite 120
NVCity: Las VegasState: NV Zip Code: 89128Telephone: 702-505-4898Fax: 702-505-4899Toll Free Number: 888-638-0034E-mail: monicospharmacy@gmail.comWebsite: http://www.monicospharmacy.comManaging Pharmacist: Karen ChanLicense Number: 20443**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.

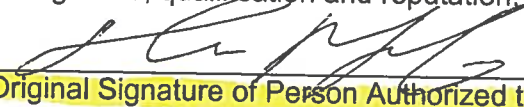
Within the last five (5) years:

- 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

Tamer Youssef

Print Name of Authorized Person

10/14/2020
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: N/AMailing Address: Duncan Peak CtCity: Las Vegas State: NV Zip: 89139Telephone: _____ Fax: 702-505-4899Contact Person: Tamer Youssef

For any corporation non publicly traded, disclose the following:

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

a) Tamer Youssef 2701 N. Tenaya Way, Suite 120, Las Vegas, NV
 Name Business Address 89128

b) _____
 Name Business Address

c) _____
 Name Business Address

d) _____
 Name Business Address

- 2) Provide the number of shares issued by the corporation.
- 100

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 5:00 pmSunday N/A am N/A 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: NV20201701040

**STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners**

I, Tamer Youssef

Responsible Person of Monicos 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

Tamer Youssef
Print Name of Authorized Person

10/14/2020
Date

Managing Pharmacist

 Pharmacist Name: Karen Chan

 License #: 20443

 Pharmacy Name: Monicos Pharmacy 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: _____	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.

Kaulhan
Signature

3/2/2020
Date

Michael Pranpat
2701 N. Tenaya Way, Suite 120
Las Vegas, NV 89128
Phone: 702-505-4898
Fax: 702-505-4899
E-mail: monicospharmacy@gmail.com

SUBJECT: NEVADA LIST OF OFFICERS AND DIRECTORS

Monicos Pharmacy LLC

Officer:

Tamer Youssef (single Member of Monicos Pharmacy LLC)

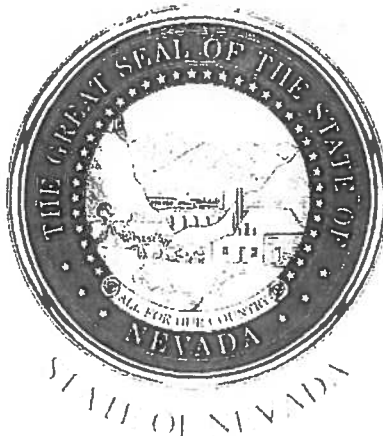
Date of Birth:

Home Address: Sandpiper Rd, Tampa, FL 33609

Mailing Address: Sandpiper Rd, Tampa, FL 33609

SSN:

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, **Monicos Pharmacy 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 01/27/2020, 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 03/03/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200303627318

You may verify this certificate

online at <http://www.nv.sos.gov>

Attachment (Page 11)

List of Pharmacy Permits/Licenses held by Invotex LLC (dba Fusion Pharmaceuticals) outside of Nevada

Name and Location: Invotex LLC dba Fusion Pharmaceuticals, 28821 US Highway 19 N, Clearwater, FL 33761 (Community Pharmacy)

State	License Type	License #	Exp Date	Issue Date	Status
Connecticut	Non-resident Pharmacy	PCN.0003215	08/31/2020	01/20/2017	Active
Delaware	Non-resident Pharmacy	A9-0002450	09/30/2020	01/17/2020	Active
Florida	Resident Pharmacy	PH30317	02/28/2021	08/18/2016	Clear/Active
Georgia	Non-resident Pharmacy	PHNR001086	06/30/2021	12/30/2016	Active
Idaho	Non-resident Pharmacy	57624MS	12/31/2020	03/23/2020	Active
Illinois	Non-resident Pharmacy	054.020271	03/31/2022	02/07/2017	(Active)
Illinois	Licensed Controlled Substance	320.012317	03/31/2022	02/11/2017	(Active)
Indiana	Non-resident Pharmacy	64002875A	12/31/2021	12/26/2019	Active
Iowa	Non-resident Pharmacy	5199	12/31/2020	03/02/2020	Current/Active
Iowa	License Controlled Substance	1108779	09/30/2021	03/02/2020	Current/Active
Minnesota	Non-resident Pharmacy	266019	06/30/2020	02/26/2020	Active
New Jersey	Non-resident Pharmacy	28RO00154300	06/30/2020	05/09/2017	Active
New York	Non-resident Pharmacy	035252	11/30/2022	12/30/2016	Active
North Carolina	Non-resident Pharmacy	14355	12/31/2020	03/16/2020	Active
North Dakota	Non-resident Pharmacy	Phar1667	06/30/2021	02/19/2020	Active
Ohio	Non-resident Pharmacy Cat 3	0242000191	04/16/2020	03/31/2021	Active
Pennsylvania	Non-resident Pharmacy	NP000775	08/31/2021	01/26/2017	Active
Rhode Island	Non-resident Pharmacy	PHN11851	09/30/2020	01/16/2020	Active
Utah	Non-resident Pharmacy Class D	11589757-1708	09/30/2021	01/02/2020	Active
Utah	Dispensing Controlled Substance	11589757-8913	09/30/2021	01/02/2020	Active
Vermont	Non-Resident Pharmacy	036.0134363	07/31/2021	04/16/2020	Active
Wyoming	Non-resident Pharmacy	NR-51782	06/30/2020	02/25/2020	Active
Wyoming	Controlled Substance Registration	CSB00882	06/30/2021	02/25/2020	Active

Agencies: Agencies responsible for issuing each license above is the representative state's Board of Pharmacy and/or Department of Professional Regulation

Partners: Tamer Youssef (Sandpiper Rd, Tampa, FL 33609) was a partner with Invotex LLC until November 27, 2019

(Updated on 4/20/2020, date of actual application submission)

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(Updated on 4/20/2020, date of actual application submission)

Tamer Youssef
39 Sandpiper Road
Tampa, FL 33609

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521
(775) 850-1440

October 14, 2020

SUBJECT: Application Amendment

Dear Nevada State Board of Pharmacy:

The following application is being submitted on behalf of Monicos Pharmacy LLC. Due to events of COVID-19, we are looking to make changes in the structure of the pharmacy and amending our application.

We have already submitted a change of the Designated Representative (from Michael Pranpat to Ronak Desai) that should have already been received by the Board.

This enclosure seeks to change the owner of the pharmacy from Michael Pranpat to Tamer Youssef in a 100% membership unit transfer.

As such, enclosed is the completed Personal History Record for Tamer Youssef. Additionally, the pertinent application forms have been resubmitted with the only change being the signature of the new authorized individual (and updated officer listing).

Thank you and best regards,



Tamer Youssef



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date October 13, 2020

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 Monicas Pharmacy LLC (Community Retail Pharmacy)
 Nature of License
Monicas Pharmacy LLC, 2701 N. Tenaya Way, Suite 120, Las Vegas, NV 89128
 Name and Address of Establishment for Which License Is Requested
Monicas Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>Youssef</u>		First Name <u>Tamer</u>		Middle Name <u>Shaker</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>N/A</u>					
Present Residence Address-Street or RFD <u>Sandpiper Rd</u>		City <u>Tampa</u>		State/Zip <u>FL 33609</u>	
Present Business Address <u>Sandpiper Rd</u>		City <u>Tampa</u>		State/Zip <u>FL 33609</u>	
Occupation <u>Consultant</u>		Dates <u>08/2009 - Present</u>		Phone: Residence Business <u>727-439-3899</u>	
Date of Birth		Place of Birth (City, County, State) <u>Livingston, Essex, NJ</u>			
Age <u>46</u>		Social Security Number or ITIN		Sex <u>Male</u>	
Color of Eyes <u>Brown</u>	Color of Hair <u>Black</u>	Complexion <u>Brown</u>	Weight <u>185 lbs</u>	Build <u>Overweight</u>	Height <u>5'9"</u>
Scars, tattoos or distinguishing marks and/or characteristics <u>N/A</u>					
Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No <u>N/A</u>					
If naturalized, certificate No <u>N/A</u> Date <u>N/A</u>					
Place <u>N/A</u> (If naturalized, document must be verified.)					

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TSY

Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 02/10/2007 Tampa, Hillsborough, FLORIDA
Date City, County and State
 Spouse's full name (Maiden) Yvonne Demetria Youssef (Beshara) SS# or ITIN _____
 Date of Birth _____ Place of Birth Bronx, New York City, NY
 Resident address Sandpiper Rd Tampa FL 33609
Street City State Zip
 Telephone: Residence _____ Business 813-639-4514
 Spouse's employer Coram Healthcare Occupation Pharmacist
 Address of employer 8508 Benjamin Rd #C Tampa FL 33634
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				
N/A				
N/A				
List of names, current address and telephone numbers of previous spouses:				
Name	Street	City	State	Zip Telephone
N/A				
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
Isabella Youssef	<u>02-10-2007</u>	<u>Tampa, FL</u>	<u>Sandpiper Rd, Tampa, FL 33609</u>
Timothy Youssef		<u>Tampa, FL</u>	<u>Sandpiper Rd, Tampa FL 33609</u>
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 TSY

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 Shaker Youssef		Gulf Blvd, # Clearwater Beach, FL 33767	Retired
Mother Madlene Youssef		Gulf Blvd, # Clearwater Beach, FL 33767	Retired
Father-in-Law Nagy Beshara		Birmingham Street Tampa, FL 33625	Chef
Mother-in-Law Safia Beshara		Birmingham Street Tampa, FL 33625	Hairdresser

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
Nancy Youssef		Belmont Blvd Nashville, TN 37212	Sales Executive
Spouse Alexander Asswad		Belmont Blvd Nashville, TN 37212	Professor
N/A			
Spouse			
N/A			
N/A			
Spouse			
N/A			
N/A			
Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School West Windsor-Plainsboro	Princeton Junction, NJ	09/1984 - 05/1986	☒ Yes ☐ No
High School Unionville High School	Unionville, PA	09/1986 - 05/1990	☒ Yes ☐ No
College University Penn State University	State College, PA	09/1990 - 12/1995	☒ Yes ☐ No
Other			☐ Yes ☐ No

Type of degree obtained, if any Bachelor's of Science (Marketing & Finance)College or university where obtained Penn State UniversityApplicant's initial TSY

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ **No** ☒Branch NIA Date of entry-active service NIADate of separation NIA Type of discharge NIARating at separation NIA Serial number NIA

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.) NIA

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
04/27/1993	19	Manufacture & Sale of False Identification	State College, PA	05/05/1993	State College Police Dept.
08/09/2020	46	DUI	Tampa, FL	08/09/2020	Tampa Police Dept.
<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? NIA city, county and state NIA

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ **No** ☒
If yes when? NIA city, county and state NIA

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>				
<u>NIA</u>				
<u>NIA</u>				

Applicant's initial TSY

- 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				

- 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		
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
03/2009 - Present	Sandpiper Rd	Tampa	FL
01/2007 - 08/2009	552 Jasmine Way	Clearwater	FL
12/2003 - 01/2007	820 Gulf Blvd	Belleair Beach	FL
12/1998 - 12/2003	1 Beechwood Circle	Chaddsford	PA
09/1995 - 12/1998	311 Toftrees Ave	State College	PA

Applicant's initial Tsy

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 12/1998 - 12/2003	Name/Mailing Address of Employer/Business Nationwide Financial Services 200 River Rd, Conshohocken, PA 19428	Reason for Leaving Moved to Tampa
Title	Description of Duties	Name of Supervisor
Internal Wholesaler	Sold mutual fund products over the phone	Ed Donatelli
Month and Year 12/2003 - 05/2006	Name/Mailing Address of Employer/Business Unemployed	Reason for Leaving N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year 05/2005 - 11/2009	Name/Mailing Address of Employer/Business Franklin Templeton Investments 100 Fountain Pkwy N, St. Petersburg, FL 33716	Reason for Leaving Started business
Title	Description of Duties	Name of Supervisor
Internal Wholesaler	Sold mutual fund products over the phone	Eric Daly
Month and Year 11/2009 - 01/2012	Name/Mailing Address of Employer/Business Wealth Plan South 4115 W Spruce St, Tampa, FL 33607	Reason for Leaving New Job
Title	Description of Duties	Name of Supervisor
Owner	Sold Financial Products	N/A
Month and Year 01/2012 - 05/2015	Name/Mailing Address of Employer/Business River Crossing Pharmacy 5429 Little Rd, New Port Richey, FL 34655	Reason for Leaving Pharmacy closed
Title	Description of Duties	Name of Supervisor
Manager	Managed Sales force	Michael Mobley
Month and Year 05/2015 - 09/2016	Name/Mailing Address of Employer/Business River Crossing Labs 5415 Main St, Ste 103, Tampa, FL 33609	Reason for Leaving Laboratory closed
Title	Description of Duties	Name of Supervisor
Manager	Managed sales force	Michael Mobley
Month and Year 11/2016 - present	Name/Mailing Address of Employer/Business Multiple pharmacies primarily in Florida	Reason for Leaving N/A
Title	Description of Duties	Name of Supervisor
Healthcare Consultant	Consulting in different aspects of pharmacy business	N/A
Month and Year N/A	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 TSY

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 Samuel Cartagena	Home 11 Estancia Blvd, Apt 429	Clearwater	FL	33761		15
Employer CCM Management	Business 2971 Estancia Blvd, Apt 429	Clearwater	FL	33761	727-580-5413	
Name Michael Mobley (At-home investor)	Home Breeders Cup Drive	Odessa	FL	33556		8
Employer N/A	Business N/A, Former owner of River Crossing Pharmacy & River Crossing Labs (both closed)					
Name Christopher Gabriel (At-home investor)	Home Vilmont Drive	Cottersville	PA	19320		22
Employer N/A	Business 1705 Vilmont Drive	Cottersville	PA	19320		
Name Michael Talba	Home 9500 S Intl Hwy 35 Frontage Rd, Ste 1000	Austin	TX	78748		15
Employer Orange Theory	Business 5 Descote Ave	Austin	TX	78748	512-969-6626	
Name MarkAnthony Little	Home 701 S Howard Ave, Ste 106 356	Tampa	FL	33606		13
Employer Skyline Limousine	Business	Tampa	FL	33606	813-777-2685	

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			

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

Real Estate License, FL 07/01/2005 - 03/31/2019
Series 6 Investment License, PA 06/15/2000 - 04/12/2013
Series 63 Uniform Securities Agent License, PA 06/23/2000 - 04/12/2013

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 TSY

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 ☐

My wife, Yvonne Youssef, is employed by Ceram Healthcare as a pharmacist as previously listed.



Date of photograph October 13, 2020

Applicant's initial TSY

STATE OF FLORIDA

SS.

COUNTY OF PINELLAS

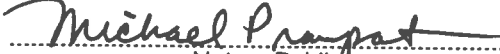
I, Tamer Youssef, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

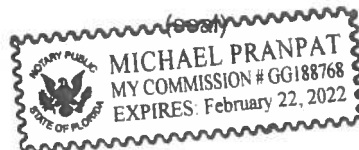

 Original Signature of Applicant

Subscribed and Sworn to before me this 13TH day of

OCTOBER, 2020


 Notary Public

MICHAEL PRANPAT



Applicant's initial Tsy

ADDITIONAL INFORMATION

Please see attachment for items in section 6.

Applicant's initial Tsy

Page 10

Tamer Youssef
Sandpiper Road
Tampa, FL 33609

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521
(775) 850-1440

October 13, 2020

Dear Nevada State Board of Pharmacy:

As a college student in 1993 at Penn State University, I assisted students in obtaining false identifications. Due to this action, I was convicted of a misdemeanor charge for manufacture and sale of false identification cards. I obtained a software package from a fellow student that enabled me to manufacture New Hampshire licenses, and I sought to sell these manufactured licenses for additional income. At the time, I truly believed I was doing something harmless that would benefit both my fellow classmates and me; I did not understand the gravity or ramification of this action until after I was arrested.

Since the misdemeanor charge from my college years, I have worked in the financial field, real estate, and health industry where I have served as a manager and consultant. I have successfully acquired licenses to work in the fields of finance and real estate (though I never utilized my real estate license). As a husband, father to two children, church treasurer, and experienced business person, I have now acquired a multitude of important responsibilities that drive me to be a role model for my family and community. This drive ensures that I perform my duties with the highest of ethical standards.

Furthermore, I believe dealing with this charge at a young age helped me to correct certain attitudes and behaviors within myself; this correction allowed me to mature immediately thereafter. Following the charge, youth and arrogance made way for maturity and humility, factors which have compelled me to make better and more intelligent decisions on a day-to-day basis. I have consistently made good choices for the 27 years, but I unfortunately encountered a difficult situation two months ago.

On August 9, 2020, I was arrested for Driving Under the Influence (DUI) after I refused to blow into the breathalyzer after being pulled over. Even though I was certain to have a BAC within the legal limit, I panicked under the potential of a second negative encounter with law enforcement and therefore chose to take the path that is only recommended for those that are more unsure about their sobriety. Although the case is still pending, I am certain to see this through towards a positive outcome with a deserved, light slap on the wrist if given.

As a pharmacy owner, I understand the demands upon me and code of conduct by me are higher, and I will rise to the required standards while using these previous mistakes and setbacks as important learning lessons.

Thank you and best regards,



Tamer Youssef

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 07/14/2020

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 Monicos Pharmacy LLC (Community Retail Pharmacy)

Monicos pharmacy LLC, 270 N. Tenaya Way, Suite 120 Las Vegas NV
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Desai Ronak Amit
Last Name First Name Middle Name
N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Maurice Cir Cerrtios CA 90703
Present Residence Address-Street or RFD City State/Zip

N/A
Present Business Address Dates City State/Zip

Future Employment
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence
Business

Godhra, Gujarat India
Date of Birth Place of Birth (City, County, State)

42 Female
Age Social Security Number or ITIN Sex

BROWN BROWN BROWN 115 lbs Small 5.0
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 RD

Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** Dec 24, 2001 Godhra, Gujarat, India

Spouse's full name (Maiden) Amit P Desai SS# or ITIN

Date of Birth Halol Place of Birth Halol

Resident address Maurice cir Cerritos CA 90703

Street City State Zip

Telephone: Residence: Business

Spouse's employer The Boeing Company Occupation Manager

Address of employer 901 N. Nash St. El Segundo CA 90462

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
Prisha Amit Desai		Santa Monica CA	Maurice cir Cerritos CA
Kiaan Amit Desai		Los Alamitos CA	laurice cir Cerritos CA

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 RD

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			
Arun Shah		Plum Tree Dr. Orland park IL 60462	Retired
Mother			
Vandna Shah		Plum Tree Dr. Orland Park IL 60462	Retired
Father-in-Law			
Pradipbhai Desai		Topaz Irvine CA	Deceased
Mother-in-Law			
Shakuntala P Desai		Topaz Irvine CA	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
Ankur Shah		Plum Tree Dr Orland Park IL 60462	Business Owner
Spouse			
Toral Shah		Plum Tree Dr. Orland Park IL 60462	Business Owner

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	M&M Mehta High school	Godhra India	06/85 - 02/94	Yes ☒ No ☐
High School	Carl Sandburg High school	Orland Park IL	02/94 - 05/96	Yes ☒ No ☐
College University	St. Louis College of Pharmacy	St. Louis MO	08/96 - 05/02	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained _____

Applicant's initial

RD

Page 3

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? N/A 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/AApplicant's initial RD

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				
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
02/94 - 05/02	15613 Plum Tree dr.	Orland park	IL 60462
06/02 - 07/05	8700 Pershing dr	Playa Del Ray	CA
08/05 - 04/15	11512 Rochester Ct	Cerritos	CA 90703
04/15 - Current	Maurice cir Cerritos CA 90703	Cerritos	CA 90703

Applicant's initial

RD

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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.

11/06 - 02/08	United health Mail Order Pharmacy Cypress CA	2000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	verified prescriptions	N/A
Title	Description of Duties	Name of Supervisor
07/08 - 01/14	Ominicare LLC, Cypress CA	10000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Lead Staff Pharmacist	Verified/Dispensed Sterile/Non Sterile Drugs	Elaine Cox
Title	Description of Duties	Name of Supervisor
07/2014 - 01/2016	Valley View Drugs La Mirada	Dave Jenson
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Supervisor	Write SOP, Dispensing and compounding activity	2000
Title	Description of Duties	Name of Supervisor
01/2018 - 05/2020	MP II Pharmacy 4434 Cerritos Ave Los Alamitos CA	Ailene White
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	Verified/Dispensed Drugs	2000+
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

RD

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>M. Patel</u>	Home					20
Employer <u>Harvey health</u>	Business					
Name <u>Elaine Cox</u>	Home					10
Employer <u>Omnicare</u>	Business					
Name <u>Loreen Avakian</u>	Home					8
Employer <u>so-Low Drugs</u>	Business					
Name <u>Ailene White</u>	Home					2
Employer <u>MP II Pharmacy</u>	Business					
Name <u>Puja Shah</u>	Home					20
Employer <u>Planned Parenthood</u>	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

Active Pharmacist Lic - CA, IL, OR, MS, WV, MD, KY, KS, OK, TN

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:

California Board Of Pharmacy - April 2020- 10 Hours of Continue Education for Disciplinary Order of Public Repraval

Applicant's initial

RD

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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 07/14/2020

Applicant's initial RD

STATE OF California

ss.

COUNTY OF Los Angeles

I, Ronak Desai, 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,

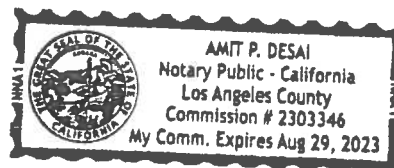
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 20th day ofOctober 2020.

Notary Public



Amit P. Desai .

(seal) 10/20/2020.

Applicant's initial

RD

Page 9

Applicant's initial RD

8B

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: PAHRUMP CARE PHARMACY

Physical Address: 1500 E HIGHWAY 372 SUITE # E

City: PAHRUMP State: NY Zip Code: 89048 Telephone: 347-279-3085

Fax: _____ Toll Free Number: _____

E-mail: pahrumpcare@gmail.com

Website: _____

Managing Pharmacist: Waseem Sarwar License Number: 20752 OK

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.

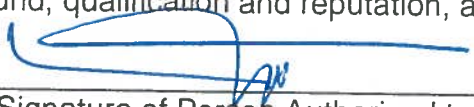
Within the last five (5) years:

- 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

WASEEM SARWAR
Print Name of Authorized Person

12/01/2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

State of Incorporation: Nevada
Parent Company if any: APEX HEALTH
Mailing Address: 11820 Glinda Ct
City: Las Vegas State: NV Zip: 89183
Telephone: 347-279-3085 Fax: _____
Contact Person: WASEEM SARWAR

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) WASEEM SARWAR Westchester Av, Bronx NY-10459
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. 10,000
- 3) What was the price paid per share? \$ 0.001

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 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: NV20201935494

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, WASEEM SARWAR

Responsible Person of APEX HEALTH DBA PAHRUMP CARE 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

WASEEM SARWAR

Print Name of Authorized Person

12/01/2020

Date

Managing Pharmacist

Pharmacist Name: WASEEM SARWAR

License #: 20752

Pharmacy Name: PAHRUMP CARE 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

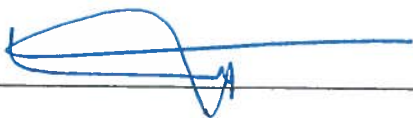
Board Administrative Action: State: _____ Date: _____ Case #: _____
 And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

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



Date

12/01/2020

LIST OF OFFICERS AND DIRECTORS

Waseem Sarwar is the sole member of Apex Health *dba* Pahrump Care Pharmacy, and he is the President/Authorized official of Apex Health.

Contact info: Waseem Sarwar

Address: 3 street,
South Richmond Hill, NY-11419

Phone:

Email: 3@gmail.com

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

820

Date 12/01/2020

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 License
Apex Health DbA Pahrump Care Pharmacy Nature of Pharmacy or Wholesaler 1500 E Highway 372 Suite E Pahrump, NV - 89048
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

SARWAR Last Name WASEEM First Name Middle Name
None

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

street Present Residence Address-Street or RFD South Richmond Hill City NY-11419 State/Zip

Westchester Ave Present Business Address Bronx City NY-10459 State/Zip

President / Managing Pharmacist Present Position with the Pharmacy or Wholesaler

Phone: Residence Business
Lahore, Punjab, Pakistan Place of Birth (City, County, State)

31 Date of Birth Male Sex

31 Age Black Color of Eyes Black Color of Hair Fair Complexion 170 lb Weight Slim Build 6' Height

Scars, tattoos or distinguishing marks and/or characteristics Cut mark under left eye

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** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

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
------	--------	------	-------	-----	-----------

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 _____

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

Chaudhry Muhammad Sarwar

Johar town,
Lahore, Pakistan

Retired

Mother

Mussarat Sarwar

-F Johar town
Lahore, Pakistan

House wife

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
---------------	------------	---------	------------

Azeem Sarwar

-F Johar town.
Lahore, Pakistan

IT Business

Spouse

Zahra Hafeez

-F Johar town.
Lahore, Pakistan

House Wife

Samreen Sarwar

-F Johar town,
Lahore, Pakistan

Doctor

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Don Bosco High School	Lahore, Pakistan	1994-2005	☒ Yes ☐ No
High School Govt. Islamia College	Lahore, Pakistan	2005-2008	☒ Yes ☐ No
College University of the Punjab			☒ Yes ☐ No
Other			☐ Yes ☐ No

Type of degree obtained, if any

Pharm D

College or university where obtained

University of the Punjab

Applicant's initial

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
------	--------------	--------	----------	------

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
--	------------	-----------------------	------------------------	------------------

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
--------------------------	-------------------	------	-----------------

06/18 - Present	- street	S. Richmond Hill	NY-11419
03/18 - 05/18	124-19 Liberty Ave	S. Richmond Hill	NY-11419
06/15 - 02/18	109-41 Leffert's Blvd	S. Ozone Park	NY-11420
04/14 - 04/15	91-55 97 th Street	Woodhaven	NY-11421
03/89 - 04/14	2-A Qazalbash Road	Lahore	Pakistan

Applicant's initial



8. EMPLOYMENT:

825

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.

02/20 - Present	Rite Aid, 840 Westchester Ave, Bronx NY-10459	38 hours/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist/Manager	Supervise daily operations of pharmacy	Raquel Esposito
Title	Description of Duties	Name of Supervisor
01/18 - 02/20	Meeraj Pharmacy 115-17 Liberty Ave, S. Richmond Hill NY-11419	40 hours/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Supervise daily operations of pharmacy	Iqra Khan
Title	Description of Duties	Name of Supervisor
12/06 - 01/18	Meeraj Pharmacy 115-17 Liberty Ave, S. Richmond Hill NY-11419	40 hours/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Inten	Assist the pharmacist	Iqra Khan
Title	Description of Duties	Name of Supervisor
07/13 - 06/15	MS Bashir Pharmacy Shop 1 & 2 St 13, Walton Rd, Lahore Pakistan	40 hours/week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Supervise daily operations of pharmacy	Tanveer Bashir
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>ZAIN AZAM</u>	Home	<u>Acushnet Av Springfield MA-01105</u>				<u>11</u>
Employer <u>Walgreens</u>	Business	<u>180 Elm street, Pittsfield MA-01201</u>				
Name <u>FNU ATILALUL HUDA</u>	Home	<u>Edgemere Blvd, El Paso TX-79936 3 .. -- --</u>				<u>11</u>
Employer <u>ASP Cares pharmacy</u>	Business	<u>1015 North Zaragoza Road, El Paso TX-79907</u>				
Name <u>Sohail Akhtar</u>	Home	<u>Dresden Green, Kennesaw, GA-30144</u>				<u>11</u>
Employer <u>CVS Pharmacy</u>	Business	<u>4291 Mercer University Dr., Macon GA-31204</u>				
Name <u>Muhammad Atif Ishtiaq</u>	Home	<u>Ave, Jamaica, NY-11432</u>				<u>11</u>
Employer <u>CX Pharmacy</u>	Business	<u>110 Commerce Dr. Suite 250, Shelton CT-06484</u>				<u>6</u>
Name <u>Umair Humza</u>	Home	<u>street South richmond Hill NY-11419</u>				
Employer <u>OZ Pharmacy</u>	Business	<u>322 E 149 street, Bronx NY-10451</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

Pharmacist (license # 062982), New York, since 07/2017

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 12/03/20

Applicant's initial III

COUNTY OF Queens

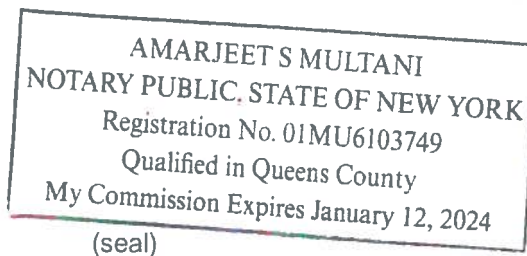
I, Waseem Sarwar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 3rd day ofDecember 2020

Notary Public



Applicant's initial



Date 12/01/20

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 License
Apex Health Dba PAHRUMP CARE PHARMACY Nature of License 1500 E Highway 372 Suite #E, pah.rump, NV-89048
N/A Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

SARWAR Last Name WASEEM First Name Middle Name
None
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Street South Richmond Hill NY-11419
 Present Residence Address-Street or RFD City State/Zip
840 Westchester Ave Bronx NY-10459
 Present Business Address City State/Zip
Pharmacist Dates
 Occupation
 Phone: Residence Business
Lahore, Punjab, Pakistan
 Date of Birth Place of Birth (City, County, State)
31 Male
 Age Sex
Black Black Fair 170 lb Slim 6'
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Cut Mark under left eye

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** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

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

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 W

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 Chaudhry Muhammad Sarwar		F Johar town Lahore, Pakistan	Retired
Mother Mussarat Sarwar		F Johar town Lahore, Pakistan	House wife
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
Azeem Sarwar		F Johar town, Lahore, Pakistan	IT Business
Spouse Zahra Hafeez		F Johar town Lahore, Pakistan	House wife
Samreen Sarwar		F Johar town Lahore, Pakistan	Doctor
Spouse N/A			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Don Bosco High School	Lahore, Pakistan	1994-2005	Yes ☒ No ☐
High School Govt. Islamia College	Lahore, Pakistan	2005-2008	Yes ☒ No ☐
College University of the Punjab	Lahore, Pakistan	2008-2013	Yes ☒ No ☐
Other			Yes ☐ No ☐

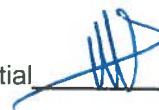
Type of degree obtained, if any

Pharm D

College or university where obtained

University of the Punjab

Applicant's initial



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

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
06/18 - Present	... street	S. Richmond Hill	NY-11419
03/18 - 05/18	124-19 Liberty Ave	S. Richmond Hill	NY-11419
06/15 - 02/18	109-41 Lefferts Blvd	S. Ozone Park	NY-11420
04/14 - 04/15	91-55 97th Street	Woodhaven	NY-11421
03/89 - 04/14	2-A Qazalbash Road	Lahore	Pakistan

Applicant's initial



8. EMPLOYMENT:

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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.

- 02/20 - Present Rite Aid, 840 Westchester Av. Bronx NY-10459 Currently Employed

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Pharmacist/Manager Supervise daily operations of pharmacy Raquel Esposito

Title Description of Duties Name of Supervisor
- 01/18 - 02/20 Meeraj Pharmacy 115-17 Liberty Av. NY-11419 Better career opportunity

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Pharmacist Supervise daily operations of pharmacy IQRA KHAN

Title Description of Duties Name of Supervisor
- 12/06 - 01/18 Meeraj Pharmacy 115-17 Liberty Av. NY-11419 Promotion in same company

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Pharmacy Intern Assist the pharmacist Iqra Khan

Title Description of Duties Name of Supervisor
- 07/13 - 06/15 MS Bashir Pharmacy Shop 1 & 2 St. 13 Walton Rd, Lahore Pakistan Moved to USA

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Pharmacist Supervise daily operations of pharmacy Tanveer Bashir

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

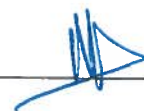
Title Description of Duties Name of Supervisor

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



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>ZAIN AZAM</u>	Home <u>Acushnet Av</u>	<u>Springfield</u>	<u>MA</u>	<u>01105</u>	<u>3</u>	<u>11</u>
Employer <u>Walgreens</u>	Business <u>180 Elm Street</u>	<u>Pittsfield</u>	<u>MA</u>	<u>01201</u>		
Name <u>FNU AJLAL ULHUDA</u>	Home <u>Edgemere Blvd</u>	<u>El Paso</u>	<u>TX</u>	<u>79936</u>		<u>11</u>
Employer <u>ASP Cares Pharmacy</u>	Business <u>1015 North Zaragoza Road</u>	<u>El Paso</u>	<u>TX</u>	<u>79907</u>		
Name <u>SOHAIL AKHTAR</u>	Home <u>Dresden Green</u>	<u>Kennesaw</u>	<u>GA</u>	<u>30144</u>	<u>:</u>	<u>11</u>
Employer <u>CVS Pharmacy</u>	Business <u>4291 Mercer University Dr.</u>	<u>Macon</u>	<u>GA</u>	<u>31204</u>		
Name <u>Muhammad Atif Ishtiaq</u>	Home <u>St AVE</u>	<u>Jamaica</u>	<u>NY</u>	<u>11432</u>		<u>11</u>
Employer <u>CX Pharmacy</u>	Busine <u>Commerce Dr Suite 250</u>	<u>Shelton</u>	<u>CT</u>	<u>06484</u>		
Name <u>UMAIR HUMZA</u>	Home <u>South Richmond Hill</u>	<u>NY</u>	<u>11419</u>			<u>6</u>
Employer <u>OZ Pharmacy</u>	Business <u>322 E 149 street</u>	<u>Bronx</u>	<u>NY</u>	<u>10451</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

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 (License # 062982), New York, since 07/2017

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.

Applicant's initial

UJ

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:

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 12/03/2020

Applicant's initial WJ

STATE OF new york

838

ss.

COUNTY OF Queens

I, Waseem Sarwar, 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 3rd day of

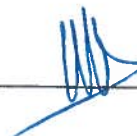
December 2020

Notary Public



AMARJEET S MULTANI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MU6103749
Qualified in Queens County
My Commission Expires January 12, 2024
(seal)

Applicant's initial



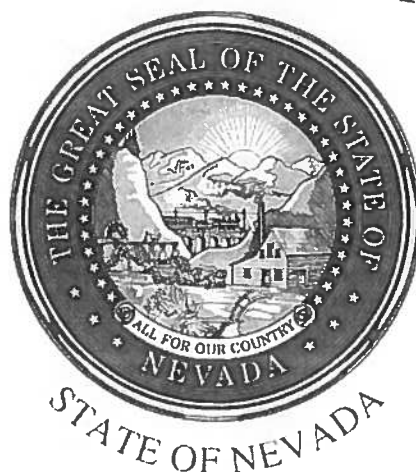
Page 9

Handwriting practice lines consisting of 30 horizontal dotted lines.

Applicant's initial

Handwritten initials, possibly 'WS' or 'VS', written in dark ink.

SECRETARY OF STATE



DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Apex Health** did, on 11/05/2020, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



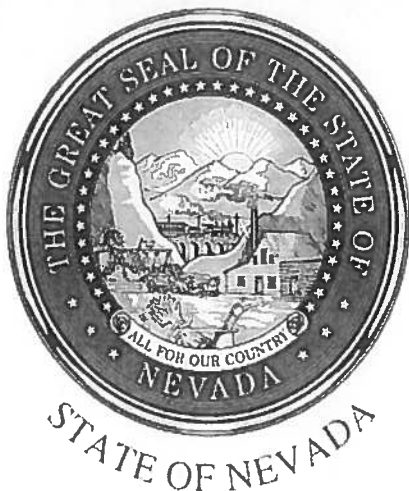
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/05/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202011051198034
You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Apex Health

Nevada Business Identification # NV20201935494

Expiration Date: 11/30/2021

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 11/05/2020.

Certificate Number: B202011051198035

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Marc PHILLIP Gohres
Pacific Palisades Ave
Las Vegas, NV 89144, USA

Work Order #: W2020110501886
November 5, 2020
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 17082

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-For-Profit 10,000@0.001 Authorized = \$10.00 # Of No Par Values Shares 0 Authorized Value \$10.00	Fees	20201027445	11/5/2020 5:53:37 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20201027447	11/5/2020 5:53:37 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20201027447	11/5/2020 5:53:37 PM	InternalReview	1	\$500.00	\$500.00
Total							\$725.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6046276061196460503058	Success	\$725.00
Total			\$725.00

Marc PHILLIP Gohres
Pacific Palisades Ave
Las Vegas, NV 89144, USA

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division

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KIMBERLEY PERONDIDeputy Secretary for
Commercial RecordingsMarc PHILLIP Gohres
Pacific Palisades Ave
Las Vegas, NV 89144, USA**Work Order #: W2020110501886**

November 5, 2020

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Special Handling Instructions:**Submitter ID: 17082****Charges**

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-For-Profit 10,000@0.001 Authorized = \$10.00 # Of No Par Values Shares 0 Authorized Value \$10.00	Fees	20201027445	11/5/2020 5:53:37 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20201027447	11/5/2020 5:53:37 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20201027447	11/5/2020 5:53:37 PM	InternalReview	1	\$500.00	\$500.00
Total							\$725.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6046276061196460503058	Success	\$725.00
Total			\$725.00

Marc PHILLIP Gohres
Pacific Palisades Ave
Las Vegas, NV 89144, USA

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
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North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Business Entity - Filing Acknowledgement

11/05/2020

Work Order Item Number: W2020110501886 - 926973
Filing Number: 20201027445
Filing Type: Articles of Incorporation-For-Profit
Filing Date/Time: 11/05/2020 17:53:37 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E10274462020-9

Entity Name: Apex Health

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

MARC GOHRES

1 PACIFIC PALISADES AVE, LAS VEGAS, NV 89144 - 1221, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE*Secretary of State***KIMBERLEY PERONDI***Deputy Secretary for
Commercial Recordings***STATE OF NEVADA****OFFICE OF THE
SECRETARY OF STATE***Commercial Recordings Division**202 N. Carson Street**Carson City, NV 89701**Telephone (775) 684-5708**Fax (775) 684-7138**North Las Vegas City Hall**2250 Las Vegas Blvd North, Suite 400**North Las Vegas, NV 89030**Telephone (702) 486-2880**Fax (702) 486-2888***Business Entity - Filing Acknowledgement**

11/05/2020

Work Order Item Number: W2020110501886 - 926974**Filing Number:** 20201027447**Filing Type:** Initial List**Filing Date/Time:** 11/05/2020 17:53:37 PM**Filing Page(s):** 2**Indexed Entity Information:****Entity ID:** E10274462020-9**Entity Name:** Apex Health**Entity Status:** Active**Expiration Date:** None

Commercial Registered Agent

MARC GOHRES

) PACIFIC PALISADES AVE, LAS VEGAS, NV 89144 - 1221, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

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 E10274462020-9	846
	Filing Number 20201027445	
	Filed On 11/05/2020 17:53:37 PM	
	Number of Pages 2	

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)	Apex Health
2. Registered Agent for Service of Process: (Check only one box)	☒ Commercial Registered Agent (name only below) MARC GOHRES Name of Registered Agent OR Title of Office or Position with Entity PACIFIC PALISADES AVE Las Vegas Nevada 89144 Street Address City Zip Code Mailing Address (If different from street address) City Nevada 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 Marc Gohres 11/05/2020 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) Waseem Sarwar Name Pacific Palisades Ave. Las Vegas NV 89144 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. ☐



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 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
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Formation - profit Corporation

Continued, Page 2

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.)													
8. Authorized Shares: (Number of shares corporation is authorized to issue)	<table style="width: 100%;"> <tr> <td>Number of common shares with Par value: 0</td> <td>Par value: \$ 0</td> </tr> <tr> <td>Number of preferred shares with Par value: 0</td> <td>Par value: \$ 0</td> </tr> <tr> <td>Number of shares with no par value: 0</td> <td></td> </tr> </table> If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.	Number of common shares with Par value: 0	Par value: \$ 0	Number of preferred shares with Par value: 0	Par value: \$ 0	Number of shares with no par value: 0							
Number of common shares with Par value: 0	Par value: \$ 0												
Number of preferred shares with Par value: 0	Par value: \$ 0												
Number of shares with no par value: 0													
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 style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Waseem Sarwar</td> <td style="border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="font-size: small;">Name</td> <td style="font-size: small;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Pacific Palisades Ave.</td> <td style="border: 1px solid black; padding: 2px;">Las Vegas</td> </tr> <tr> <td style="font-size: small;">Address</td> <td style="font-size: small;">City</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">X Waseem Sarwar</td> <td style="border: 1px solid black; padding: 2px;">NV 89144</td> </tr> <tr> <td style="font-size: small;"></td> <td style="font-size: small;">State Zip/Postal Code</td> </tr> </table> (attach additional page if necessary)	Waseem Sarwar	United States	Name	Country	Pacific Palisades Ave.	Las Vegas	Address	City	X Waseem Sarwar	NV 89144		State Zip/Postal Code
Waseem Sarwar	United States												
Name	Country												
Pacific Palisades Ave.	Las Vegas												
Address	City												
X Waseem Sarwar	NV 89144												
	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)



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

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Apex Health

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. Cegavske</i>	Business Number E10274462020-9
Secretary of State State Of Nevada	Filing Number 20201027447
	Filed On 11/05/2020 17:53:37 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.****



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Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Waseem Sarwar

Name

USA

Country

Pacific Palisades Ave.

Address

Las Vegas

City

NV

89144

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 **Waseem Sarwar**

President

Title

11/05/2020

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

9

9A


RECEIVED
8-30-2020
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 1,2,3,8	☒ Partnership – Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8	☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

 Pharmacy Name: ARCHWAY APOTHECARY

 Physical Address: 2190 MANTON DRIVE

 Mailing Address: P.O. Box 5084 (70434)

 City: COVINGTON State: LA Zip Code: 70433-1000

 Telephone: 985-801-0800 Fax: 844-760-5945

 Toll Free Number: 844-701-0800 (Required per NAC 639.708)

 E-mail: SERVICE@ARCHWAYAPOTHECARY.COM Website: WWW.ARCHWAYAPOTHECARY.COM

 Managing Pharmacist: E. Raymond Wilkes, Jr License Number: PST.010160
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.

Matthew W. Hardey

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

MATTHEW W. HARDEY

Print Name of Authorized Person

Date

7/27/2020

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral ☒ (LLC)Limited ☐Partnership Name: ARCHWAY APOTHECARY, LLCMailing Address: P.O. Box 5084City: COVINGTON State: LA Zip Code: 70434-5084Telephone Number: 985-801-0800 Fax Number: 985-893-1845Contact Person: MATT HARDEYList 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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: CARL H. CAMP %: 53Name: Stephen M Camp %: 30Name: MATTHEW W. HARDEY %: 17

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

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

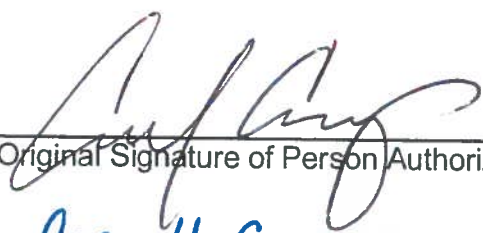
I, CARL H. CAMP

Responsible Person of ARCHWAY APOTHECARY 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

CARL H. CAMP

Print Name of Authorized Person

7/27/2020

Date



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

ARCHWAY APOTHECARY, L.L.C.

A limited liability company domiciled in COVINGTON, LOUISIANA,

Filed charter and qualified to do business in this State on April 22, 2013,

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.

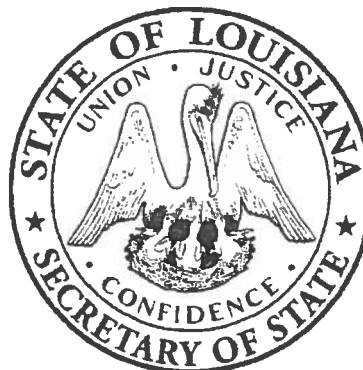
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 17, 2020

R. Kyle Ardoin

Secretary of State

Web 41154193K



Certificate ID: 11239542#DFG62

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, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov



July 23, 2020

Archway Apothecary
Attn: Matthew Hardey
PO Box 5084
Covington, LA 70434-5084

CREDENTIAL VERIFICATION

Official records of the Louisiana Board of Pharmacy reflect the following:

Credential Number:	PHY.007333-IR
Credential Type:	Pharmacy
Issued to:	Archway Apothecary, LLC
Original Issue Date:	June 13, 2016
Method of Credentialing:	Application
Expiration Date:	December 31, 2020
Current Status:	Active and unrestricted
Disciplinary action:	No

Verification prepared by:

Jonesha Cushenberry
Licensing Analyst 2

cc: file



July 17, 2020

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Attn: License Verification

Sir or Madam:

Please complete the attached form, or if you prefer, issue an equivalent letter on your own stationery, and return the completed document to my attention at the mailing address below.

Thank you.

A handwritten signature in blue ink, which appears to read "Matthew W. Hardey", is written over the printed name.

Matthew W. Hardey





3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov



PHARMACY PERMIT

Permit Owner: Archway Apothecary, LLC

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:

Archway Apothecary
2190 Manton Dr
Covington, LA 70433-1000

Permit Number: PHY.007333-IR

Effective Date: 01/01/2020

Expiration Date: 12/31/2020

PHY 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
Carl W. Aron
President

Louisiana Board of Pharmacy

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700



Controlled Dangerous Substance (CDS) License

Shall be Publicly Displayed at All Times, and Used ONLY in Place of Business Indicated Below

This is to certify that the person or firm listed below has been duly licensed with the Louisiana Board of Pharmacy, according to the requirements of the Uniform Dangerous Substances Law, Title 40, Chapter 4, Part X, Louisiana Revised Statutes 1950 as amended, to either manufacture, distribute, dispense, prescribe, and/or conduct research with Controlled Dangerous Substances in Schedules 1, 2, 2N (nonnarcotic), 3, 3N (nonnarcotic), 4, and 5 Section 984 of said act or as otherwise specified on the original application.

Archway Apothecary
2190 Manton Dr
Covington, LA 70433-1000

CDS License - Pharmacy

Credential Number: CDS.048304-PHY

Expiration Date: 12/31/2020

Approved Schedules and/or Drugs:

1: No	3: Yes
2: Yes	3N: Yes
2N: Yes	4: Yes
	5: Yes

Idaho	46056MS	12/31/2019
Indiana	64001754A	12/31/2019
Florida	PH28474	2/28/2020
Oregon	RP-0003377	3/31/2020
Maryland	P7935	5/31/2020
California	NRP 1974	7/1/2020
Connecticut	PCN.0003520	8/31/2020
Arizona	Y006707	10/31/2020
Virginia	214002132	10/31/2020
Colorado	OSP.0006707	10/31/2020
Alabama	114919	12/31/2020
North Carolina	13431	12/31/2020
Ohio	NRP.022561550-03	3/31/2021
Texas	32545	3/31/2021
Georgia	PHRN000766	6/30/2021
Mississippi	CS-16725/7.1	12/31/2021

9B

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 1,2,3,8 ☐ Partnership - Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 ☒ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pope Shenouda LLC
 Physical Address: 2228 US Hwy 19, Holiday, FL 34691
 Mailing Address: 2228 US Hwy 19, Holiday, FL 34691
 City: Holiday State: FL Zip Code: 34691
 Telephone: 727-934-1300 Fax: 727-934-1313
 Toll Free Number: 844-565-5155 (Required per NAC 639.708)
 E-mail: firstchoicepharmacy@yahoo.com Website: www.1stchoicepharmacy.net
 Managing Pharmacist: George Hanna License Number: PS40421

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

George Hanna

Print Name of Authorized Person

4/14/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: George Hanna

Business Name: Pope Shenouda LLC

Current Business Address: 2228 US Hwy 19

City: Holiday State: FL Zip Code: 34691

Telephone: 727-934-1300 Fax: 727-934-1313

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9am 6pm

Saturday 10am 1pm

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, George Hanna

Responsible Person of Pope Shenouda 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

George Hanna

Print Name of Authorized Person

4/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Pasco) ss.
COUNTY)

I, George Hanna, 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 1st Choice 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, George Hanna, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

George Hanna
Name



SUBSCRIBED AND SWORN TO
before me, a notary public this
16th day of April, 2020.

Laura Able *Laura Able*
NOTARY PUBLIC



Posted April 1, 2020

State of Florida

Department of State

I certify from the records of this office that POPE SHENOUDA LLC is a limited liability company organized under the laws of the State of Florida, filed on December 10, 2007, effective December 7, 2007.

The document number of this limited liability company is L07000122168.

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 28, 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 Sixth day of January, 2020*



Randy R.
Secretary of State

Tracking Number: 4958032172CU

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

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

AC#8618849

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/03/2018	PH 23208	103571

THE PHARMACY

named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2021**

POPE SHENOUDA, LLC

1st Choice Pharmacy

2228 US HWY 19

HOLIDAY, FL 34691

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
3:1 PHARMACY TECHNICIAN RATIO APPROVED




Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

10

10A

RECEIVED
7/14/2020

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 <u>MP01163</u>)			

☐ 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: ActivStyle, Inc.

Physical Address: 3500 Lakeside Ct Ste 200 Reno, NV 89509-4829
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 612-928-6826 Fax: 866-301-2167

E-mail: licensing@adapthealth.com Website: www.activstyle.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30

Fri: 8:00 to 4:30 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Justin Garcia

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| ☐ Medical Gases** | ☒ Assistive Equipment |
| ☐ Respiratory Equipment** | ☒ Parenteral and Enteral Equipment** ^{Oral, Nutrition Only} |
| ☐ 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: Justin Garcia Telephone: 612-928-6826

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:

1265720003-Medicare 1407173497-NV Medicaid

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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>N/A</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

Diane Siegel

Print Name of Authorized Person

Date

7/10/20

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: AdaptHealth LLC %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: ActivStyle, Inc.Mailing Address: 220 W Germantown Pike Ste 250City Plymouth Meeting State: PA Zip Code: 19462Telephone Number: 410-409-8741 Fax Number: 484-244-5488Contact Person: Diane Siegel dsiegel@adapthealth.com**PARTNERSHIP****Include with the application for a partnership**

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



09/17/2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway #206
Reno, NV 89521

RE: Notification of Change of MDEG Administrator for ActivStyle, Inc.

To Whom it may Concern,

This letter shall serve as notice that effective 09/21/2020 Activstyle's previous MDEG administrator, Jesse Merrell, is no longer the site Administrator for the Nevada location. Amanda Bussard will be replacing him as the MDEG administrator.

The completed application is being overnighted to the Nevada State Board of Pharmacy for processing.

Please contact me with any questions.

Thank You!

A handwritten signature in blue ink, appearing to read "Debbie Gutow", is written over the printed name.

Debbie Gutow
Contracts & Compliance Specialist

adapthealth.com

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 09/16/2020

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 herein 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 Site Lead/Administrator

Nature of MDEG

ActivStyle, Inc., 3500 Lakeside Court, Suite 200, Reno, NV, 89509

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bussard Amanda _____
 Last Name First Name Middle Name

N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Foggy Ct Sun Valley NV, 89433
 Present Residence Address-Street or RFD City State/Zip

3500 Lakeside Ct Ste 200 Dates Reno NV, 89509-4829
 Present Business Address City State/Zip

Site Lead/Administrator Dates 09/21/2020
 Present Position with the MDEG

Phone _____ Fax 866-301-2167

Email address civstyle.com

 Date of Birth Place of Birth (City, County, State)

27 _____
 Age Social Security Number or ITIN Sex F

Green Dark Brown 280 5'5"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Red and Black Star tattoo on
right wrist

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:

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.

09/2020	ActivStyle, Inc. 3500 Lakeside Ct #200 Reno, NV 89509-4289	72
Month and Year	Name/ Address of Employer/Business Facility contact person in charge of safety checks, daily operation and client care	No of Employed Hours
Site Lead/Administrator		Case Martell
Title	Description of Duties	Name of Supervisor
10/2017 - 08/2020	CVS Pharmacy 3360 S. McCarran Blvd Reno, NV	Sileco
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Shift Supervisor - Ex	Customer service, sales, cash management, filling/typing prescriptions, inventory, stocking, packaging, shipping.	Jenna
Title	Description of Duties	Name of Supervisor
12/2016 - 04/2017	Reno Orthopaedic Clinic 555 N Arlington Ave Reno, NV 89503	800
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Medical coder	To assign proper codes to procedures, review documentation for professional services.	Melissa
Title	Description of Duties	Name of Supervisor
09/2015 - 09/2016	ORC International 1170 Financial Blvd Reno, NV	1536
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Phone Interviewer	Make outbound calls to obtain completed survey with respondents	Josh
Title	Description of Duties	Name of Supervisor
05/2013 - 03/2015	CVS Pharmacy 170 Lemon Drive Reno NV 89504	2300
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Shift Supervisor	Customer service, sales, cash handling, inventory, stocking, etc.	Ken
Title	Description of Duties	Name of Supervisor
2015 - 2017	Career College of Northern Nevada 1421 Pullman Drive Sparks, NV 89434 (775-350-2200)	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
AS Health Information Management		
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

.....



Date of photograph 07/08/2020

Amanda Bussard

I, 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.


Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/01/2020

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 In State MDEG License

ActivStyle Inc. 3500 Lakeside Ct Ste 200 Reno NV 89509-4829

ActivStyle Inc. Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Parnes

Yehoshua

Last Name	First Name	Middle Name
<u>N/A</u>		

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Sean Court, Lakewood, N.

Present Residence Address-Street or RFD	City	State/Zip
<u>Germantown Pike, Suit</u>	<u>Dates 8/16/17 to present</u>	<u>Plymouth Meeting PA 19462</u>

Present Business Address	City	State/Zip
<u>President</u>	<u>Dates 8/16/17 to present</u>	

Occupation	Phone
<u>New York, Kings County, New York</u>	<u>Residence</u>

Business 775-329-0799

Date of Birth	Place of Birth (City, County, State)
<u>41</u>	<u>Male</u>

Age	Social Security Number	Sex
<u>Green</u>	<u>Brown</u>	<u>Caucasian</u>

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>180</u>	<u>Healthy</u>	<u>6'3"</u>			

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 _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial Y

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) Shaiky Carlbach Parnes Date City, County and State S.S. N

Date of Birth Place of Birth

Resident address Sean Court, Lakewood, N

Street City State Zip

Telephone: Residence Business

Spouse's employer Chemed Health Occupation APN

Address of employer 1771 Madison Ave, Lakewood NJ 08701

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
Abraham Parn	Jerusalem, Israel,	Sean Court, Lakewood NJ 08701	
Ahuba Parn	Lakewood NJ	Sean Court Lakewood, NJ 08701	
Eli Parnes	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
Jack Parnes	Lakewood NJ, 1	Sean Court, Lakewood NJ 08701	
Shashona Parnes,	Lakewood NJ,	Sean Court, Lakewood NJ 08701	
Miriam Parnes	Lakewood NJ	Sean Court Lakewood NJ 08701	

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

4P

Page 2

FAMILY INFORMATION-Continued

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			
David Parnes		E 11th Street, Brooklyn, N	- Professor
Mother			
Janet Parnes		11th Street Brooklyn NY	- Lab Manager
Father-in-Law			
Jonah Carlebach		Liberty Drive, Lakewood NJ	-Sales
Mother-in-Law			
Rachel Carelbach		Liberty Drive, Lakewood, N.	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
Aaron Parnes		Brooklyn, NY	self-employed
Spouse			
Nechama Weiss	unknown		N/A
Eli Parnes		Baltimore MD	Teacher
Spouse			
Bracha Leah Cohen	unknown		Teacher
Shiffrah Garfunkle (Parnes)		Lakewood NJ	Speech Therapist
Spouse			
Yitzchock Garfunkle	unknown		Student
Avigauil Fischler		Baltimore, MD	Physical Therapist
Spouse			
Shmuel Fischler	unknown		Social Worker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Mirrers Yeshiva Elementary	1791 Ocean Parkway Brooklyn NY 11223	1982-1991	Yes ☒ No ☐
High School	Mirrers Yeshiva High School	1791 Ocean Parkway Brooklyn NY 11223	1991-1995	Yes ☒ No ☐
College	Touro College	6th Avenue and West 23rd St, New York, NY 10010	1998-2000	Yes ☐ No ☒
University	Talmudic Law School -BMG	Lakewood NJ 08701	1999-2003	Yes ☐ No ☒
Other				Yes ☒ No ☐

Type of degree obtained, if any _____

College or university where obtained _____

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 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

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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
2003-2006	51 Lopsley Lane, Lakewood NJ		
2006-Present	Sean Court, Lakewood NJ		

Applicant's initial

UP

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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 11/2004	Name/Mailing Address of Employer/Business Caring Distribution 5722 18th Ave Brooklyn New York	Reason for Leaving Better Opportunity
Title Sales Manager	Description of Duties Manage sales activities	Name of Supervisor John Carlebach
Month and Year 1/2005 - Present	Name/Mailing Address of Employer/Business Ocean Home Health Supply LLC 1000 Airport Rd Lakewood NJ 08901	Reason for Leaving
Title VP Operations/MFMT	Description of Duties Operations for Durable Medical Equipment Company	Name of Supervisor Luke McGee
Month and Year April 2017-Present	Name/Mailing Address of Employer/Business AdaptHealth LLC (previously QMES LLC) 220 W Germantown Pike Suite 250 Plymouth Meeting PA 19462	Reason for Leaving
Title President	Description of Duties Providing vision, strategic leadership for company	Name of Supervisor Luke McGee
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
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 

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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 Eli Friedman	Home	Chelsea Ct, Lakewood NJ		73		10
Employer Plains Capital LLC	Business	428 Clifton Ave #100 Lakewood NJ	08701		732-886-6202	
Name Danny Kagan	Home	Sean Court, Lakewood NJ				5
Employer	Business					
Name Shmuel Peper	Home	Newbury Ct Lakewood NJ	08701			5
Employer	Business					
Name Moshe Shapira	Home	Spruce St Lakewood NJ	08701			10
Employer	Business					
Name Luke McGee	Home	1 Spruce Street, Philadelphia, PA	19102			
Employer Quadrant Capital Management	Business	Passaic Avenue Suite 301 Fairfield, NJ	07004			

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
Safe Deposit Box, Lakewood New Jersey - TD Bank			Michael Parnes

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

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.

Ocean Home Health Supply LLC New Jersey - 1000 Airport Rd, Suite 101 Lakewood NJ 08701

Medical Equipment Business, NJ Division of Taxation, see attached list

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 ☒

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 1-13-20

Applicant's initial UP

STATE OF New Jersey

ss.

COUNTY OF Ocean

I, Yehoshua Pames, 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.



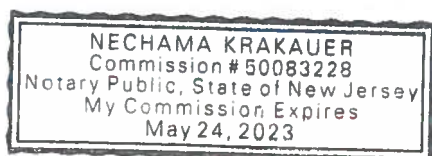
Original Signature of Applicant

Subscribed and Sworn to before me this 13 day of July 2020



Notary Public

(seal)



Applicant's initial



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CERTIFICATE OF LIABILITY INSURANCE

5/17/2021

DATE (MM/DD/YYYY)

6/30/2020

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 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURED 1422153 ActivStyle, Inc. 3500 Lakeside Ct, Ste 200 Reno NV 8959-4829	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Benchmark Insurance Company	
	INSURER B: Hartford Fire Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:** 16832304 **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	ADD'L 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 ☐ PRO-JECT ☐ LOC OTHER: _____	N	N	D1019 G6279-1	5/17/2020	5/17/2021	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 \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY Per pers n \$ XXXXXXXX BODILY INJURY Per a de t \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	N	N	UM1019 6280-1	5/17/2020	5/17/2021	EACH OCCURRENCE \$ \$10,000,000 AGGREGATE \$ \$10,000,000 \$ XXXXXXXX
	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	NOT APPLICABLE			PER STATUTE OTH ER E EACH ACCIDENT \$ XXXXXXXX E DISEASE EA EMPLOYEE \$ XXXXXXXX E L DISEASE - POLICY IMIT \$ XXXXXXXX
A	Prof Liab	N	N	D1019 G6279-1	5/17/2020	5/17/2021	\$1MM per occ \$3MM agg Limit \$58,939,860
B	Blanket BPP			39 UUN DF2446	5/17/2020	5/17/2021	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

16832304

National Supplier Clearinghouse
 AG-495 Palmetto GBA
 P.O. 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

Michael A. Calabrese

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AdaptHealth LLC Entities				
Legal Name	President	Address		
AdaptHealth LLC	Yehoshua Parnes	220 W Germantown Pike Suite 250	Plymouth Meeting	PA 19462
ActivStyle, Inc	Yehoshua Parnes	1701 Broadway Street NE	Minneapolis	MN 55413
AdaptHealth - Missouri LLC	Yehoshua Parnes	5436 Bleaux Ave, Ste A	Springdale	AR 72762-0750
AdaptHealth Patient Care Solutions Inc.	Yehoshua Parnes	600 Lindbergh Drive	Moon Township	PA 15108-2777
Advocate Medical Services, Inc. dba ActivStyle	Yehoshua Parnes	5912 Breckenridge Parkway Suite G	Tampa	FL 33610
Aircare Home Respiratory LLC	Yehoshua Parnes	13311 Garden Grove Blvd, Ste D	Garden Grove	CA 92843-2202
All American Home Aid, Inc. dba ActivStyle	Yehoshua Parnes	169 W Springfield St Unit B	Boston	MA 02118-1403
American Ancillaries Inc	Yehoshua Parnes	4135 N Rancho Drive, Suite 110	Las Vegas	NV 89130-3494
Americoast Maryland LLC	Yehoshua Parnes	9321 Philadelphia Road, Suite K-L	Rosedale	MD 21237-4100
Associated Healthcare Systems, Inc.	Yehoshua Parnes	34 Riley Ave, Suite 3	Plattsburgh	NY 12901-1644
Bennett Medical Services	Yehoshua Parnes	2600 Mill Street, Suite 600	Reno	NV 89502-0105
Braden Partners, L.P.	Yehoshua Parnes	4882 McGrath St, Ste 220	Ventura	CA 93003-7721
Champlain Valley Brace & Limb LLC dba ActivStyle	Yehoshua Parnes	762 State Rte 3 Ste 15	Plattsburgh	NY 12901-7472
Choice Medical Healthcare LLC	Yehoshua Parnes	56 E Broadway, Ste 600	Salt Lake City	UT 84111-2211
Clearview Medical Incorporated	Yehoshua Parnes	2503 Gravel Drive	Fort Worth	TX 76118-6904
First Choice Home Medical Equipment, LLC	Yehoshua Parnes	259 Quigley Blvd, Suite 1	New Castle	DE 19720-4186
Florida Home Medical Supply Inc dba Colonial Medical Supplies	Yehoshua Parnes	614 E ALTAMONTE DR	ALTAMONTE SPRINGS	FL 32701-4803
Gould's Discount Medical LLC	Yehoshua Parnes	3901 Dutchman's Lane, Suite 100	Louisville	KY 40207-4726
Halprin, Inc.	Yehoshua Parnes	2375 State Rd 332, Suite 1000	Canandaigua	NY 14424-7509
Healthline Medical Equipment, LLC	Yehoshua Parnes	4709 Lydia Dr	Wichita Falls	TX 76308-4537
Home Medical Express Inc.	Yehoshua Parnes	621 IL Route 83, Ste 101	Bensenville	IL 60106-1325
Home MediService LLC	Yehoshua Parnes	540 S Union Ave	Havre de Grace	MD 21078-3410

Home Wellness, Inc. dba ActivStyle Hometown Home Health LLC	Yehoshua Parnes	700 Route 130 N Suite 208 65 Salem Church Road	Cinnaminson Jasper	NJ	08077-3366 30143-5804
MARY Medical Inc. dba ActivStyle Med Way Medical, Inc	Yehoshua Parnes	4656 E Dakota Avenue Ste 104 1837 South 4130 West, Units A&B	Fresno Salt Lake City	CA	93726-4727 84104-4826
Med-Equip, Inc	Yehoshua Parnes	701B Ashland Avenue, Ashland Center Two, Bay 6	Folcroft	PA	19032-2026
Medstar Surgical & Breathing Equipment, Inc.	Yehoshua Parnes	99 Powerhouse Rd, Suite 205	Roslyn Heights	NY	11577-2039
Ocean Home Health of PA Inc	Yehoshua Parnes	122 Mill Road, Suite A160	Phoenixville	PA	19460-1412
Ocean Home Health Supply LLC	Yehoshua Parnes	1000 Airport Road, Suite 101	Lakewood	NJ	08701-5960
Ogles Oxygen LLC	Yehoshua Parnes	1890 W Oak Pkwy, Ste A	Marietta	GA	30062-2278
Olean General Health Care Systems, LLC	Yehoshua Parnes	234 Homer Street	Olean	NY	14760-1132
Palmetto Oxygen LLC	Yehoshua Parnes	104 Corporate Blvd, Ste 402	West Columbia	SC	29169-4600
Roberts Home Medical LLC	Yehoshua Parnes	20465 Seneca Meadows Parkway	Germanatown	MD	20876-7005
Royal HomeStar, LLC	Yehoshua Parnes	2710 Emrick Boulevard	Bethlehem	PA	18020-8012
Royal Medical Supply, Inc.	Yehoshua Parnes	1951 Old Cuthbert Road, Suite 413	Cherry Hill	NJ	08034-1411
Sleep Therapy LLC	Yehoshua Parnes	2157 Troop Drive, Suite 100	Sartell	MN	56377-4563
Sleepeasy Therapeutics, Inc.	Yehoshua Parnes	3003 32nd Ave S, Ste 7C	Fargo	ND	58103-6163
Sound Oxygen Service Inc	Yehoshua Parnes	8322 S 259th Street	Kent	WA	98030-7428
Total Respiratory LLC	Yehoshua Parnes	4211 Medical Parkway, Ste B	Austin	TX	78756-3309
TriCounty Medical Equipment and Supply, LLC	Yehoshua Parnes	122 Mill Road Suite A130	Phoenixville	PA	19460-1412
Verus Healthcare LLC	Yehoshua Parnes	1569 Mallory Lane, Building 100	Brentwood	TN	37027-2872

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

ActivStyle, Inc.
RENO, NEVADA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Medical Supply Provider Services

FROM *July 1, 2020* THROUGH *February 6, 2023*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIRMAN OF THE BOARD OF COMMISSIONERS





July 10, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: Change of Ownership
ActivStyle Inc.
NV Medical Device, Equipment & Gases Permit No. MP01163

To Whom It May Concern,

Please find enclosed NV Medical Device, Equipment & Gases application for a change of ownership for ActivStyle Inc. License Number MP01163.

There is no change to the entity name, ActivStyle Inc., tax identification number, or day to day operations. ActivStyle Inc. will continue to operate from its current location with current MDEG Administrator, Justin Garcia.

We are working to have the Personal History Record completed and submitted, however, due to the notification requirement by the NV BOP for a change of ownership we are submitting the application, payment and additional supporting documents now to meet the notification requirement.

I may be reached at 410-409-8741 or via e-mail at dsiegel@adapthealth.com with any questions or if additional information is needed.

Sincerely,

Diane Siegel
Licensing Manager

Enclosures



July 16, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: Change of Ownership
ActivStyle Inc.
NV Medical Device, Equipment & Gases Permit No. MP01163

To Whom It May Concern,

The NV Medical Device, Equipment & Gases application for a change of ownership for ActivStyle Inc. License Number MP01163 was overnighted on 7/13/20 and confirmed delivered on 7/14/20.

Please find enclosed additional document, Personal History Record, for Yehoshua Parnes, President, ActivStyle Inc. for processing with the application.

I may be reached at 410-409-8741 or via e-mail at dsiegel@adapthealth.com with any questions or if additional information is needed.

Sincerely,

Diane Siegel
Licensing Manager

Enclosures

10B

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 N/A)

☐ 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: First Care Medical Supply LLC
Physical Address: 3655 S Durango dr unit 10 Las Vegas NV 89147
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 3655 S. Durango dr unit 10
City: Las Vegas State: NV Zip Code: 89147
Telephone: (702) 684 2415 Fax: _____
E-mail: Supply@Firstcaremedical.org Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 AM to 5:00 PM Tue: 9:00 AM to 5:00 PM Wed: 9:00 AM to 5:00 PM Thu: 9:00 AM to 5:00 PM
Fri: 9:00 AM to 5:00 PM Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Knarik Avagyan

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: Knarik Avagyan Telephone: (702) 684 2415

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>Medicaid</u>	_____	_____
<u>Medicare</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
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

Name: N/A

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

N/A

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License Contact Person: _____

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. _____	%: _____
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: _____

Registration number issued: _____

Stock Exchange: _____

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 NEVADA MDEG LICENSE

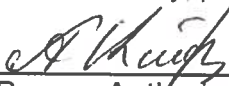
This page must be submitted for all types of ownership.

- 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

Knarik Aragyan
Print Name of Authorized Person

5-17-2020
Date

Board Use Only

Received: _____

Amount: _____

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: First Care Medical Supply LLC

Mailing Address: 3655 S Durango dr unit 10th

City: Las Vegas State: NV Zip: 891 Telephone: (702) 684-2415

Fax: _____ Contact Person: Knarik Avagyan

For any corporation non publicly traded, disclose the following:

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

a) Knarik Aragyan Rain Lily Ct Las Vegas NV 89111
Name Address

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. _____
- 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

APPLICATION FOR NEVADA MDEG LICENSE**NON PUBLICLY TRADED CORPORATION****Include with the application for a non-publicly traded corporation**

Complete personal history record for each stockholder. Must be original signature(s), no copies or stamps. 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 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.

Knarik Aragyan

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11/5/2020

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 Medical Equipment and Supply
 Nature of MDEG
First Core Medical Supply LLC 3655 S Durango Dr
 Name and Address of Business for Which MDEG Administrator Is Requested
 Sue 10
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Katrzhyan
Last Name

Siranush
First Name

Sarah
Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Scoby Ct Las Vegas NV 89147
Present Residence Address Street or RFD City State/Zip

3655 S Durango Dr Ste 10 Las Vegas NV 89147
Present Business Address City State/Zip

Administrator Dates Manager
Present Position with the MDEG

Phone _____ Fax: _____

Email address: @gmail.com

Date of Birth _____
Place of Birth (City, County, State) Armenia, Yerevan

45
Age

Social Security Number or ITIN

F
Sex

Brn
Color of Eyes

Brn
Color of Hair

120
Weight

5.6"
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.)

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.

6056 S Durango Dr			40 HRS per Week
08/2001-03/05	Accl Pediatrics West	4 1/2 yrs Employee	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours	
MA/supervisor	Medical Assistant	Henry	
Title	Description of Duties	Name of Supervisor	
	Front office/ Back office		
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	
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

Date: _____

Case Number: _____

c) Criminal Action:

State: N/A

Date: _____

Case Number: _____

County: N/A

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.

.....

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 11/04/2020

I, Siranush, Sarah Katzhyan, 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.

Katzhyan
Original Signature of Applicant

Associated Technical College

1670 Wilshire Boulevard • Los Angeles, • California 90017

Be it known that

KATRZHYAN SIRANUSH

having successfully completed the required course of instruction and upon examination, been found duly qualified in the subjects of the course, is hereby awarded this

Certificate

in

Billing / Claims Examiner

In witness whereof, the proper signatures and the seal of the college are hereto affixed

this 22nd Day of NOVEMBER 2000

Administrator

Paul C. Mc Director *A. J. Jarama*



Associated Technical College

1670 Wilshire Boulevard • Los Angeles, • California 90017

Be it known that

KATRZYHAN SIRANUSH

having successfully completed the required course of instruction and upon examination, been found duly qualified in the subjects of the course, is hereby awarded this

Diploma
in

Medical Assistant / Cardiac Technician (Don-Thomas)

In witness whereof, the proper signatures and the seal of the college are hereto affixed



this 23rd Day of AUGUST 19 99

Administrator Leanne Haege Director W. J. Williams

NURSING DIVISION/BEVERLY HILLS
COMPUTER & CAREER INSTITUTE

Certificate of Completion

SIRANUSH "SARAH" KATRZYAN

This certificate has been presented to the above named
student for successfully completing the
New Nursing Assistant training program.

Sophie Morris
Sophie Morris, FEBRUARY 2001
Director

Computer
Language
Institute

Multiskilled Medical Certifications Institute

National Certification

*By authority of the Board of Directors, upon recommendation by the Board of Examiners,
in recognition of the fulfillment of its requirements, hereby confers upon*

Sirannush Katrzhyan

the title of

National Certified Medical Assistant

*In witness whereof, the signature of the duly authorized officers are hereunto affixed.
Given in the United States of America in the year of 2000.*

Seal

*Validation verified by current ID card
ID No 4258-800-1000*

[Signature]
Certification Officer

Date 5-17-2020

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 MDEG
FIRST CARE Medical Supply LLC 3655 S Durango dr. unit 10 Las Vegas NV
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Avagyan Knarik none
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Rain Lily Ct Las Vegas NV 89117
 Present Residence Address-Street or RFD City State/Zip

3655 S Durango dr unit 10 Las Vegas NV 89147
 Present Business Address City State/Zip

Occupation Armenia, Yerevan Phone: (702) 684 2415
 Dates Business

47 Armenia, Yerevan
 Date of Birth Place of Birth (City, County, State)

47 Armenia, Yerevan F
 Age Social Secu Sex

brown brown 160 5'7"
 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 _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial A.K.

A. Current Marriage N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

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
Arthur Gapanian		04-29-02	divorced	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Arthur Gapanian	Moorecroft St	Las Vegas	NV	89147	

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
Erik Khachatryan		Armenia	Rain Lily of Las Vegas NV 89111
Gabriel Gapanian		Los Angeles	Rain Lily of Las Vegas NV 89117

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 A.K.

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

Samvel Aragyan	deceased	Armenia	
----------------	----------	---------	--

Mother

Marta Aragyan	deceased	Armenia	
---------------	----------	---------	--

Father-in-Law

Gabriel Gaplanian	deceased	Los Angeles	
-------------------	----------	-------------	--

Mother-in-Law

Lusik Nalbandian	deceased	Las Vegas	
------------------	----------	-----------	--

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
---------------	------------	---------	------------

Agasi Aragyan		Armenia	
---------------	--	---------	--

Spouse

Anahit Zohrabyan		Armenia	
------------------	--	---------	--

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	# 172	Armenia	1980-1985	Yes ☒ No ☐
High School	# 172	Armenia	1985-1990	Yes ☒ No ☐
College University	Yerevan State University			Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Masters degree organic chemistry

College or university where obtained _____

Applicant's initial A.K.

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A 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 N/A 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 A.K.

- 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
----------------	----------------	--

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
-----------------------------	-------------------	------	-----------------

2012 - Present	Rain Lily Ct	Las Vegas	NV 89117
2009 - 2012	3125 W Reno Ave apt 2106	Las Vegas	NV 89118
2008 - 2009	9516 Trafforia st	Las Vegas	NV 89178
2007 - 2008	9947 Antelope Canyon	Las Vegas	NV 89147
2002 - 2007	4417 Cinderella Cn	Las Vegas	NV 89102
2001 - 2002	7 E E Twain Ave apt D	Las Vegas	NV 89109
1999 - 2001	Armenia, Yerevan.		

Applicant's initial A. K.

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
1-1-20-Present	First Care Medical Supply LLC 655 Durango dr. Unit 10	
Title member	Description of Duties administrator	Name of Supervisor Knaik
6-6-19	AAA Healthcare Products Inc 18529 Rosco Blvd. Northria	
Title clerk	Description of Duties Responsible for patients orders	Name of Supervisor Anahit
2014-2018	Flamingo Apparel 3950 Las Vegas Blvd.	
Title salesperson	Description of Duties selling products	Name of Supervisor Yori
4-1-2014	Sunset Center Pharmacy and Supply 5137 1/2 Sunset Blvd	
Title clerk	Description of Duties Responsible for patients orders	Name of Supervisor Vardan
2015-2016	E & G Express LLC 3824 S Jones Blvd. suit K	
Title manager	Description of Duties selling time tables and cargo	Name of Supervisor Knaik
2006-2012	Charisma 3000 Paradise Rd Las Vegas 89109	
Title salesperson	Description of Duties selling apparel	Name of Supervisor Marino
2005-2006	Regis Signature 3000 Paradise Rd.	
Title Receptionist	Description of Duties answering and directing calls	Name of Supervisor Yamara
2003-2005	Regis Signature 3770 S Las Vegas Blvd.	
Title Receptionist	Description of Duties answering and directing calls	Name of Supervisor Amy

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial A.K.

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>Stella</u>	Home	<u>Masked Duck</u>	<u>Las Vegas</u>	<u>NV 89117</u>		<u>19 years</u>
Employer <u>Pharmacist</u>	Business	<u>Albertsons</u>				
Name <u>Karine</u>	Home	<u>Harbor Heights</u>	<u>Las Vegas</u>	<u>NV 89117</u>		<u>18 years</u>
Employer <u>owner</u>	Business	<u>Bridal Elegance and Tuxedos</u>				
Name <u>Sousanna</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89117</u>		<u>10 years</u>
Employer <u>manager</u>	Business	<u>MGM Resorts Int.</u>				
Name <u>Naira</u>	Home	<u>Glendale</u>	<u>CA</u>			<u>40 years</u>
Employer <u>manager</u>	Business	<u>IV Hospice INC</u>				
Name <u>Amy</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89147</u>		<u>10 years</u>
Employer <u>Lead Esthetician</u>	Business	<u>Delano Hotel</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

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

.....

.....

.....

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.

.....

.....

.....

Applicant's initial A.K.

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 5-21-2020
Applicant's initial A.K.

SS.

COUNTY OF

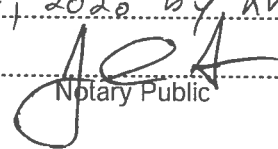
ClarkI, Knarik Avagyan,

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.

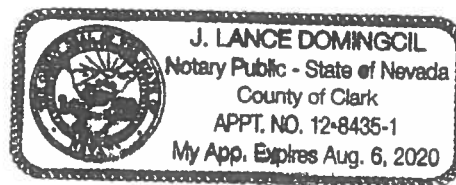


Original Signature of Applicant

Subscribed and Sworn to before me this 21st day ofMay, 2020 by Knarik Avagyan ***


Notary Public

(seal)



Applicant's initial

A.K.

Page 9

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, **First Care Medical Supply 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 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 04/17/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200417733620

You may verify this certificate
online at <http://www.nvsos.gov>

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS
LICENSE APPLICATION OF:

922

ENTITY NUMBER

FIRST CARE MEDICAL SUPPLY LLC

NAME OF CORPORATION

E3592762019-7

FOR THE FILING PERIOD OF DEC, 2019 TO DEC, 2020



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

** YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov **

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

2. If there are additional officers, attach a list of them to this form.

3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

ABOVE SPACE IS FOR OFFICE USE ONLY

4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

001 - Governmental Entity

006 - NRS 680B.020 Insurance Co

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME	TITLE(S)
KNARIK AVAGYAN	PRESIDENT (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
RAIN LILY CT	LAS VEGAS NV 89117

NAME	TITLE(S)
KNARIK AVAGYAN	SECRETARY (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
RAIN LILY CT	LAS VEGAS NV 89117

NAME	TITLE(S)
KNARIK AVAGYAN	TREASURER (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
RAIN LILY CT	LAS VEGAS NV 89117

NAME	TITLE(S)
KNARIK AVAGYAN	DIRECTOR
ADDRESS	CITY STATE ZIP CODE
RAIN LILY CT	LAS VEGAS NV 89117

None of the officers or 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
Signature of Officer or
Other Authorized Signature

Title
MEMBER

Date
05/19/2020

Reset

Nevada Secretary of State List Profit
Form: 100103 Revised: 7-1-17

HEADQUARTERS:
PO Box 3867
Bellevue, WA 98009
P: 800 562 8095
F: 425 453 8696

WWW.GOGUS.COM



In CA, DBA: Griffin Insurance Services, CA License #0G66558

April 30, 2020

The McPherson Group
5515 Camino Al Norte Ste 106
North Las Vegas, NV 89031

Attn: Morris McPherson

Re: First Care Medical Supply I.J.C.
Effective Date: 4/28/2020

We are pleased to confirm coverage for you with the following confirmation of binding. This confirmation is offered in accordance with your instructions and in reliance upon the statements made in your application. Please review carefully. Thank you for your business, the policy should follow within 30 days.

Best Regards,

Matthew Griffin
Commercial Underwriting Assistant
Griffin Underwriting Services
matthew@gogus.com

Reference #: 20235001B
Agent Fax #: (702) 649-4977

HEADQUARTERS:
PO Box 3867
Bellevue, WA 98009
P: 800.562.8095
F: 425.453.8696

WWW.GO GUS.COM



In CA, DBA: Griffin Insurance Services, CA License #0G66558

Acct. Exec wdear

INVOICE

Invoice Number: 676004

Invoice Date: 04/30/20

Page 1

Bill To: ASI41293

The McPherson Group
5515 Camino Al Norte Ste 106
North Las Vegas, NV 89031

Insured: First Care Medical Supply LLC

Submission Number: 20235001

Policy Number: MP0046003012548

Effective Dates: 04/28/20 to 4/28/21

Insurance Company: Mesa Underwriters Specialty Insurance C

Agent Code: ASI41293

Type of Transaction	Line of Business	Company ID	Amount	Comm(\$)	Net Due
Premium - New Business	PACKAGE POLICY	RM0532	\$1,250.00	\$75.00	\$1,175.00
Policy Fee	PACKAGE POLICY	01	\$185.00	\$0.00	\$185.00
Surplus Lines Tax	PACKAGE POLICY	T0011	\$50.23	\$0.00	\$50.23
Stamping Office Fee	PACKAGE POLICY	T0021	\$5.74	\$0.00	\$5.74

TOTALS:	Amount Invoiced:	Comm %	Commission	Invoice Amount Due
	\$ 1,490.97	6.00	\$ 75.00	\$ 1,415.97

Note:

Invoice Payment Due On: 5/30/20

CONFIRMATION OF BINDING

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

Date Issued: Apr 30, 2020
Submission #: 20235001B

Is this a Renewal? N

Producer: ASI41293
The McPherson Group
5515 Camino Al Norte Ste 106
North Las Vegas, NV 89031

Insured:
First Care Medical Supply LLC
3655 S Durango Dr Ste 10
Las Vegas, NV 89147

Location of Risk: 3655 S Durango Dr Ste 10, Las Vegas, NV 89147

Insurer: Mesa Underwriters Specialty Insurance Co.

Assigned Policy or Certificate Number: **MP0046003012548**

"This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act." Cochrane Griffin & Co Inc, License #609660

Effective Period: 4/28/2020 to 4/28/2021

Term: 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

Coverage: PACKAGE POLICY

Limits: \$2,000,000	General Aggregate
\$2,000,000	Products/Comp Ops Aggregate
\$1,000,000	Personal & Advertising Injury
\$1,000,000	Each Occurrence
\$100,000	Damage to Premises Rented to You (Any One Premises)
\$5,000	Medical Exp. (Any One Person)
N/A	Additional Insured perform CG2011 (x1)

Property Cause of Loss. Special Form Excluding Theft
\$40,000 Business Personal Property-90% Coinsurance, RC

Deductible: \$500 General Liability
\$1,000 Property

Exposures: \$52,000 Sales (15314) Medical, Hospital and Surgical Supply Stores
Each-1 (11111) Additional Insured perform CG2011

Terms/Conditions: (a) 25% minimum earned premium at inception.

(b) Endorsements / Notable Exclusions:

Common

IL 00 17 11 98 COMMON POLICY CONDITIONS
 ILN 001 09 03 FRAUD STATEMENT
 MUS 01 01 10001 0817 POLICY JACKET
 MUS 01 01 10002 1116 COMMON POLICY DECLARATION
 MUS 01 01 10003 1013 SCHEDULE OF FORMS & ENDORSEMENTS
 MUS 01 01 10007 1013 MINIMUM EARNED PREMIUM ENDORSEMENT
 MUS 01 01 10015 1013 NV NV SERVICE OF SUIT
 MUS 01 01 10043 1013 PRIVACY NOTICE
 MUS 01 01 TRIA 0115 TRIA COVERAGE ACCEPT-REJECT FORM

General Liability

CG 00 01 04 13 COMMERCIAL GENERAL LIABILITY COVG FORM
 CG 20 11 04 13 AI - MANAGERS OR LESSORS OF PREMISES

CG 21 16 04 13 EXCL. - DESIGNATED PROFESSIONAL SERVICES (Any and All Professional Exposures)

CG 21 32 05 09 EXCL. - COMMUNICABLE DISEASE
 CG 21 47 12 07 EMPLOYMENT-RELATED PRACTICES EXCLUSION
 CG 21 55 09 99 EXCL. - TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
 CG 21 67 12 04 EXCL. - FUNGI OR BACTERIA
 CG 21 73 01 15 EXCL. OF CERTIFIED ACTS OF TERRORISM
 CG 21 96 03 05 EXCL. - SILICA OR SILICA-RELATED DUST
 CG 24 26 04 13 AMENDMENT OF INSURED CONTRACT DEFINITION
 IL 00 21 09 08 NUCLEAR ENERGY LIABILITY EXCL. ENDT
 MUS 01 01 20001 0417 GENERAL LIABILITY COVERAGE PART DECLARATIONS
 MUS 01 01 20004 0916 LIABILITY DEDUCTIBLE
 MUS 01 01 20023 1013 SPECIAL CONDITIONS - SUBCONTRACTORS
 MUS 01 01 20058 0816 EXCL. - LEAD CONTAMINATION
 MUS 01 01 20063 0919 EXCL. - PUNITIVE DAMAGES
 MUS 01 01 20080 0816 EXCL. - EARTH MOVEMENT
 MUS 01 01 20082 0816 EXCL. - ASBESTOS
 MUS 01 01 20084 0816 NON-STACKING OF LIMITS ENDORSEMENT
 MUS 01 01 20094 0718 AMENDMENT OF CONDITIONS - PREMIUM AUDIT
 MUS 01 01 20112 1013 EXCL. - OCCUPATIONAL DISEASE
 MUS 01 01 20139 0617 EXCL. - INFRINGEMENT OF INTELLECTUAL PROPERTY

Property

CP 00 10 10 12 BUILDING & PERSONAL PROPERTY COVG FORM
 CP 00 90 07 88 COMMERCIAL PROPERTY CONDITIONS
 CP 01 40 07 06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
 CP 10 30 10 12 CAUSES OF LOSS - SPECIAL FORM
 CP 10 33 10 12 EXCL. - THEFT
 IL 01 10 09 07 NV CHANGES - CONCEALMENT, MISREPRESENT OR FRAUD
 IL 09 53 01 15 EXCL. - CERTIFIED ACTS OF TERRORISM
 MUS 01 01 30001 0417 PROPERTY COVERAGE PART DECLARATIONS
 MUS 01 01 30016 1013 EXCL. - ABSOLUTE ASBESTOS
 MUS 01 01 30021 1013 LEAD EXCLUSION
 MUS 01 01 30022 1013 POLLUTION EXCLUSION
 MUS 01 01 30023 1013 SINKHOLE EXCLUSION
 MUS 01 01 30024 1013 ACTUAL CASH VALUE

(c) Binding Requirements / Subject To:

25% MINIMUM EARNED PREMIUM APPLIES IN THE EVENT OF CANCELLATION

SEE CHECKLIST FOR BINDING

(d) All other terms and conditions apply per policy forms.

Premium:	\$1,250.00	- Minimum Premium & Deposit Only -
Fees: Policy Fee	\$185.00	
Taxes:	\$55.97	Total Due: \$1,490.97

TRIA: Terrorism Coverage: plus in taxes: **REJECTED**

Cancellation: This Confirmation is subject to the cancellation provisions as found in the policy(ies) or certificate(s) currently in use by the insurer. The Insurance effected under this confirmation can be cancelled by the insurer by mailing, to the first named insured at the address stated on the confirmation, written notice stating when such cancellation shall become effective. The Insurance effected under this confirmation may be cancelled by the named insured by giving written notice to Griffin Underwriting Services, stating when thereafter the cancellation shall become effective. Cancellation can not be effected prior to the post mark date of the written notice. In the event of cancellation by the insured, the earned premium would be subject to the minimum premium if applicable. **THE INSURANCE UNDER THIS CONFIRMATION CAN NOT BE CANCELLED FLAT;** earned premium and any applicable fees and taxes must be paid for the time that insurance has been in force.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.



AUTHORIZED REPRESENTATIVE, GRIFFIN UNDERWRITING SERVICES

INSURED: First Care Medical Supply LLC

DATE ISSUED: Apr 30, 2020 **SUBMISSION #:** 20235001

10C

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 ☐ 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: Nevada Limb & Brace, LLC

Physical Address: 1505 Wigwam Pkwy, Suite 141 Henderson, NV 89074
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1505 Wigwam Pkwy Suite 141

City: Henderson State: Nevada Zip Code: 89074

Telephone: (702) 899-1700 Fax: (702) 899-1813

E-mail: vanisg@NVLAB1.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: N/A to _____ Sun: N/A to _____ Holidays: N/A to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Vanis Ingrid Gardea

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: Roger Beihl Telephone: (702) 672-7971

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>N - A</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>N - A</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.

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

Vanis Ingrid Gardea
Print Name of Authorized Person

05-13-2020
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
----------------	-----------------	-----------------------

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Vanis Ingrid Gardea

Business Name: Nevada Limb & Brace, LLC

Current Business Address: 1505 Wigwam Pkwy Suite 141

City: Henderson State: NV Zip: 89074

Telephone: (702) 899-1700 Fax: (702) 899-1813

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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 05-13-2020

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 Medical Device Equipment and Gases (MDEG)
Nevada Limb & Brace, LLC 1505 Wigwam Pkwy Suite 141
Henderson, NV 89074
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gardea Vanis Ingrid
 Last Name First Name Middle Name

Guzman
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Coastal Fog Ave. Las Vegas NV 89183
 Present Residence Address-Street or RFD City State/Zip

1505 Wigwam Pkwy Henderson NV 89074
 Present Business Address City State/Zip

Accountant-Owner 2006 to Current
 Occupation Dates

Phone:
 Residence
 Business (702) 899-1700

San Salvador, El Salvador
 Date of Birth Place of Birth (City, County, State)

44 Female
 Age Social Security Number or ID# Sex

Brown Brown Medium 135 lbs. 5'2
 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. _____ Date 1

Place Los Angeles, California, U.S.A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial V. I. G

MARITAL INFORMATION-Continued

A. **Current Marriage** April 2nd, 2005 San Pedro, Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Ruben Anthony Gardea SS# or ITIN
 Date of Birth _____ Place of Birth Torrance, California, U.S.A
 Resident address: Coastal Fog Ave. Las Vegas, NV 89101
Street City State Zip
 Telephone: Residence _____ Business (702) 899-1700
 Spouse's employer Trinity Orthopedic, LLC Occupation Paramedic Technician - Owner
 Address of employer 61 N. Pecos Rd Suite 105 Las Vegas, NV 89101
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
------	------------	-------------	-------------------

Gabriel Ruben Gardea

Jacy Anthony Gardea

Coastal Fog Ave. 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 V.I.G.

Page 2

FAMILY INFORMATION-Continued

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 Retired			
Paul Mendoza		Flintlock Dr. Louisville, KY	
Mother Hospital Maintenance			
Edith Guzman		Flintlock Dr. Louisville, KY	
Father-in-Law Retired			
Jeannie Martin		El Cerro Dr. Buena Park, CA	
Mother-in-Law Deceased			
Lucio Gardea		3rd St. Long Beach, CA	

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
Clardia Rodriguez		Via Della Cavallara	Monteviale VI, Italy - Homemaker
Juan Rodriguez		Via Della Cavallara	Monteviale, VI Italy - U.S. Army
Heidy Gastelum		Windemere Dr. Louisville, KY	Homemaker
Concepcion Gastelum		Windemere Dr. Louisville, KY	Manager

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Limerick Ave. Elementary	Canoga Park, CA	1983-1988	Yes ☒ No ☐
High School	John Fremont High	Los Angeles, CA	1991-1995	Yes ☒ No ☐
College University	Cal State University	Dominguez Hills	2003-2006	Yes ☒ No ☐
Other	Carson, CA			Yes ☐ No ☒

Type of degree obtained, if any Bachelor's Degree in AccountingCollege or university where obtained California State University, Dominguez HillsApplicant's initial I. G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes

No

Branch N-A 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 N-A 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. Possible

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Please refer to page 10.Applicant's initial V.I.G.

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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
--------------------------	-------------------	------	-----------------

Aug 2019 - Current --- Coastal Fog Ave. Las Vegas, NV 89183

Dec 2013 - Aug 2019 10220 Crepe Myrtle CT Las Vegas, NV 89183

Aug 2003 - Aug 2013 2239 Gale Ave. Long Beach, CA 90810

Dec 1995 - Aug 2003 8601 State St apt #19 South Gate, CA 90280

Applicant's initial V.L.G.

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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
July 2019-Current	Nevada Limb & Brace, LLC 1505 Wigwam Pkwy Suite 141 Henderson, NV 89074, Administrator-Controller - Self	
June 2019-April 2020	Reno Oil of America - 5435 S. Valley View Blvd. Las Vegas, NV 89118, Accounting Manager - Sophia Del Pozo	Started my Company
May 2019-June 2019	Red Moon, LLC 101 Convention Center Dr. 7th Floor. Las Vegas, NV 89109 Assistant Controller - Melissa Lambson	Better opportunity
Sept. 2017-May 2019	M&K Enterprises, LLC 1950 East Maule Las Vegas, NV 89119, Accounting Manager - Jennifer Turner	Entity Closed
April 2017-Sept. 2017	Blue Diamond Machinery 2880 N. Nellis Blvd. Las Vegas, NV 89115 - Bookkeeper - Scott Paulo	Better opportunity
April 2016-April 2017	Cannon Nevada, LLC 6671 S. Las Vegas Blvd. Suite 210, Las Vegas, NV 89119 - Bookkeeper - Scott Paulo	Relocated
Sept. 2013-April 2016	Ampro Orthotics & Prosthetics 6877 S. Eastern Ave. Las Vegas, NV 89119 Accountant - Karen Jarvis	Entity Closed
Sept 2012-July 2013	Lobel Financial 1150 N. Magnolia Ave. Anaheim, CA 92801 Assistant Controller - Luz Hooper	Moved to Nevada

If additional space is needed, continue on page 10 or provide attachment. Continued on pg. 10.

Applicant's initial V.I.G.

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	Telep	Years Known
Name <u>Maria Ponce</u>	Hom	<u>Cod Gide</u>	<u>Huntington Beach, CA</u>			<u>18 years</u>
Employer <u>EB&M</u>	Business	<u>18002 Cowan</u>	<u>Irvine, CA</u>	<u>92614</u>		
Name <u>Monica Rojas</u>	Hom	<u>Park Ave</u>	<u>Pasadena, CA</u>	<u>91030</u>		
Employer <u>Don Lee Farms</u>	Business	<u>200 E. Beach Ave.</u>	<u>Inglewood, CA</u>	<u>90302</u>		<u>30 years</u>
Name <u>Addy Trivino</u>	Hom	<u>W.</u>	<u>Los Angeles, CA</u>	<u>90006</u>		
Employer <u>L.A. County</u>	Business	<u>14340 Sylvan St.</u>	<u>Los Angeles, CA</u>	<u>91401</u>		<u>25 years</u>
Name <u>Blanca Schreiner</u>	Home	<u>Cambridge Ave.</u>	<u>Castaic, CA</u>	<u>91384</u>		
Employer <u>Homemaker</u>	Business	<u>24 years</u>				
Name <u>Roxanna Andino</u>	Hom	<u>S. Alta Vista Ave.</u>	<u>Menrovia, CA</u>	<u>91016</u>		
Employer <u>Kaiser</u>	Business	<u>3280 E. Foothill Blvd.</u>	<u>Pasadena, CA</u>	<u>91107</u>		<u>30 years</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 V.I.G.

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

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

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



Date of photograph 05-12-2020

Applicant's initial V.I.G.

STATE OF Nevada

ss.

COUNTY OF Clark

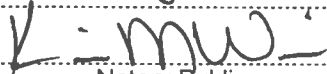
I, Vanis Ingrid Gardea, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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,

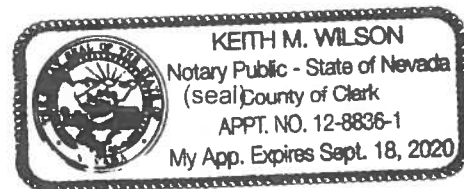
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 12th day of May, 2020

by Vanis Ingrid Gardea.


Notary Public



Applicant's initial V-I-G.

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From pg. 6

ADDITIONAL INFORMATION - Entity Closed

May 2010 - Sept 2012 Active Storage Inc. 2295 Jefferson St.
Torrance, CA 90501 Accounting Manager - Jane Wike, CPA

Aug. 2006 - May 2010 International Cabled Connectors - Charles Brian,
2160 E Valencia Dr. Ste D. Fullerton, CA 92831 CPA
- Completed Degree

April 2005 - Aug. 2006 SJS Enterprises, Inc.
4030 Somers St Blvd. Bellflower, CA 90706 -
Accounts Payable and Receivable Manager - Growth Opportunity

Oct. 2000 - Nov. 2004 Human Designs Prosthetic and
Orthotics. 2933 Long Beach Blvd. Long Beach, CA 90806
Accounts Receivable Manager - Andrea Ferraro
- Growth Opportunity

From pg. 4

My spouse had a strange relationship with his
biological father, Lucio Gardea. It is possible that
Lucio Gardea was convicted of a felony. However,
I am not sure and he passed away two years
ago.

Applicant's initial V. I. G.

Page 10

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

29 OCT 20

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 Orthotics and Prosthetics
 Nature of MDEG
Nevada Limb & Brace 1505 Wigwam Pkwy Suite 141 Henderson NV 89074
 Name and Address of Business for Which MDEG Administrator Is Requested
Same
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Beihl Roger Emery
 Last Name First Name Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Fruitful Harvest Ave Las Vegas NV 89131
 Present Residence Address-Street or RFD City State/Zip

1505 Wigwam Pkwy #141 01/06/2020 Henderson NV 89074
 Present Business Address Dates to Present City State/Zip

Manager 01/06/2020
 Present Position with the MDEG Dates to Present

Present Position with the MDEG

Phone: _____ Fax: 702 899-1813

Email address: _____ .com

Johnstown Cambria Co PA
 Date of Birth Place of Birth (City, County, State)

66 Male
 Age Social Security Number or ITIN Sex

Hazel Brown 220 5' 11"
 Color of Eyes Color of Hair Weight 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 _____

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

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.

January 2020	Nevada Limb & Brace 1505 Wigwam Pkwy #141 Henderson, NV 89074	1140h over 10 months
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Certified Orthotist/ Manager	See attachment para 1,2	Vanis Gardea
Title	Description of Duties	Name of Supervisor
May 2009	Advanced Prosthetics & Orthotics 1505 Wigwam Pkwy #340 Henderson, NV 89074	16,464h/8y2m
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Certified Orthotist/ Manager	See attachment para 1,2	Tuncay Gorgun
Title	Description of Duties	Name of Supervisor
January 2005	Orthopedic Motion 2800 E. Desert Inn Rd Las Vegas, NV 89121	6768h/3y2m
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Certified Orthotist	See attachment para 1	Pamela Alksne
Title	Description of Duties	Name of Supervisor
April 1998	NovaCare/ Hanger P&O 106 La Casa Via Walnut Creek, CA 94598	2300
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Orthotist	See attachment para 1	Glen Ellis
Title	Description of Duties	Name of Supervisor
April 1974	United States Air Force Various locations.	47,174/23y5m
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
NCOIC Non-Commissioned Officer In Charge	See attachment para 1,2	Numerous
Title	Description of Duties	Name of Supervisor
N/A		
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: _____

Case Number: _____

c) Criminal Action: State: N/A

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 of photograph 28OCT20

I, Roger Beihl, 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.



.....
Original Signature of Applicant

Attachment to MDEG Application
Roger Beihl, BOCO
Certified Orthotist

1. Evaluate patients for custom or manufactured orthoses, fabricate custom orthoses, make adjustments for proper fit, function, and comfort. Instruct patients in the use and care of orthoses. Select materials and components to be used, based on device design. Design orthopedic devices, based on physicians' prescriptions and examination and measurement of patients. Make and modify plaster casts of areas that will be fitted with orthoses, for use in the device construction process. Maintain patients' records.
2. The orthotic and prosthetic office manager is responsible for the financial performance of the revenue cycle. Supervision of patient scheduling, registration, financial counseling, medical records, billing and collection, data entry and processing, and cash posting. Coordination of the day to day operations of the practice and physician offices, hospitals, nursing homes, and other healthcare facilities. Promotes excellent customer service by all levels of the staff. Develops, implements, and maintains office policies and procedures. Trains medical office team and conducts performance reviews. Ensures patient satisfaction, including troubleshooting when there is a complaint and developing process improvements to prevent recurrences. Ensures regulatory compliance with HIPAA, OSHA, labor laws, and other federal, state, and local regulations.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 949

2/8/2020

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 TOM MOLLOY INSURANCE AGENCY 9708 Gillespie St. Suite A-104 Las Vegas, NV 89123	CONTACT NAME: TOM MOLLOY PHONE (A/C No. Ext.): (702)877-6688 FAX (A/C No.): (702)877-6242 E-MAIL ADDRESS: tom@tommolloyinsurance.com
INSURED Nevada Limb & Brace, LLC DBA: Nevada Limb & Brace 1505 Wigwam Pkwy # 141 Henderson, NV 89074	INSURER(S) AFFORDING COVERAGE INSURER A: KINSALE INSURANCE CO INSURER B: THE HARTFORD 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 ISSUES (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR INCLUDES PRODUCT LIAB & PROF LIAB. GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	020728TM01	2/7/2020	2/7/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Per one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per 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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y (Mandatory in NV) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		53WECAF2F1V	2/1/2020	2/1/2021	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SALES AND MGF OF PROSTETIC LIMBS AND BRACES.

INSURED'S PREMISES LOCATED AT 1505 WIGWAM PKWY # 141. HENDERSON, NV 89074.

CERTIFICATE HOLDER FOR INFORMATION PURPOSES ONLY	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
---	---

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10D

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	☐ 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 ownershipMDEG Name: Sleep Management dba ViemedPhysical Address: 200 S. Virginia Street Suite 829
(This must be a business address, we can not issue a license to a home address)Mailing Address: SAMECity: Reno State: Nevada Zip Code: 89501Telephone: 337-500-1977 Fax: 337-500-1972E-mail: bstoute@viemed.com Website: www.viemed.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9a to 4p Tue: 9a to 4p Wed: 9a to 4p Thu: 9a to 4pFri: 9a to 4p Sat: — to — Sun: — to — Holidays: — to —**MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)**Name: Brett Stoute**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: Nicole Grant Telephone: 805-712-3410

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

Brett Stoute

Print Name of Authorized Person

Date

05/20/2020

Board Use Only

Received: _____

Amount: \$500.00

Department of State, Division of Corporations

HOME

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Director's Office

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Corporate Search

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Entity Details

Entity Number:

6247198

Incorporation Date:

12/17/2016

Entity Name:

VIEWED, INC.

Entity Type:

General Corporation

Entity Kind:

Domestic

State:

State

Entity ID:

Good Standing

Status Date:

11/14/2016

Alphabetical

Chronological

TAX INFORMATION
Last Annual Report Filed: 2018
Annual Tax Assessment: \$ 175
Total Authorized Shares: 100

REGISTERED AGENT INFORMATION

Name: INCORP SERVICES, INC.
Address: 919 NORTH MARKET STREET, SUITE 950
City: WILMINGTON County: New Castle
State: DE Postal Code: 19801
Phone: 800-246-2677

FILING HISTORY (LAST 5 FILINGS)

Seq	Description	No. of Pages	Filing Date (mm/dd/yyyy)	Filing Time	Effective Date (mm/dd/yyyy)
1	Change of Agent	1	12/18/2017	12:08 PM	12/18/2017
2	Amendmental Stock	1	1/25/2017	1:36 AM	1/25/2017
3	Stock Corporation	2	12/12/2016	10:40 AM	12/12/2016

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Ownership

VieMed, Inc.

625 E. Kaliste Saloom Road

Lafayette, Louisiana 70508

337-769-9611

FEIN# 38-4052008

100% ownership

Managing Officers

Casey Hoyt, CEO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Michael Moore, President 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Todd Zehnder, COO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Max Hoyt, Government Relations 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Brett Stoute, CCO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Client#: 1948454

518VIEMEINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2019

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 Viamed, Inc., Sleep Management, LLC dba ViMed, Home Sleep Delivered, LLC 202-A N. Luke Street Lafayette, LA 70506	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Benchmark Insurance Company</td> <td>41394</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Co of CT</td> <td>25682</td> </tr> <tr> <td>INSURER C: Travelers Indemnity Company</td> <td>25658</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: Benchmark Insurance Company	41394	INSURER B: Travelers Indemnity Co of CT	25682	INSURER C: Travelers Indemnity Company	25658	INSURER D:		INSURER E:		INSURER F:	
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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 SUBR INSR 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 ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED 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? ☒ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB1L76006A	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

Nevada Board of Pharmacy
 431 West Plumb Lane
 Reno, NV 89509-0000

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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APPLICATION TO BE THE MDEG ADMINISTRATOR**Person who runs the facility on a daily basis**Date 12-2-2020

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 Durable Medical Equipment

Nature of MDEG

Sec Management LLC dba Viemed 300 S. Virginia St. Ste 829 Raleigh NC 27601

Name and Address of Business for Which MDEG Administrator Is Requested

Viemed

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Trimble Last Name Brandylin First Name Diane Middle Name
Field, Dean, Mullins Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Lincoln St Present Residence Address-Street or RFD Reed City NV 89508 State/Zip
Virginia St Ste 829 Present Business Address Reed City NV 89501 State/Zip
Clinical Support Specialist Present Position with the MDEG Dates
Phone: 337-504-3302 EXT 2140 Fax: 888-519-2209
Email address: veard.com
47 Date of Birth Ridgecrest, Kern, CA Place of Birth (City, County, State)
47 Age 210 Social Security Number or ITIN F Sex
Blue Color of Eyes Brown Color of Hair 5'8" Height
210 Weight
Scars, tattoos or distinguishing marks and/or characteristics Scar Right hand,
TATTOO RIGHT SHOULDER, LEFT CHEST, LEFT ARM
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.)

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.

.....

ATTACH PHOTOGRAPH

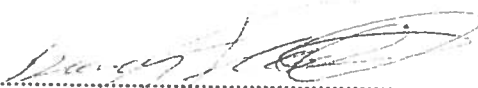
TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 12-4-2020

I, Brandylin Diane Trimble, 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.


.....
Original Signature of Applicant

EMPLOYMENT:

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.

5/2020 Sleep Management LLC dba Viemed
200 S. Virginia St Ste 829
Reno NV 89501 1500

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
5/2020	Sleep Management LLC dba Viemed 200 S. Virginia St Ste 829 Reno NV 89501	1500

Title	Description of Duties	Name of Supervisor
Clinical Support Specialist	Reviewing Patient charts for accuracy, HIPAA, etc. patient information	Jennifer Zeringue

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
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------



11

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: Sincerus Florida, LLC

Physical Address: 3265 W McNab Road

City: Pompano Beach State: FL Zip Code: 33069

Telephone: 954-228-6632 Fax: 954-256-5043

Toll Free Number: 800-604-5032 (Required per NAC 639.708)

E-mail: elicense@sincerususa.com Website: www.sincerususa.com

Supervising Pharmacist: Jenny Liu Nevada License #: Pending *20340 exp 10/31/12*

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): 3012384835Please provide the name of the facility as registered with the FDA and the registration number:
3012384835 - Sincerus Florida, LLCPlease 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: Jenny Liu Nevada License Number: 20340A 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

Jonathan Fenster

Print Name of Authorized Person

May 5, 2020

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Sincerus, LLCAddress: 3265 W McNab RoadCity: Pompano Beach State: FL Zip: 33069Telephone: 561-404-8885 Fax: 561-503-4131Contact Person: Maria Yeager

For any corporation non publicly traded, disclose the following:

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

a) Sincerus, LLC 3265 W. McNab Road, Pompano Beach, FL 33069

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. 100 Membership Units3) 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

Arizona Board of Pharmacy
Complaint No: 180170

Sincerus Florida, LLC (Sincerus) received a request for records from the Arizona Board of Pharmacy in connection with a consumer complaint. The complaint was the result of miscommunication between the consumer and the prescriber, the consumer's inaccurate research, and the prescriber's failure to properly label the dispensed medication. The complaint alleged that the practitioner's office orders ingredients from Sincerus to later compound in-office. This explanation was incorrect. Sincerus ships all compounded medications as final products and not as individual ingredients. The consumer also found a wholesaler license for Sincerus and assumed that Sincerus was shipping product into Arizona under that license. Sincerus is an FDA registered 503B Outsourcing Facility. The facility is licensed in Arizona as a Non-resident Manufacturer, as is required for any out-of-state 503B Outsourcing Facility doing business in Arizona. No further permits/licenses are required under Arizona law.

Please see the enclosed copy of the complaint and the response submitted on July 16, 2018, the matter was heard before the Arizona Board of Pharmacy on July 31, 2019. Vice-President Snair moved for dismissal.

Nevada Board of Pharmacy
Case 17-011

Sincerus Florida, LLC (Sincerus) received an investigative Letter from the Nevada Board of Pharmacy based on misinformation received by the Board. Specifically, the Letter states that Sincerus "sells bulk and compounded products in conjunction with Prescriber's Choice (PC Operations, LLC) to physician groups in Nevada [that] are then re-compounded and/or repackaged for final sale to patients by the practitioner". As Sincerus response indicates, this is an inaccurate description of Sincerus' business. Sincerus submitted its response on June 2019, and an updated response on February 2020; the matter is pending.



Jonathan Feaster - COO
5-5-20


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



April 5, 2019

Sincerus Florida, LLC
 3265 W. McNab Road
 Pompano Beach, FL 33069

RE: Arizona Board of Pharmacy Complaint Number 18-0170

Dear Sir or Madam,

On April 4, 2019, the Board office sent a notice regarding the conference scheduled for Board Case No. 18-0170, which was set for May 9, 2019. That conference has been rescheduled. It is now scheduled for:

July 31, 2019

1:00 – 5:00 P.M.

Arizona State Board of Pharmacy Meeting

Arizona State Board of Pharmacy Office

1616 W. Adams, Suite #120 – Board Room

Phoenix, AZ 85007

Please review the circumstances surrounding this complaint and come prepared to discuss the pertinent facts and answer questions from Board members.

Please be present by 1:00 P.M. Please remain in the audience until your name is called by the President to come forth to speak with the Board Members. Your case will be heard between 1:00-5:00 P.M.

Pursuant to A.R.S. § 32-1927.02(K) there are a number of options available to the Board after a conference, including but not limited to dismissing the matter, filing an advisory letter, mandating continuing education, or entering into a consent agreement that could include a letter of reprimand, a decree of censure, practice restrictions or referring the matter to a formal hearing for the revocation or suspension of the license.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Elizabeth Dodge, PharmD

Deputy Director

edodge@AZPharmacy.gov

ED/jcm

C: Roger Morris, Esq.



Sandy Sutcliffe, RPh, JD
 Arizona Board of Pharmacy
 Compliance Officer
 1616 West Adams Street
 Suite 120
 Phoenix, Arizona 85007
ssutcliffe@azpharmacy.gov

RE: Complaint 180170

Dear Ms. Sutcliffe:

We are in receipt of the above-referenced complaint ("Complaint") and provide the attached documents in response. Sincerus Florida, LLC ("Outsourcing Facility") denies the allegations in the Complaint and offers the below as rebuttal.

- Outsourcing Facility is a Delaware limited liability company registered with the U.S. Food and Drug Administration ("FDA") as an "outsourcing facility" pursuant to Section 503B of the Food, Drug & Cosmetic Act. Outsourcing Facility is not registered, nor is required to be registered, with FDA as a repackager.
- As noted in your letter dated June 29, 2018, Outsourcing Facility currently holds in Arizona a non-resident manufacturer permit (#M0008206) based on its federal registration. Outsourcing Facility also holds in Arizona a non-resident, full-service wholesaler permit (#W002841). We were initially instructed by the AZ BOP that we required both licenses, but on review, it appears that our operations do not require a wholesaler permit. Unless we hear otherwise from you, we will prepare to relinquish it and maintain only the non-resident manufacturer permit in connection with our federal 503B registration.
- Outsourcing Facility compounds and ships medications ordered by physicians. All compounded medications are shipped as the final product and not as individual ingredients. The compounded medication that Outsourcing Facility ships are labeled properly in accordance with Federal law. We have attached a sample label for your convenience. Included on the label is the Beyond Use Date (BUD) appropriate for the product. For the product mentioned in the complaint, the appropriate BUD is 6-months. Physicians are expected to apply a state-specific label prior to dispensing.

Please let us know if you have any further questions.

Sincerely,

Deirdre J. Boling-Lewis*
 General Counsel

Encl.

Sincerus Florida, LLC
 3265 W McNab Road, Pompano Beach FL 33069

* Licensed in CA, CT & DC
 Authorized Florida House Counsel – Not a Member of The Florida Bar

**Sincerus**

Sincerus Florida, LLC
3265 W McNab Road
Pompano Beach, FL 33069
(800)-604-5032

**081033 LIDOCAINE 2% /
MUPIROCIN 2% / TRANILAST 1%
OINTMENT**

QUANTITY: 400 ML

LOT:

MFG/CD:

BUD:

ACTIVE INGREDIENTS:

MUPIROCIN USP 2%

LIDOCAINE USP 2%

TRANILAST 1%

INACTIVE INGREDIENTS:

ALOE VERA 0.2%

PETROLATUM 94.8%

Directions for Use: As Directed by Physician

Route of Administration: Topical

Store at Controlled Room Temperature (20-25C)

This is a Compounded Drug

Office Use Only/Not for Resale

Wash Hands After Use

For External Use Only

RX Only

**To report suspected adverse reactions, contact
Sincerus Florida, LLC at 800-604-5032, or FDA at
www.FDA.gov/MedWatch or 1-800-FDA-1088.**

SAMPLE LABEL

MOTION PASSED.**25.e. 18-0170**

Compounded medication (503b) sold by a practitioner to a patient.

Compliance Officer Sutcliffe summarized for the Board that in May of 2018, the complainant's wife received a compounded medication from a dermatologist that did not contain a label with a beyond-use date. She presented photos of cartridges provided by Prescriber's Choice that are to be used in a device provided by Prescriber's Choice. She added that documentation was requested from the company including policies and procedures regarding removal of medication from the cartridge. Board staff discovered that the beyond-use date on the label did not match the log formula worksheet provided by the company, as the label indicated a beyond-use date of 60 days rather than the 30 days.

The CEO was present with Counsel, including Mr. Roger Morris. Mr. Morris explained that this is an outsourcing facility that is FDA approved and holds an Arizona manufacturing permit. He stated that the outsourced product that is sold to practices is then dispensed to patients pursuant to the law. The CEO explained that the cartridges displayed in the photos that were submitted within the complaint never made it production as the physicians lacked the technical knowledge from a pharmaceutical perspective to modify the medication in the office as originally planned. He stated that the device referenced in the complaint is a historical relic that is no longer used as the current process involves shipment to physicians in a final container without the need for compounding in the office.

Mr. Morris stated that the company used USP guidelines for the beyond-use dates that were clearly listed on the label. He stated that it was not the outsourcing facility's fault that the medication was dispensed after the beyond-use date expired as it was properly labeled, and that the physician should not have dispensed the medication. Ms. Walmsley noted that the Florida license is in good standing and has not had any compliance issues with respect to inspections, and that there have been no other formal investigations or discipline in any other state.

After hearing the process from start to finish from the company's CEO, the Board questioned Board staff as to the obligations of a prescriber to dispense the medication under Arizona law. Mr. Morris clarified that there was no compounding being performed by the physicians in the office as they were receiving a finished mixed product that they had the ability to portion out into a different container. Ms. Walmsley spoke in favor of dismissing the case and referring the matter to the Arizona Medical Board for review as physician prescribing practices are not under the jurisdiction of the Pharmacy Board.

Mr. Blaire stated that since the passage of DQSA, the Board has seen an enormous movement of compounding from pharmacies into physicians' offices. He stated that while compounding continues to evolve, the laws that regulate compounding were developed when there were very few people engaging in such practice. Mr. Blaire stated that the Board at some point will need to address or revisit their general opinion on the practice of compounding. He added that he was impressed with the model presented for the Board's review in this matter, and that while it may conform to the letter of the law, he was not sure that it was the spirit of the law. He stated that the Board needs to bring the regulation of compounding into the current time. President Leyba stated that the interpretation of the law could be clarified by the FDA.

MOTION: Vice-President Snair moved for dismissal and for the matter to be referred to the Arizona Medical Board.

SECOND: Mr. Blaire



3265 W McNab Road
Pompano Beach, FL 33069
Phone: (561) 404-8885
Fax: (561) 503-4131

March 19, 2019

Monica R. Maxwell
Acting Program Division Director
U.S. Food and Drug Administration
Office of Pharmaceutical Quality Operations (OPQO), Division II
4040 N. Central Expressway, Suite 900
Dallas, TX 75204

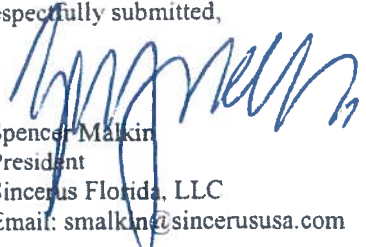
RE: Update to Sincerus Florida, LLC (Sincerus) Response to FDA Form 483 issued September 17, 2018

Dear Director Maxwell:

This letter is being sent to update you on the progress that Sincerus Florida has made since our response to the FDA form 483 observations made during the last FDA inspection of our facility at 3265 McNab Road, Pompano Beach, FL 33069. The inspection was conducted on August 30, 2018, August 31, 2018, and September 17, 2018. Our last response to your observations during that inspection was sent to you on October 9, 2018.

Sincerus Florida takes cGMP concerns very seriously and continues to make great strides in taking the necessary steps to comply with those regulations as well as the new 503B draft guidelines (Current Good Manufacturing Practice—Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act Draft Guidance for Industry December 2018) to the best of our ability. We are also planning to modify our facility in 2019 to comply with the new USP <800> and USP <795> regulations. And while we are currently developing potency methods, due to the number of APIs at multiple strengths in our compounded drug formulations, we have additional work that must be completed. Our efforts to address all of these concerns are described in this update. Lastly, Sincerus Florida has recently decided that as soon as practical in 2019, our packaging will change from cartridges to final containers (i.e., airless pumps). This will help to maintain product stability and allow us to extend our compounds' BUDs. These changes have caused delays in our progress as we work through the processes needed to implement these beneficial changes. However, we truly believe that all these improvements are necessary to provide our customers with the best compounded products available. Our plan is to send you routine updates on our progress towards satisfying all of the observations noted during the inspection.

Respectfully submitted,


Spencer Malkin
President
Sincerus Florida, LLC
Email: smalkin@sincerususa.com


Joanne Hoefling
Director of Regulatory Compliance and Quality
Sincerus Florida, LLC
Email: jhoefling@sincerususa.com

Company Confidential

OBSERVATION 1

Each lot of components is not withheld from use until the lot has been sampled, tested, examined, and released by the quality control unit.

Specifically, non-pharmaceutical grade components are used in the formulation of non-sterile drug products. Your firm uses Distilled Water or Preserved Water (Parabens) Solution in the formulation of your nonsterile drug products. However, your firm did not provide any documentation supporting this component, which is not USP grade. Your firm does not conduct any microbial testing on any drug products that use D1 water or Preserved Water (Parabens).

RESPONSE 1:

In response, CAPA18-25 was issued. Sincerus recognizes that prior to the execution of CAPA18-25, Sincerus utilized commercially available purified water in the compounding of 42 non-sterile formulations. Sincerus now uses only USP grade purified water in the compounding of its non-sterile products. Forty-two (42) master formulation records have been updated to include this change. See attachment 1 for the list of the 42 affected formulations, COA for the USP grade purified water and an example of the change in the master formulation records.

Please see Attachment 1, CAPA18-25 with attachments, which was closed on 10/09/2018.

2019-Q1 UPDATE: CAPA18-25 was closed on 10/09/2018 and copy of closed CAPA18-25 was attached to Sincerus' 10/09/2018 response. No further action planned at this time.

OBSERVATION 2

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the final specifications and identity and strength of each active ingredient prior to release.

Specifically, your firm has failed to perform release testing for potency on each batch of drug product produced at your facility. Examples include, but are not limited to the following:

- Product 031041- Fluocinolone Acetonide 0.01% / Minoxidil 5% / Tretinoin 0.025%, Lot 031041AIBFCABI@14, BUD 09/14/18
- Product 031089- Fluocinolone Acetonide 0.01% / Minoxidil 7% / Progesterone 0.1% / Tretinoin 0.025%, Lot 031089AFDBCABI@5, BUD 06/30/18
- Product 031070- Tacrolimus 0.1%, Lot 031070AIDACABI@14, BUD 09/29/18
- Product 031101- Ketoconazole 2% / Minoxidil 7% / Tretinoin 0.05%, Lot 031101AHBGCABI@14, BUD 08/15/18
- Product 041013- Betamethasone Dipropionate 0.05% / Menthol 2% / Pramoxine HCL 1% / Tranilast 0.5%, Lot 041013AICJCABI@14, BUD 09/27/18
- Product 141030- Hydroquinone 8%, Lot 141030AJAFCABI@14, BUD 10/05/18
- Product 201017- Lidocaine 23% / Prilocaine 5% (Oleabase), Lot 201017AIBGCABI@1, BUD 02/12/19

RESPONSE 2:

In response, CAPA18-26 was issued. Sincerus recognizes that it is only using pharmacist discretion according to Board of Pharmacy standards to release non-sterile drug products. Sincerus has a Quality Control lab that includes 4-HPLCs and employs 2 full-time method development chemists. Method development for potency testing in order to establish final specifications for the release of our non-sterile drug products according to GMP regulations was in-process prior to inspection. In order to expedite this process, Sincerus will take a two-phase approach. Phase One will entail developing sound potency methods and utilizing accelerated stability results to first assess our non-sterile products and then establishing potency specifications. There is a target date of 4-months to complete Phase One. Phase Two will be a fully compliant stability assessment including real-time studies. It is expected that Phase Two will require an additional 5-months to complete.

Please see Attachment 2, CAPA18-26. There is a 9 month target date for the completion of this project.

Company Confidential

2019-Q1 UPDATE: Due to the number of APIs at multiple strengths in our compounded medication formulations, we have additional work before we can finalize reliable, sound methods to extract the actives from our compounds. We must accurately measure their content in our products which contain from one to seven active ingredients. This abundance of caution in providing the best possible outcome has caused some delays in our aggressive plan to complete Phase One during the 4 months period previously targeted. We are moving the original 4 month target date to 9 months for Phase 1. To date we have developed potency methods covering 38 of our non-sterile formulations which are currently being validated.

OBSERVATION 3

The in-process control procedures were deficient in that they did not include an examination of the adequacy of mixing to assure uniformity and homogeneity.

Specifically, your firm failed to validate your current formulary procedures are in accordance with your reference procedures to ensure homogeneity and blend uniformity are obtained.

RESPONSE 3:

In response, CAPA18-27 was issued. Sincerus recognizes the need to examine the adequacy of mixing to ensure uniformity and homogeneity. Sincerus has a Quality Control lab that includes 4-HPLCs and employs 2 full-time method development chemists. Method development for potency testing in order to establish final specifications for the release of our non-sterile drug products according to GMP regulations was in-process prior to inspection. Once method development is complete the adequacy of compounding mixing processes will be assessed ASAP after potency specifications are approved.

Please see Attachment 3, CAPA18-27. There is a 12-month target date to complete this project for our current 210 non-sterile formulations.

2019-Q1 UPDATE: Due to the aforementioned work described in Observation 2 – 2019 Q1 Update above that is needed prior to the actions required to resolve this observation, it is necessary to move the 12 month target out 3 months for CAPA18-27 which addresses the adequacy of mixing to ensure uniformity and homogeneity. In addition, Sincerus has been evaluating several commercially available options for automating our mixing process. We engaged engineers at Schold Manufacturing, Chicago, IL to design a specialized bowtie type blade for their LMX mixer. It is a custom fit for our batch containers to help ensure thorough, even mixing of our non-sterile compounded drug products. See attached product information, blade diagram and PO.

Please see 2019-Q1 Attachment 1, Schould Products LMX Mixer Information, Blade Diagram and PO

OBSERVATION 4

There is no written testing program designed to assess the stability characteristics of drug products.

Specifically, your firm has not performed stability testing on any drug product to ensure the shelf-life of the drug products. Examples include, but are not limited to:

- Product 501010- Magnesium sulfate in 5% Dextrose, Lot 501010SAGBDCABI@l, BUD 06/22/18
- Product 141030- Hydroquinone 8%, Lot 141030AJAFCABI@14, BUD 10/05/18

RESPONSE 4:

In response, CAPA18-28 was issued. Sincerus recognizes that currently, there are no stability studies performed on our non-sterile compounded products and USP standards are being utilized for the BUD (Beyond Use Dates) assigned to our non-sterile products. Sincerus has a Quality Control lab that includes four HPLCs and two stability chambers and employs 2 full-time method development chemists, a senior quality chemist, and a lab technician. Method development for potency testing in order to establish final specifications for the release of our non-sterile drug products according to GMP regulations was in-process prior to inspection. In order to expedite this process, Sincerus will take a two-phase approach. Phase One will entail developing sound potency methods and utilizing accelerated stability results to first assess our non-sterile products and then establishing potency specifications. There is a target date of 4 months to complete Phase One. Phase Two will be a fully compliant stability assessment including real-time studies. It is expected that Phase Two will require an additional 5 months to complete.

Company Confidential

Sincerus did perform stability studies on our sterile product, 2G Magnesium Sulfate in 5% Dextrose 50 ML Bag Injection. While the protocol called for a 28-day study, Sincerus only sells this sterile product with a 9-day BUD. Sincerus was able to confirm 14-days. An Addendum Report to the Original Process Validation has been issued and is attached. (Attachment 5)

Please see Attachment 4, CAPA18-28.

Please see Attachment 5, Addendum to Process Validation Report for the Compounding of Medium Risk Sterile Preparations (14 Day Stability Results) 2 GM Magnesium Sulfate in 5% Dextrose 50 ML Bag Injection.

2019-Q1 UPDATE: A 14-day stability study report for our sterile product, 2G Magnesium Sulfate in 5% Dextrose 50 ML Bag Injection, was attached to Sincerus' 10/09/2018 response. No further action planned at this time.

Due to the aforementioned work described in Observation 2- 2019 Q1 Update for developing reliable, sound potency methods to determine the level of actives in Sincerus' non-sterile products, it is necessary to move the 4 month target date for Phase 1 to 9 months in CAPA18-28 which addresses non-sterile compounded drug product stability studies.

OBSERVATION 5

There is a failure to thoroughly review any unexplained discrepancy whether or not the batch has been already distributed. Specifically, multiple complaint investigations into adverse events lacked a thorough investigation into the root cause for the complaint. Examples include, but are not limited to:

- Complaint 18-52- Five patients experienced redness during use of Product 201019-Lidocaine 23% / Tetracaine 7%, Lot 201019ABAECABI@6, BUD 05/09/18. There was no root cause or potential root cause identified.
- Complaint 18-84- Four patients experienced a rash after use of Product 011009- Niacinamide 4% / Tretinoin 0.05%, Lot 011009BBCBCABH@8, BUD 12/21/17. There was no root cause or potential root cause identified.
- Complaint 18-138- Multiple patients experienced redness, hives, itching, or swelling within five (5) minutes of applying Product 201016- Lidocaine 7% / Tetracaine 7%, Lot 201016ADCJCABI@2, BUD 09/25/18. There was no root cause or potential root cause identified.

RESPONSE 5:

In response, CAPA18-29 was issued. Although Sincerus performs a thorough investigation of customer complaints including, but not limited to, batch record reviews, review of similar prior complaints and checking our retains, Sincerus recognizes that we did not always request the return of consumers' products that were subject to a quality complaint and/or adverse reaction. Sincerus did not have designated sections in our complaint investigation report for "root cause" or "evaluation notes for returned product." SOP QA-10 Management of Customer Complaints and/or Adverse/Adverse Events has been updated to address these concerns.

Sincerus recognizes that the potency testing of returned products would provide better insight to the root cause of a legitimate quality complaint, including those involving adverse events. For non-sterile products, potency testing of returned products with legitimate quality and/or adverse events will commence once potency specifications have been established. For sterile products, Sincerus has not received any complaints. Although not previously documented in our SOPs, Sincerus' plan has always been to test sterile products returned for legitimate quality complaints and/or adverse reactions. SOP QA-10 Management of Customer Complaints and/or Adverse/Adverse Events has been revised to address these issues.

Please see Attachment 5, CAPA18-29 and Attachment 6, SOP QA-10 Management of Customer Complaints and/or Adverse/Adverse Events

2019-Q1 UPDATE: CAPA18-29 was closed on 12/21/2018 and copy of closed CAPA18-29 is attached to this update. No further action planned at this time. See Attachment 2.

Please see 2019-Q1 Attachment 2, CAPA18-29. No further action planned at this time.

Company Confidential

OBSERVATION 6

Written procedures are not established for the cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing or holding of a drug product.

Specifically, hazardous drugs, hormones, and antibiotics were produced in your firm's non-sterile suite area without providing adequate cleaning of work surfaces, utensils, and/or personnel to prevent cross-contamination. However, your firm does not have a cleaning procedure for these drug products to ensure cross-contamination does not occur. In addition, your firm places dedicated utensils in the dishwasher with non-dedicated utensils used in production. On 08/30/2018, we observed hazardous/antibiotics being produced under the same hood as non-hazardous drugs. We also observed powdered residue on your firm's Exakt Rolling Mill used in the production of cream and emollient drug products. According to your firm's Pharmacist-In-Charge, this equipment's status was clean.

RESPONSE 6:

In response, CAPA18-30 was issued. Sincerus recognizes that utensils and labware marked for use with antibiotics or hormones were comingled with general labware during washing. SOP NC-04, Operation of the Hobart LXeR Dishwasher has been updated to use separate wash cycles for antibiotics, hormones, and general labware.

NOTES:

- Train all compounding personnel on preventing cross-contamination and improved cleaning procedures

Sincerus recognizes the fact that while hormone containing products were compounded in a dedicated hood, products containing antibiotics were not. Sincerus is in the process of certifying a separate hood that will be dedicated to compounding products containing antibiotics. SOP NC-15, "General cleaning procedure - pharmacies - non-sterile areas" is currently being drafted to address the cleaning of non-sterile compounding areas and will include swab testing and cleaning non-sterile powder containment hood areas to the level used for hazard drugs. In the meantime, a cleaning log has been created to document the cleaning of non-sterile hood after the compounding of each lot. In addition, Sincerus has created usage and cleaning logs for the ointment mills used in the compounding of non-sterile drug products to capture the use, cleaning, and cleaning verification of ointment mills. All compounding personnel will be trained by a Pharmacist on preventing cross-contamination and improved cleaning procedures including blanketing all hood surfaces by spraying 70% IPA spray then wiping and wiping down all equipment with wipes saturated with 70% IPA.

Please see Attachment 8, CAPA18-30

Please see Attachment 9, SOP NC-04, Operation of the Hobart LXeR Dishwasher

Please see Attachment 10, Ointment Mill Use and Cleaning Log

Please see Attachment 11, Non-Sterile Powder Hood Cleaning Log

2019-Q1 UPDATE: SOP NC-04, Operation of the Hobart LXeR Dishwasher, the Ointment Mill Use and Cleaning Log, and the Non-Sterile Powder Hood Cleaning Log were addressed in Sincerus' 10/09/2018 response and are currently in use. See Attachments 3 and 4. A powder containment hood dedicated to compounding products containing antibiotics is now in use. See Attachment 5. SOP F-09, General Cleaning of Sincerus' Non-Sterile cGMP Areas has been drafted. See Attachment 6. An SOP is currently being drafted to address the operation, use and cleaning procedures for ointments mills.

Please see 2019-Q1 Attachment 3, Example of a Powder Containment Hood Use and Cleaning Log

Please see 2019-Q1 Attachment 4, Example of an Ointment Mill Use and Cleaning Log

Please see 2019-Q1 Attachment 5, Pictures of Hood Dedicated to Compounding Products Containing Antibiotics

Please see 2019-Q1 Attachment 6, SOP F-09, General Cleaning of Non-Sterile cGMP Areas DRAFT

Information of Organization

Sincerus Florida, LLC, Sole owner and operator of facility
EIN: 30-0891087

Mailing Address: 3265 W McNab Road, Pompano Beach FL 33069
Phone No: 561-404-8893
legal@sincerususa.com

Officers of Applicant:

Spencer Malkin, CEO of Sincerus Florida, LLC (0% direct ownership)
Jonathan Fenster, COO of Sincerus Florida, LLC (0% direct ownership)

AC# 8771491

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/01/2019	PH 29976	111165

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida,

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

Expiration Date: **FEBRUARY 28, 2021**

SINCERUS FLORIDA, LLC
Sincerus Florida, LLC
3265 W MCNAB ROAD
POMPANO BEACH, FL 33069



Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 29976. 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 Renewed or Applied Online Since 2015?" 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 MDA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

[Are You Renewal Ready?](#)

[Grounds for Discipline](#)

QUALIFICATION(S):
Special Sterile Compounding

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

8771491

DATE	LICENSE NO.	CONTROL NO.
02/01/2019	PH 29976	111165

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: FEBRUARY 28, 2021

SINCERUS FLORIDA, LLC

LICENSEE SIGNATURE

AC# 8771490

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/01/2019	PH 29905	111156

THE PHARMACY

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: FEBRUARY 28, 2021

SINCERUS FLORIDA, LLC
SINCERUS FLORIDA, LLC
3265 W MCNAB ROAD
POMPANO BEACH, FL 33069



QUALIFICATION(S):
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED

Ron DeSanitis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 29905. 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.

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QUALIFICATION(S):

Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

8771490

DATE	LICENSE NO.	CONTROL NO.
02/01/2019	PH 29905	111156

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: FEBRUARY 28, 2021

SINCERUS FLORIDA, LLC

LICENSEE SIGNATURE



Department of Health

License Number: PH29976

Data As Of 5/5/2020

Profession	Pharmacy
License	PH29976
License Status	CLEAR/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2021
License Original Issue Date	03/23/2016
Address of Record	3265 W MCNAB ROAD POMPANO BEACH, FL 33069 UNITED STATES
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.

Official license certifications have been ordered from FL BOP,
they will be forwarded to your office immediately upon receipt.
Please accept this on-line verification in the interim



Department of Health

License Number: PH29905

Data As Of 5/5/2020

Profession	Pharmacy
License	PH29905
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	02/19/2016
Address of Record	3265 W MCNAB ROAD POMPANO BEACH, FL 33069
Discipline on File	No
Public Complaint	No

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Official license certifications have been ordered from FL BOP,
they will be forwarded to your office immediately upon receipt.
Please accept this on-line verification in the interim

Maria Yeager

From: DoNotReply_CDERS@fda.hhs.gov
Sent: Wednesday, January 29, 2020 12:25 PM
To: elicense
Cc: CDERCollections@fda.hhs.gov; Compounding@fda.hhs.gov; EDRLS@fda.hhs.gov
Subject: FY2020 Outsourcing Facility Acknowledgment - Sincerus Florida, LLC

Good Afternoon,

We have received the establishment registration fee for Sincerus Florida, LLC in the amount of \$18,288. Effective January 01, 2020, your facility located at 3265 West McNab Road Pompano Beach, FL 33069 is now registered as a human drug outsourcing facility through December 31, 2020.

For more information on the Compounding Quality Act, visit FDA's Compounding Website:
<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

Thanks
CQA User Fee Staff

Sincerus Florida, LLC

Arizona Manufacturer License No.: M0008206

Records of Compounded Medication Shipped to Arizona Practitioners

Time Period: 07/01/2017 to 06/28/2018

Date	Drug Name and Strength	Quantity	Shipping Address	Permit/License
6/20/2018	021020 IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
6/20/2018	091088 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
5/29/2018	091103 FLUOCINOLONE ACETONIDE 0.025% / IODOQUINOL 1% CREAM	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
5/29/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
5/4/2018	021020 IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
5/3/2018	021020 IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
4/9/2018	091089 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
3/8/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
3/8/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
2/22/2018	011531 ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% / NIACINAMIDE 4% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
1/12/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
10/27/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	Whitney Alliance Dermatology 4045 E. Bell Road STE 125 Phoenix AZ 85032 United States	Sadra Jazayeri, MD License 30789
8/18/2017	021020 IMIQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85045	Sadra Jazayeri, MD License 30789
8/7/2017	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85044	Sadra Jazayeri, MD License 30789
8/7/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85043	Sadra Jazayeri, MD License 30789
8/7/2017	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	6	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85042	Sadra Jazayeri, MD License 30789
8/7/2017	091127 CICLOPIROX 0.77% / CLOBETASOL PROPIONATE 0.05% / SALICYLIC ACID 3% / ZINC PYRITHIONE 1% SHAMPOO	6	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85041	Sadra Jazayeri, MD License 30789
8/7/2017	091089 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	8	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85040	Sadra Jazayeri, MD License 30789
8/7/2017	091088 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	8	Whitney Alliance Dermatology 4045 E. Bell Road Suite 125 Phoenix AZ 85039	Sadra Jazayeri, MD License 30789

8/7/2017	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	6	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85038	Sadra Jazayeri, MD License 30789
8/7/2017	011531 ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% / NIACINAMIDE 4% GEL	6	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85037	Sadra Jazayeri, MD License 30789
8/7/2017	011311 NIACINAMIDE 4% / TAZAROTENE 0.1% GEL	6	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85036	Sadra Jazayeri, MD License 30789
8/7/2017	011217 CLINDAMYCIN 1% / HYDROCORTISONE 0.5% / NIACINAMIDE 2% / SPIRONOLACTONE 2% / TRETINOLIN 0.025% GEL	6	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85035	Sadra Jazayeri, MD License 30789
8/7/2017	011504 DAPSONE 8.5% / NIACINAMIDE 4% GEL	3	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85034	Sadra Jazayeri, MD License 30789
8/7/2017	091103 FLUOCINOLONE ACETONIDE 0.025% / IODOQUINOL 1% CREAM	3	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85033	Sadra Jazayeri, MD License 30789
7/3/2017	091089 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	3	Whitney Alliance Dermatology 4045 E. Bell Road, Suite 125 Phoenix AZ 85032	Sadra Jazayeri, MD License 30789
1/11/2018	021020 IMIQUIMOD 5% / LEVOCETRIZINE DIHYDROCHLORIDE 1% / TRETINOLIN 0.05% GEL	3	Payson Dermatology 313 S Beeline Highway Payson AZ 85541 United States	Sadra Jazayeri, MD License 30789
6/26/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOLIN 0.025% EMULSION	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
6/26/2018	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	1	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	011520 BENZOYL PEROXIDE 2.5% / CLINDAMYCIN 1% / NIACINAMIDE 2% / TRETINOLIN 0.025% GEL	2	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	1	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	171085 BRIMONIDINE TARTRATE 0.25% / IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	2	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	1	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOLIN 0.025% EMULSION	2	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
5/17/2018	221022 CANTHARIDIN 0.7% LIQUID	2	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
3/30/2018	011520 BENZOYL PEROXIDE 2.5% / CLINDAMYCIN 1% / NIACINAMIDE 2% / TRETINOLIN 0.025% GEL	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
3/9/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
2/1/2018	011520 BENZOYL PEROXIDE 2.5% / CLINDAMYCIN 1% / NIACINAMIDE 2% / TRETINOLIN 0.025% GEL	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
2/1/2018	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303
2/1/2018	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Mara Seigel Arrowhead Dermatology 10750 W. MCDOWELL RD. SUITE D400 Avondale AZ 85392 United States	Keith J Haar MD License 25303

2/1/2018	171082 BRIMONIDINE TARTRATE 0.25% / IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
2/1/2018	021020 IMQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
2/1/2018	141017 HYDROCORTISONE 0.5% / HYDROQUINONE 6% / TRETINOIN 0.025% EMULSION	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
2/1/2018	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
2/1/2018	091103 FLUOCINOLONE ACETONIDE 0.025% / IDOQUINOL 1% CREAM	1	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
2/1/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
12/15/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	6	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
10/13/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
8/3/2017	221022 CANTHARIDIN 0.7% LIQUID	5	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
8/3/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	5	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
7/12/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	5	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
7/12/2017	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	10750 W. MCDOWELL RD, SUITE D400 Avondale AZ 85392 United States	Mara Seigel Arrowhead Dermatology	Keith J. Haar MD License: 25303
6/29/2018	221031 CIMECTIDINE 10% / LIDOCAINE 5% / SALICYLIC ACID 40% CREAM	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	351014 AZELAIC ACID 15% / NIACINAMIDE 4% CREAM	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	141012 HYDROQUINONE 6% / TRETINOIN 0.025% / TRIAMCINOLONE ACETONIDE 0.025% EMULSION	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	141041 HYDROQUINONE 6% / TRETINOIN 0.05% EMULSION	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	141071 HYDROQUINONE 4% / NIACINAMIDE 2% / TRETINOIN 0.025% CREAM	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
6/29/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
5/29/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	16	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
4/27/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	
4/16/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002	

3/22/2018	221022 CANTHARIDIN 0.7% LIQUID	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
3/7/2018	011031 NIACINAMIDE 4%/ TRETINOIN 0.1% CREAM	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
2/26/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
2/15/2018	221022 CANTHARIDIN 0.7% LIQUID	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
2/9/2018	031083 FINASTERIDE 0.1% / MINOXIDIL 7% SOLUTION	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
2/9/2018	031092 FLUOCINOLONE ACETONIDE 0.01% / MINOXIDIL 7% / PROGESTERONE 0.1% SOLUTION	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
1/24/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
1/11/2018	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	5	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	011031 NIACINAMIDE 4%/ TRETINOIN 0.1% CREAM	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	011504 DAPSONE 8.5% / NIACINAMIDE 4% GEL	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	011531 ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% / NIACINAMIDE 4% GEL	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	051011 ALUMINUM CHLORIDE HEXAHYDRATE 20% / HYDROCORTISONE 1% SOLUTION	3	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	081033 LIDOCAINE 2% / MUPIROCIN 2% / TRANILAST 1% OINTMENT	4	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	091088 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	091092 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	161041 CALCIPOTRIENE 0.005% / TRIAMCINOLONE ACETONIDE 0.1% OINTMENT	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	161020 CALCIPOTRIENE 0.005% / MOMETASONE FUROATE 0.1% GEL	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	161022 CLOBETASOL PROPIONATE 0.05% / SALICYLIC ACID 4% / UREA 40% CREAM	4	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	161031 CLOBETASOL PROPIONATE 0.05% / IBUPROFEN 2% / MUPIROCIN 5% / SALICYLIC ACID 5% / UREA 20% CREAM	4	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
11/28/2017	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002

11/28/2017	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	8	DR. WEIMIN HU SPECIALISTS IN DERMATOLOGY, PLLC 2732 N. ALVERNON WAY TUCSON AZ 85712 United States	Weimin K. Hu MD License: 34002
4/18/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	DR. RICHARD LEVINE Scottsdale Dermatology and Cosmetic Surgery, PLLC 10210 N 92nd St. Suite 300 Scottsdale AZ 85258	Richard G Levine MD License: 53833
3/5/2018	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	011312 NIACINAMIDE 4% / TAZAROTENE 0.05% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	011313 NIACINAMIDE 4% / TAZAROTENE 0.1% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	011534 ADAPALENE 0.1% / BENZOYL PEROXIDE 2.5% / CLINDAMYCIN 1% GEL	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	011531 ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% / NIACINAMIDE 4% GEL	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	021020 IMQUIMOD 5% / LEFLORETIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	091096 NIACINAMIDE 4% / TRIAMCINOLONE ACETONIDE 0.1% CREAM	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	141016 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833
3/5/2018	081033 LIDOCAINE 2% / MUPIROCI 2% / TRANI LAST 1% OINTMENT	2	DR. RICHARD LEVINE SCOTTSDALE DERMATOLOGY AND COSMETIC SURGERY PLLC 16932 N 98TH PLACE SCOTTSDALE AZ 85260 United States	Richard G Levine MD License: 53833

8/4/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	6	DR. NANCY KIM SPECTRUM DERMATOLOGY, PLLC 4350 E. CAMELBACK RD. SUITE A-200 PHOENIX AZ 85021	Nancy Hageung Kim MD License Number: 41487
8/4/2017	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	3	DR. NANCY KIM SPECTRUM DERMATOLOGY, PLLC 4350 E. CAMELBACK RD. SUITE A-200 PHOENIX AZ 85020	Nancy Hageung Kim MD License Number: 41487
8/4/2017	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	DR. NANCY KIM SPECTRUM DERMATOLOGY, PLLC 4350 E. CAMELBACK RD. SUITE A-200 PHOENIX AZ 85019	Nancy Hageung Kim MD License Number: 41487
8/4/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	DR. NANCY KIM SPECTRUM DERMATOLOGY, PLLC 4350 E. CAMELBACK RD. SUITE A-200 PHOENIX AZ 85018	Nancy Hageung Kim MD License Number: 41487
6/14/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/11/2018	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/11/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/6/2018	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/5/2018	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/5/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/5/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/5/2018	011054 NIACINAMIDE 4% / SPIRONOLACTONE 5% GEL	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
6/5/2018	241019 LACTIC ACID 10% / UREA 40% GEL	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
4/27/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
4/19/2018	241019 LACTIC ACID 10% / UREA 40% GEL	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
4/10/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487

3/22/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
3/14/2018	011054 NIACINAMIDE 4% / SPIRONOLACTONE 5% GEL	1	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
3/14/2018	011054 NIACINAMIDE 4% / SPIRONOLACTONE 5% GEL	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
3/9/2018	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	4	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
2/27/2018	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
2/27/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
2/14/2018	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
2/14/2018	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
2/14/2018	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
1/19/2018	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
1/19/2018	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
1/19/2018	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
1/2/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
11/2/2017	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
11/2/2017	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487

11/2/2017	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
10/31/2017	201010 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% EMULSION	1	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
9/18/2017	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
9/18/2017	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
9/18/2017	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
9/15/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	4	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
8/4/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	6	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
8/4/2017	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
8/4/2017	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
8/2/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487

7/7/2017	241019 LACTIC ACID 10% / UREA 40% GEL.	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
7/7/2017	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 9500 E. IRONWOOD SQUARE DR #110 SCOTTSDALE AZ 85258 United States	Nancy Hageung Kim MD License Number: 41487
10/4/2017	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85061	Nancy Hageung Kim MD License Number: 41487
7/11/2017	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85060	Nancy Hageung Kim MD License Number: 41487
7/11/2017	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85059	Nancy Hageung Kim MD License Number: 41487
7/11/2017	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85058	Nancy Hageung Kim MD License Number: 41487
7/11/2017	021023 IMQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / NIACINAMIDE 2% GEL	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85057	Nancy Hageung Kim MD License Number: 41487
7/11/2017	011311 NIACINAMIDE 4% / TAZAROTENE 0.1% GEL	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85056	Nancy Hageung Kim MD License Number: 41487
7/11/2017	011310 NIACINAMIDE 4% / TAZAROTENE 0.05% GEL	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85055	Nancy Hageung Kim MD License Number: 41487
7/11/2017	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85054	Nancy Hageung Kim MD License Number: 41487
7/11/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOLIN 0.025% EMULSION	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85053	Nancy Hageung Kim MD License Number: 41487
7/11/2017	011031 NIACINAMIDE 4% / TRETINOLIN 0.1% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85052	Nancy Hageung Kim MD License Number: 41487
7/11/2017	011021 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85051	Nancy Hageung Kim MD License Number: 41487
7/11/2017	011013 NIACINAMIDE 4% / TRETINOLIN 0.025% CREAM	3	Dr. Nancy H. Kim SPECTRUM DERMATOLOGY, PLLC 20950 N. TATUM BLVD., SUITE 250 PHOENIX AZ 85050	Nancy Hageung Kim MD License Number: 41487
12/4/2017	011009 NIACINAMIDE 4% / TRETINOLIN 0.05% CREAM	3	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881

5/29/2018	011009 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	1	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881
12/4/2017	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	3	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881
12/4/2017	031083 FINASTERIDE 0.1% / MINOXIDIL 7% SOLUTION	3	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881
12/4/2017	091092 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	3	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881
12/4/2017	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	DR. MARC I. EPSTEIN MOUNTAIN VIEW DERMATOLOGY, LTD 2375 N. WYATT DR. #109 TUCSON AZ 85712 United States	Marc I Epstein DO License Number: 2881
5/24/2018	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85394	Jay Girish Mehta DO License Number: 006512
3/23/2018	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85393	Jay Girish Mehta DO License Number: 006512
3/23/2018	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85392	Jay Girish Mehta DO License Number: 006512
3/23/2018	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85391	Jay Girish Mehta DO License Number: 006512
2/7/2018	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	1	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85390	Jay Girish Mehta DO License Number: 006512
12/28/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85389	Jay Girish Mehta DO License Number: 006512
7/11/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	1	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85388	Jay Girish Mehta DO License Number: 006512
7/11/2017	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85387	Jay Girish Mehta DO License Number: 006512
7/11/2017	101013 HYALURONIC ACID SODIUM SALT 1% / NIACINAMIDE 4% / TACKOLIMUS 0.1% CREAM	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85386	Jay Girish Mehta DO License Number: 006512
7/11/2017	031057 FINASTERIDE 0.1% SOLUTION	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85385	Jay Girish Mehta DO License Number: 006512

7/11/2017	011218 NIACINAMIDE 2% / SPIRONOLACTONE 5% / TRETINOIN 0.025% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85384	Jay Girish Mehta DO License Number: 006512
7/11/2017	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85383	Jay Girish Mehta DO License Number: 006512
7/11/2017	091137 CALCIPOTRIENE 0.005% / CLOBETASOL PROPIONATE 0.05% SOLUTION	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85382	Jay Girish Mehta DO License Number: 006512
7/11/2017	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	3	Dr. Jay G. MEHTA Arizona Skin Institute, PC 13760 N 93rd Ave., Ste 111 Peoria AZ 85381	Jay Girish Mehta DO License Number: 006512
6/22/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
6/22/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
6/22/2018	141037 HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
6/22/2018	221011 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% GEL	2	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
6/22/2018	091092 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
4/24/2018	241010 LACTIC ACID 10% / UREA 40% GEL	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
4/24/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
4/24/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
4/24/2018	141037 HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
4/24/2018	221011 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% GEL	1	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094
2/22/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	2	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License 23094

2/7/2018	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
2/7/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
2/7/2018	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
2/7/2018	141037 HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
1/17/2018	011502 DAPSONE 6% / NIACINAMIDE 2% / TRETINOIN 0.025% GEL	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
1/17/2018	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
1/17/2018	171081 IVERMECTIN 1% / METRONIDAZOLE 1% GEL	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
1/17/2018	241010 LACTIC ACID 10% / UREA 40% GEL	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
11/21/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
11/21/2017	171081 IVERMECTIN 1% / METRONIDAZOLE 1% GEL	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
10/5/2017	241010 LACTIC ACID 10% / UREA 40% GEL	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
9/28/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
9/28/2017	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
9/28/2017	141037 HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
9/28/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094

7/31/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	011181 SALICYLIC ACID 2% / SODIUM SULFACETAMIDE 8% / SULFUR PRECIPITATED 4% SUSPENSION	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	011502 DAPSONE 6% / NIACINAMIDE 2% / TRETINOIN 0.025% GEL	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	011518 BENZOYL PEROXIDE 5% / CLINDAMYCIN 1% / NIACINAMIDE 4% GEL	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	091092 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	141037 HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	171081 IVERMECTIN 1% / METRONIDAZOLE 1% GEL	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	221011 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% GEL	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/31/2017	091133 CICLOPIROX 0.77% / CLOBETASOL PROPIONATE 0.05% / SALICYLIC ACID 3% / ZINC PYRITHIONE 1% SHAMPOO	5	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094
7/10/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	2	DR. JAMES PEHOUSHEK ALLERGY & DERMATOLOGY SPECIALISTS 6320-A W. UNION HILLS DR., STE 100 GLENDALE AZ 85308 United States	James F. Pehoushek, MD License: 23094

5/24/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/24/2018	011035 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/24/2018	071040 CICLOPIROX 8% / FLUCONAZOLE 1% / TERBINAFINE HCL 1% SOLUTION	2	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/24/2018	141041 HYDROQUINONE 6% / TRETINOIN 0.05% EMULSION	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/24/2018	241010 LACTIC ACID 10% / UREA 40% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/15/2018	171081 IVERMECTIN 1% / METRONIDAZOLE 1% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/4/2018	011035 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	2	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
5/4/2018	221010 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% CREAM	2	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
4/23/2018	011032 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
4/23/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	2	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
3/19/2018	031098 MINOXIDIL 7% / PROGESTERONE 0.1% SOLUTION	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903

3/19/2018	221011 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% GEL	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
3/19/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
2/22/2018	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
2/13/2018	011032 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
2/13/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	011503 DAPSONE 6% / NIACINAMIDE 2% / SPIRONOLACTONE 5% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	011200 NIACINAMIDE 4% / SODIUM SULFACETAMIDE 10% / SULFUR PRECIPITATED 2% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	081033 LIDOCAINE 2% / MUPIROCAINE 2% / TRANILAST 1% OINTMENT	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
12/13/2017	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903

12/13/2017	031083 FINASTERIDE 0.1% / MINOXIDIL 7% SOLUTION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
10/17/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
10/17/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/28/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	10	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	12	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	12	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	031098 MINOXIDIL 7% / PROGESTERONE 0.1% SOLUTION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	221011 CIMETIDINE 5% / IBUPROFEN 2% / SALICYLIC ACID 17% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	181011 PENTOXIFYLLINE 0.5% / TRANILAST 1% / TRIAMCINOLONE ACETONIDE 0.1% / ZINC OXIDE 5% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903
9/14/2017	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License 41903

9/14/2017	241010 LACTIC ACID 10% / UREA 40% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
9/14/2017	191010 CLOBETASOL PROPIONATE 0.05% / LEVOCETRIZINE DIHYDROCHLORIDE 2% / ZINC PYRITHIONE 1% SHAMPOO	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
9/14/2017	071040 CICLOPIROX 8% / FLUCONAZOLE 1% / TERBINAFINE HCL 1% SOLUTION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
9/14/2017	141041 HYDROQUINONE 6% / TRETINOIN 0.05% EMULSION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
8/14/2017	011500 DAPSONE 6% / NIACINAMIDE 4% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
8/14/2017	171090 IVERMECTIN 1% / SALICYLIC ACID 2% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
8/10/2017	181011 PENTOXIFYLLINE 0.5% / TRANILAST 1% / TRIAMCINOLONE ACETONIDE 0.1% / ZINC OXIDE 5% GEL	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
8/1/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	5	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903

7/20/2017	011181 SALICYLIC ACID 2% / SODIUM SULFACETAMIDE 8% / SULFUR PRECIPITATED 4% SUSPENSION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	021020 IMQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	091088 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% OINTMENT	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	091137 CALCIPOTRIENE 0.005% / CLOBETASOL PROPIONATE 0.05% SOLUTION	3	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	141041 HYDROQUINONE 6% / TRETINOIN 0.05% EMULSION	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	171030 METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	6	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	221022 CANTHARIDIN 0.7% LIQUID	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
7/20/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	1	Dr. Brenda LaTowsky CLEAR DERMATOLOGY & AESTHETICS CENTER 20201 N. SCOTTSDALE HEALTHCARE DR., STE # 260 SCOTTSDALE AZ 85255 United States	Brenda Chrastil LaTowsky, MD License: 41903
2/1/2018	091052 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% SOLUTION	1	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
1/31/2018	241010 LACTIC ACID 10% / UREA 40% GEL	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
1/31/2018	021023 IMQUIMOD 5% / LEVOCETIRIZINE DIHYDROCHLORIDE 1% / NIACINAMIDE 2% GEL	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
1/31/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	1	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370

1/31/2018	071023 ECONAZOLE NITRATE 1% / NIACINAMIDE 4% CREAM	1	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	091028 FLUOCINOLONE ACETONIDE 0.01% / NIACINAMIDE 4% CREAM	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	3	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	071040 CICLOPIROX 8% / FLUCONAZOLE 1% / TERBINAFINE HCL 1% SOLUTION	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	141067 HYDROQUINONE 8% EMULSION	6	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	011181 SALICYLIC ACID 2% / SODIUM SULFACETAMIDE 8% / SULFUR PRECIPITATED 4% SUSPENSION	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	141061 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	0111021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	091128 CICLOPIROX 0.77% / SALICYLIC ACID 2% / ZINC PYRITHIONE 1% SHAMPOO	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	011192 BENZOYL PEROXIDE 8% / NIACINAMIDE 4% SUSPENSION	1	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
10/9/2017	091048 BETAMETHASONE DIPROPIONATE 0.05% / NIACINAMIDE 4% CREAM	2	CHRISTINA RICHARD CIRELLI MD 955 BLACK DRIVE STE A PRESCOTT AZ 86305 United States	Richard A. Cirelli, MD License: 27370
6/18/2018	221022 CANTHARIDIN 0.7% LIQUID	1	Celeste Lopez 10750 W McDowell Road Avondale AZ 85392 United States	MED7771
4/10/2018	011502 DAPSONE 6% / NIACINAMIDE 2% / TRETINOIN 0.025% GEL	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
2/20/2018	141068 LACTIC ACID 10% / NIACINAMIDE 4% CREAM	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
2/20/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004

12/15/2017	011312 NIACINAMIDE 4% / TAZAROTENE 0.05% CREAM	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W. DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	011502 DAPSONE 6% / NIACINAMIDE 2% / TRETINOIN 0.025% GEL	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W. DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	011534 ADAPALENE 0.1% / BENZOYL PEROXIDE 2.5% / CLINDAMYCIN 1% GEL	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W. DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	101018 NIACINAMIDE 4% / TACROLIMUS 0.1% OINTMENT	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W. DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
12/15/2017	161041 CALCIPOTRIENE 0.005% / TRIAMCINOLONE ACETONIDE 0.1% OINTMENT	1	CARMEN ALFONSO, D.O. MANAGED CARE CONSULTING PC 521 W. DEANNA DR. FLAGSTAFF AZ 86001 United States	Carmen Felicia Alfonso DO License Number: 3004
6/25/2018	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/22/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/22/2018	031083 FINASTERIDE 0.1% / MINOXIDIL 7% SOLUTION	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/22/2018	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/22/2018	181010 PENTOXIFYLLINE 0.5% / TRANILAST 1% / TRIAMCINOLONE ACETONIDE 0.1% GEL	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/22/2018	201038 BENZOCAINE 20% / LIDOCAINE 8% / TETRACAINE 4% CREAM	1	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
5/16/2018	141059 HYDROCORTISONE 0.5% / HYDROQUINONE 8% / TRETINOIN 0.025% EMULSION	3	Arizona Facial Plastics 4602 N 16th St #301 Phoenix AZ 85016 United States	Farhan Taghizadeh, MD License: 36688
3/30/2018	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	5	Arizona Dermatology and Cosmetic Surgery 4835 E. Cactus Rd. Ste 155 Scottsdale AZ 85254 United States	Glenn Lewis Zellman MD License Number: 50131
3/30/2018	141060 HYDROCORTISONE 0.5% / HYDROQUINONE 4% / TRETINOIN 0.025% EMULSION	5	Arizona Dermatology and Cosmetic Surgery 4835 E. Cactus Rd. Ste 155 Scottsdale AZ 85254 United States	Glenn Lewis Zellman MD License Number: 50131
3/1/2018	011034 HYALURONIC ACID SODIUM SALT 0.5% / NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	8	Arizona Dermatology and Cosmetic Surgery 4835 E. Cactus Rd. Ste 155 Scottsdale AZ 85254 United States	Glenn Lewis Zellman MD License Number: 50131
7/28/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	10	Arizona Dermatology and Cosmetic Surgery 4835 E. Cactus Rd. Ste 155 Scottsdale AZ 85254 United States	Glenn Lewis Zellman MD License Number: 50131
5/18/2018	171083 IVERMECTIN 1% / METRONIDAZOLE 1% / NIACINAMIDE 4% GEL	1	Amre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
5/4/2018	021020 IMIQUIMOD 5% / LEVOFLOXAZINE 1% / DIHYDROCHLORIDE 1% / TRETINOIN 0.05% GEL	1	Amre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773

4/24/2018	201012 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% EMULSION	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	091090 CLOBETASOL PROPIONATE 0.05% / NIACINAMIDE 4% CREAM	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	011013 NIACINAMIDE 4% / TRETINOIN 0.025% CREAM	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	2	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	011031 NIACINAMIDE 4% / TRETINOIN 0.1% CREAM	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	011531 ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% / NIACINAMIDE 4% GEL	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
4/24/2018	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	4	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
1/19/2018	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
11/28/2017	201070 BENZOCAINE 20% / LIDOCAINE 10% / TETRACAINE 10% CREAM	1	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
10/11/2017	221022 CANTHARIDIN 0.7% LIQUID	4	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
10/11/2017	011021 NIACINAMIDE 4% / TRETINOIN 0.05% CREAM	3	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773
10/11/2017	221024 CANTHARIDIN 1% / PODOPHYLLUM RESIN 5% / SALICYLIC ACID 30% LIQUID	4	Ambre Ste Marie ARROWHEAD DERMATOLOGY 7767 W. DEER VALLEY RD SUITE 140 PEORIA AZ 85382 United States	MED7773

(795) PHARMACEUTICAL COMPOUNDING—NONSTERILE PREPARATIONS

INTRODUCTION

The purpose of this chapter is to provide compounders with guidance on applying good compounding practices for the preparation of nonsterile compounded formulations for dispensing and/or administration to humans or animals. Compounding is an integral part of pharmacy practice and is essential to the provision of healthcare. This chapter and applicable monographs on formulation help define good compounding practices. Furthermore, this chapter provides general information to enhance the compounder's ability in the compounding facility to extemporaneously compound preparations that are of acceptable strength, quality, and purity. Pharmacists, other healthcare professionals, and others engaged in the compounding of drug preparations should comply with applicable state and federal compounding laws, regulations, and guidelines.

DEFINITIONS

ACTIVE PHARMACEUTICAL INGREDIENT (API)—Any substance or mixture of substances intended to be used in the compounding of a drug preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.

ADDED SUBSTANCES—Ingredients that are necessary to compound a preparation but are not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredients*, *excipients*, and *pharmaceutical ingredients*.

BEYOND-USE DATE (BUD)—The date after which a compounded preparation should not be used; determined from the date the preparation is compounded.

COMPONENT—Any ingredient used in the compounding of a drug preparation, including any active ingredient or added substance that is used in its preparation.

COMPOUNDER—A professional authorized by the appropriate jurisdiction to perform compounding pursuant to a prescription or medication order by a licensed prescriber.

COMPOUNDING—The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device in accordance with a licensed practitioner's prescription, medication order, or initiative based on the practitioner/patient/pharmacist/compounder relationship in the course of professional practice. Compounding includes the following:

- Preparation of drug dosage forms for both human and animal patients
- Preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns
- Reconstitution or manipulation of commercial products that may require the addition of one or more ingredients

- Preparation of drugs or devices for the purposes of, or as an incident to, research (clinical or academic), teaching, or chemical analysis
- Preparation of drugs and devices for prescriber's office use where permitted by federal and state law

HAZARDOUS DRUG—Any drug identified by at least one of the following six criteria:

- Carcinogenicity
- Teratogenicity or developmental toxicity
- Reproductive toxicity in humans
- Organ toxicity at low doses in humans or animals
- Genotoxicity
- New drugs that mimic existing hazardous drugs in structure or toxicity [for examples see current National Institute for Occupational Safety and Health (NIOSH) publications]

MANUFACTURING—The production, propagation, conversion, or processing of a drug or device, either directly or indirectly, by extraction of the drug from substances of natural origin or by means of chemical or biological synthesis. Manufacturing may also include any packaging or repackaging of the substance(s) or labeling or relabeling of containers for resale by pharmacies, practitioners, or other persons.

PREPARATION—For the purposes of this chapter, a compounded drug dosage form or dietary supplement or a device to which a compounder has introduced a drug. This term will be used to describe compounded formulations; the term *product* will be used to describe manufactured pharmaceutical dosage forms. (For the definitions of *official substance* and *official products*, see *General Notices and Requirements*.)

STABILITY—The extent to which a preparation retains, within specified limits and throughout its period of storage and use, the same properties and characteristics that it possessed at the time of compounding (see *Stability Considerations in Dispensing Practice* (1191), the table *Criteria for Acceptable Levels of Stability*).

VEHICLE—A component for internal or external use that is used as a carrier or diluent in which liquids, semisolids, or solids are dissolved or suspended. Examples include, but are not limited to, water, syrups, elixirs, oleaginous liquids, solid and semisolid carriers, and proprietary products.

CATEGORIES OF COMPOUNDING

In the three general categories of nonsterile compounding described in this section, different levels of experience, training, and physical facilities are associated with each category.

Criteria used to determine overall classification include:

- degree of difficulty or complexity of the compounding process
- stability information and warnings
- packaging and storage requirements
- dosage forms
- complexity of calculations
- local versus systemic biological disposition
- level of risk to the compounder
- potential for risk of harm to the patient

See *Pharmaceutical Compounding—Sterile Preparations* (797) for risk levels associated with sterile preparations. Specialty areas such as radiopharmaceuticals require special training and are beyond the scope of this chapter. Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound.

Description of Categories

Simple—Making a preparation that has a *United States Pharmacopeia (USP)* compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate BUDs; or reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution*, *Indomethacin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*.

Moderate—Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.

Complex—Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.

RESPONSIBILITIES OF THE COMPOUNDER

The compounder is responsible for compounding preparations of acceptable strength, quality, and purity and in accordance with the prescription or medication order. The compounder is also responsible for dispensing the finished preparation, with appropriate packaging and labeling, and in compliance with the requirements established by the applicable state agencies, state boards of pharmacy, federal law, and other regulatory agencies where appropriate. Individuals who are engaged in drug or dietary supplement compounding shall be proficient in compounding and should continually expand their compounding knowledge by participating in seminars and/or studying appropriate literature. They shall be knowledgeable about the contents of this chapter and should be familiar with *Pharmaceutical Compounding—Sterile Preparations (797)*, *Pharmaceutical Dosage Forms (1151)*, *Pharmaceutical Calculations in Prescription Compounding (1160)*, *Quality Assurance in Pharmaceutical Compounding (1163)*, *Prescription Balances and Volumetric Apparatus (1176)*, *Stability Considerations in Dispensing Practice (1191)*, *Written Prescription Drug Information—Guidelines (1265)*, and all applicable compounding laws, guidelines, and standards.

To ensure the quality of compounded preparations, compounders shall adhere to the following general principles (additional information on these general principles is provided in the sections that follow).

General Principles of Compounding

1. Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented.
2. Compounding ingredients of the appropriate identity, purity, and quality are purchased from reliable sources and are properly stored according to manufacturer specifications or *USP* standards.
3. Bulk component containers are labeled with appropriate Occupational Safety and Health Administration

(OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding.

4. All equipment used in compounding is clean, properly maintained, and used appropriately.
5. The compounding environment is suitable for its intended purpose; and procedures are implemented to prevent cross-contamination, especially when compounding with drugs (e.g., hazardous drugs and known allergens like penicillin) that require special precautions.
6. Only authorized personnel are allowed in the immediate vicinity of the drug compounding operations.
7. There is assurance that processes are always carried out as intended or specified and are reproducible.
8. Compounding conditions and procedures are adequate for preventing errors.
9. All aspects of compounding are appropriately documented.
10. Adequate procedures and records exist for investigating and correcting failures or problems in compounding, testing, or the preparation itself.

COMPOUNDING PROCESS

The compounder is responsible for ensuring that each individual incidence of compounding meets the criteria given in this section (additional information on these criteria is provided in the sections that follow).

Criteria When Compounding Each Drug Preparation

1. The dose, safety, and intended use of the preparation or device has been evaluated for suitability in terms of:
 - the chemical and physical properties of the components
 - dosage form
 - therapeutic appropriateness and route of administration, including local and systemic biological disposition
 - legal limitations, if any
2. A Master Formulation Record should be created before compounding a preparation for the first time. This record shall be followed each time that preparation is made. In addition, a Compounding Record should be completed each time a preparation is compounded.
3. Ingredients used in the formulation have their expected identity, quality, and purity. If the formulation is for humans, ingredients are not on a list of federally recognized drugs or specific drug products that have been withdrawn or removed from the market for safety or efficacy reasons (see www.fda.gov). If the formulation is for food-producing animals, ingredients are not on a list of components prohibited for use in food-producing animals. Certificates of Analysis, when applicable, and MSDSs have been consulted for all ingredients used.
4. Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see the section *Compounding Facilities*).
5. Only one preparation is compounded at one time in a specific workspace.
6. Appropriate compounding equipment has been selected and inspected for cleanliness and correct functioning and is properly used.

7. A reliable BUD is established to ensure that the finished preparation has its accepted potency, purity, quality, and characteristics, at least until the labeled BUD.
8. Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, facemasks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for prevention of drug contamination.
9. The preparation is made in accordance with this chapter, other official standards referenced in this chapter, and relevant scientific data and information.
10. Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation.
11. The final preparation is assessed using factors such as weight, adequacy of mixing, clarity, odor, color, consistency, pH, and analytical testing as appropriate; and this information is recorded on the Compounding Record (see chapter (1163)).
12. The preparation is packaged as recommended in the *Packaging and Drug Preparation Containers* section of this chapter.
13. The preparation container is labeled according to all applicable state and federal laws. The labeling shall include the BUD and storage and handling information. The labeling should indicate that "this is a compounded preparation."
14. The Master Formulation Record and the Compounding Record have been reviewed by the compounder to ensure that errors have not occurred in the compounding process and that the preparation is suitable for use.
15. The preparation is delivered to the patient or caregiver with the appropriate consultation.

COMPOUNDING FACILITIES

Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see *Pharmaceutical Compounding—Sterile Preparations* (797), *Environmental Quality and Control*).

Potable water shall be supplied for hand and equipment washing. This water meets the standards prescribed in the Environmental Protection Agency's National Primary Drinking Water Regulations (40 CFR Part 141). *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile drug preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. In those cases when a water is used to prepare a sterile preparation, follow the appropriate monographs and general chapters (see *Water for Pharmaceutical Purposes* (1231)).

The plumbing system shall be free of defects that could contribute to contamination of any compounded preparation. Adequate hand and equipment washing facilities shall be easily accessible to the compounding areas. Such facilities shall include, but are not limited to, hot and cold

water, soap or detergent, and an air-drier or single-use towels. The areas used for compounding shall be maintained in clean, orderly, and sanitary conditions and shall be maintained in a good state of repair. Waste shall be held and disposed of in a sanitary and timely manner and in accordance with local, state, and federal guidelines.

The entire compounding and storage area should be well lighted. Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity*; and the manufacturers' labeled storage conditions). Appropriate temperature and humidity monitoring should be maintained as required for certain components and compounded dosage forms. All components, equipment, and containers shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage area.

Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. The following are references for the safe handling of antineoplastic and hazardous drugs in healthcare settings:

- OSHA Technical Manual—Section VI: Chapter 2, *Controlling Occupational Exposure to Hazardous Drugs*
- NIOSH Alert: *Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings* (DHHS (NIOSH) Publication No. 2004-165) and updates.

Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedures to protect themselves and prevent contamination.

COMPOUNDING EQUIPMENT

The equipment and utensils used for compounding of a drug preparation shall be of appropriate design and capacity. The equipment shall be of suitable composition that the surfaces that contact components are neither reactive, additive, nor sorptive and therefore will not affect or alter the purity of the compounded preparations. The types and sizes of equipment depend on the dosage forms and the quantities compounded (see chapter (1176) and equipment manufacturers' instruction manuals).

Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance, and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned.

Extra care should be used when cleaning equipment used in compounding preparations that require special precaution (e.g., antibiotics and cytotoxic and other hazardous materials). When possible, special equipment should be dedicated for such use, or when the same equipment is being used for all drug products, appropriate procedures shall be in place to allow meticulous cleaning of equipment before use with other drugs. If possible, disposable equipment should be used to reduce chances of bioburden and cross-contamination.

COMPONENT SELECTION, HANDLING, AND STORAGE

The following guidelines shall be followed when selecting, handling, and storing components for compounded preparations.

1. A *United States Pharmacopeia (USP)*, *National Formulary (NF)*, or *Food Chemicals Codex (FCC)* substance is the recommended source of ingredients for compounding all preparations.
2. Compounders shall first attempt to use components manufactured in an FDA-registered facility. When components cannot be obtained from an FDA-registered facility, compounders shall use their professional judgment in selecting an acceptable and reliable source and shall establish purity and safety by reasonable means, which should include Certificate of Analysis, manufacturer reputation, and reliability of source.
3. Official compounded preparations are prepared from ingredients that meet requirements of the compendial monograph for those individual ingredients for which monographs are provided. These preparations may be labeled *USP* or *NF* as appropriate.
4. When components of compendial quality are not obtainable, components of high quality such as those that are chemically pure, analytical reagent grade, or American Chemical Society-certified may be used. However, these components should be used cautiously because the standards for analytical reagents or American Chemical Society-grade materials do not consider whether any impurity present raises human or animal safety concerns.
5. For components in containers that have an expiration date from the manufacturer or distributor, the material may be used in compounding before that expiration date (a) when the material is stored in its original container under conditions to avoid decomposition of the chemicals (see chapter <1191> and *Packaging and Storage Requirements* <659>), unless other conditions are noted on the label), (b) when there is minimal exposure of the remaining material each time material is withdrawn from the container, and (c) when any withdrawals from the container are performed by those trained in the proper handling of the material. If the component has been transferred to a different container, that container shall be identified with the component name, original supplier, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container.
6. For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date*) based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions.
7. If a manufactured drug product is used as the source of active ingredient, the drug product shall be manufactured in an FDA-registered facility, and the manufacturer's product container shall be labeled with a batch control number and expiration date. When compounding with manufactured drug products, the compounder shall consider all ingredients, including excipients, present in the drug product relative to the intended use of the compounded preparation

and the effect of manipulating the drug product on the therapeutic appropriateness and stability of the components.

8. If the preparation is intended for use as a dietary or nutritional supplement, then the compounder must adhere to this chapter and must also comply with any federal and state requirements. Generally, dietary supplements are prepared from ingredients that meet *USP*, *FCC*, or *NF* standards. Where such standards do not exist, substances may be used in dietary supplements if they have been shown to have acceptable food-grade quality using other suitable procedures.
9. When a component is derived from ruminant animals (e.g., bovine, caprine, ovine), the supplier shall provide written assurance that the component is in compliance with all federal laws governing processing, use, and importation requirements for these materials.
10. When compounding for humans, the compounder should consult the list of components that have been withdrawn or removed from the market for safety or efficacy reasons by FDA (see www.FDA.gov). When compounding for food-producing animals, the compounder should consult the list of components prohibited for use in food-producing animals.
11. All components used in the compounding of preparations must be stored as directed by the manufacturer, or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriate temperature and humidity conditions (controlled room temperature, refrigerator, or freezer). All components shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the oldest stock is used first. All containers shall be properly labeled.

Change to read:**STABILITY CRITERIA AND BEYOND-USE DATING**

The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. Because compounded preparations are intended for administration immediately or following short-term storage, their BUDs are assigned on the basis of criteria different from those applied to assigning expiration dates to manufactured drug products.

BUDs should be assigned conservatively. When assigning a BUD, compounders shall consult and apply drug-specific and general stability documentation and literature when available and should consider:

- the nature of the drug and its degradation mechanism
- the dosage form and its components
- the potential for microbial proliferation in the preparation
- the container in which it is packaged
- the expected storage conditions
- the intended duration of therapy (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date*).

When a manufactured product is used as the source of the API for a nonsterile compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation. Instead, the compounder shall refer to the manufacturer for stability information and

to the literature for applicable information on stability, compatibility, and degradation of ingredients; shall consider stability factors in chapter <1191>; and shall use his or her compounding education and experience. All stability data shall be carefully interpreted in relation to the actual compounded formulation.

At all steps in the compounding, dispensing, and storage process, the compounder shall observe the compounded drug preparation for signs of instability. For more specific details of some of the common physical signs of deterioration (see chapter <1191>, *Observing Products for Evidence of Instability*). However, excessive chemical degradation and other drug concentration loss due to reactions may be invisible more often than visible.

General Guidelines for Assigning Beyond-Use Dates

In the absence of stability information that is applicable to a specific drug and preparation, the following table presents maximum BUDs recommended for • (RB 1-Jan-2014) nonsterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated • (RB 1-Jan-2014) (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling*). Drugs or chemicals known to be labile to decomposition will require shorter BUDs.

BUD by Type of Formulation*
For Nonaqueous Formulations —The BUD is not later than the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.
For Water-Containing Oral Formulations —The BUD is not later than 14 days when stored at controlled cold temperatures.
For Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations —The BUD is not later than 30 days.

*These maximum BUDs are recommended for nonsterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. The BUD shall not be later than the expiration date on the container of any component.

Susceptible preparations should contain suitable antimicrobial agents to protect against bacteria, yeast, and mold contamination inadvertently introduced during or after the compounding process. When antimicrobial preservatives are contraindicated in such compounded preparations, storage of the preparation at controlled cold temperature is necessary; to ensure proper storage and handling of such compounded preparations by the patient or caregiver, appropriate patient instruction and consultation is essential. Antimicrobial preservatives should not be used as a substitute for good compounding practices.

For information on assigning BUDs when repackaging drug products for dispensing or administration, see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date, and Packaging and Repackaging—Single-Unit Containers* <1136>.

Assurance of sterility in a compounded sterile preparation is mandatory. Compounding and packaging of sterile drugs (including ophthalmic preparations) requires strict adherence to guidelines presented in chapter <797> and in the manufacturers' labeling instructions.

PACKAGING AND DRUG PREPARATION CONTAINERS

The compounder shall ensure that the containers and container closures used in packaging compounded preparations meet *USP* requirements (see *Packaging and Storage Requirements* <659>; *Containers—Glass* <660>; *Containers—Plastics* <661>; *Containers—Performance Testing* <671>; chapter <1136>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the standards described in them. Container suppliers shall supply, upon request, verification of *USP* container compliance. Containers and container closures intended for the compounding of sterile preparations must be handled as described in chapter <797>.

The containers and closures shall be made of suitable clean material in order not to alter the quality, strength, or purity of the compounded drug preparation. The container used depends on the physical and chemical properties of the compounded preparation. Container–drug interaction should be considered for substances that have sorptive or leaching properties.

The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the oldest stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area.

COMPOUNDING DOCUMENTATION

Documentation, written or electronic, enables a compounder, whenever necessary, to systematically trace, evaluate, and replicate the steps included throughout the preparation process of a compounded preparation. All compounders who dispense prescriptions must comply with the record-keeping requirements of their state boards of pharmacy. When the compounder compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section.

These records should be retained for the same period of time that is required for any prescription under state law. The record may be a copy of the prescription in written or machine-readable form and should include a Master Formulation Record and a Compounding Record.

Master Formulation Record

This record shall include:

- official or assigned name, strength, and dosage form of the preparation
- calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- description of all ingredients and their quantities
- compatibility and stability information, including references when available
- equipment needed to prepare the preparation, when appropriate
- mixing instructions that should include:
 1. order of mixing
 2. mixing temperatures or other environmental controls
 3. duration of mixing
 4. other factors pertinent to the replication of the preparation as compounded
- sample labeling information, which shall contain, in addition to legally required information:

6 (795) Pharmaceutical Compounding—Nonsterile Preparations

Revision Bulletin
Official January 1, 2014

1. generic name and quantity or concentration of each active ingredient
 2. assigned BUD
 3. storage conditions
 4. prescription or control number, whichever is applicable
- container used in dispensing
 - packaging and storage requirements
 - description of final preparation
 - quality control procedures and expected results

Compounding Record

The Compounding Record shall contain:

- official or assigned name, strength, and dosage of the preparation
- Master Formulation Record reference for the preparation
- names and quantities of all components
- sources, lot numbers, and expiration dates of components
- total quantity compounded
- name of the person who prepared the preparation, name of the person who performed the quality control procedures, and name of the compounder who approved the preparation
- date of preparation
- assigned control or prescription number
- assigned BUD
- duplicate label as described in the Master Formulation Record
- description of final preparation
- results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)
- documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver

Standard Operating Procedures

All significant procedures performed in the compounding area should be covered by written standard operating procedures (SOPs). Procedures should be developed for the facility, equipment, personnel, preparation, packaging, and storage of compounded preparations to ensure accountability, accuracy, quality, safety, and uniformity in compounding. Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel.

Material Safety Data Sheets File

MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facility premises. Employees should be instructed on how to retrieve and interpret needed information.

QUALITY CONTROL

The safety, quality, and performance of compounded preparations depend on correct ingredients and calculations, accurate and precise measurements, appropriate formulation conditions and procedures, and prudent pharmaceutical judgment. As a final check, the compounder shall review each procedure in the compounding process. To ensure accuracy and completeness, the compounder shall observe the finished preparation to ensure that it appears as expected and shall investigate any discrepancies and take

appropriate corrective action before the prescription is dispensed to the patient.

Compounding Controls

1. The Master Formulation Record, the Compounding Record, and associated written procedures shall be followed in execution of the compounding process. Any deviation in procedures shall be documented.
2. The compounder shall check and recheck each procedure at each stage of the process. If possible, a trained second person should verify each critical step in the compounding process.
3. The compounder shall have established written procedures that describe the tests or examinations conducted on the compounded preparation (e.g., the degree of weight variation among capsules) to ensure their uniformity and integrity.
4. Appropriate control procedures shall be established to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations.
5. For further guidance on recommended quality control procedures, see chapter (1163).

PATIENT COUNSELING

At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see *Stability Considerations in Dispensing* (1191), *Responsibility of Pharmacists*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action.

TRAINING

All personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall be properly trained for the type of compounding conducted. It is the responsibility of the compounder to ensure that a training program has been implemented and that it is ongoing. Compounding personnel should be evaluated at least annually. Steps in the training procedure include the following:

- All employees involved in pharmaceutical compounding shall read and become familiar with this chapter. They should also be familiar with the contents of the *USP Pharmacists' Pharmacopeia* and other relevant publications, including how to read and interpret MSDSs.
- All employees shall read and become familiar with each of the procedures related to compounding, including those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing.
- All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur before preparing or handling hazardous drugs. For information on training for personnel who compound hazardous drugs, see the references in *Compounding Facilities* earlier in this chapter.
- All training activities shall be documented. The compounder shall meet with employees to review their

work and answer any questions the employees may have concerning compounding procedures.

- The compounder shall demonstrate the procedures for the employee and shall observe and guide the employee throughout the training process. The employee will then repeat the procedure without any assistance from, but under the direct supervision of, the compounder.
- When the employee has demonstrated to the compounder a verbal and functional knowledge of the procedure, then and only then will the employee be permitted to perform the procedure without direct supervision. However, the compounder should be physically present and shall approve all ingredients and their quantities and the final preparation.
- When the compounder is satisfied with the employee's knowledge and proficiency, the compounder will sign the documentation records to show that the employee was appropriately trained.
- The compounder shall continually monitor the work of the employee and ensure that the employee's calculations and work are accurate and adequately performed.
- The compounder is solely responsible for the finished preparation.

COMPOUNDING FOR ANIMAL PATIENTS

A compounder's responsibility for providing patients with high-quality compounded preparations extends beyond the human species. All portions of this chapter apply to compounded preparations formulated for animal patients. Intended use of any animal patient (e.g., companion, performance, food) shall be determined before compounding for that patient.

Because humans can consume animal patients as food, care must be taken to prevent drug residues from entering

the human food chain when compounded preparations are used in animal patients. For this reason, all compounders preparing formulations for animals shall possess a functional knowledge of drug regulation and disposition in animal patients. Veterinarians are required by law to provide food-producing animal caregivers with an accurate length of time to withhold treated animal tissues (e.g., meat, milk, eggs) from the human food supply. This length of time is referred to as a withdrawal time (WDT) and must also, by law, be included on the dispensing label of every prescription prepared for a food-producing species.

Drug use in any performance animal is strictly regulated by federal and state governments, in addition to the governing bodies of each of the specific disciplines. Penalties for violation of these rules may be severe for all contributing to the violation, including the veterinarian, pharmacist, and caregiver.

The pharmacist shall be knowledgeable about the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. Extrapolating compounding formulations intended for use in humans may not be appropriate for animal species and may contribute to negative outcomes.

Veterinarians and pharmacists making preparations for animal patients should be familiar with all state and federal regulations regarding drug use in animals, including but not limited to the Food, Drug, and Cosmetic Act; the Animal Drug Amendment; the Animal Medicinal Drug Use Clarification Act; and FDA's Compliance Policy Guideline for Compounding of Drugs for Use in Animal Patients.

Maria Yeager

From: Kay Mitchen
Sent: Tuesday, March 15, 2016 11:21 AM
To: Spencer Malkin; Alex Chervinsky; Marc Poirier
Cc: Lynn Swanson; Maria Yeager; Matthew Bernstein
Subject: FW: Confirmation of Registration: Sincerus Florida, LLC

Importance: High

Mazeltov!

From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, March 15, 2016 11:17 AM
To: Kay Mitchen <KMitchen@vividus.com>
Cc: Compounding <Compounding@fda.hhs.gov>
Subject: Confirmation of Registration: Sincerus Florida, LLC

Dear Ms. Mitchen,

We have received the establishment registration fee for Sincerus Florida, LLC in the amount of \$16,465. Effective March 10, 2016, your facility located at 3265 West McNab Road, Pompano Beach, FL 33069 is now registered as a human drug outsourcing facility through December 31, 2016.

For more information on the Compounding Quality Act, visit FDA's Compounding Website:
<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

Electronic Drug Registration and Listing (eDRLS Staff)
301-796-3100
eDRLS@fda.hhs.gov

Maria Yeager

From: CDER Collections <CDERCollections@fda.hhs.gov>
Sent: Thursday, December 28, 2017 2:42 PM
To: elicense
Cc: CDER Collections; Compounding; CDER Electronic Drug Registration and Listing
Subject: FY 2018 503B Registration Acknowledgement Letter - Sincerus Florida, LLC (CQA187000350)

Good Afternoon,

We have received the establishment registration fee for Sincerus Florida, LLC in the amount of \$17,364. Effective January 01, 2018, your facility located at 3265 West McNab Road Pompano, FL 33069 is now registered as a human drug outsourcing facility through December 31, 2018.

For more information on the Compounding Quality Act, visit FDA's Compounding Website:
<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

Thanks,
Frances Winters
CDER/OM/ DUFMBF
U.S. Food & Drug Administration



Please take a moment to provide specific, immediate, honest, and actionable feedback on the services received by taking this [short survey](#).

Maria Yeager

From: DoNotReply@fda.hhs.gov
Sent: Wednesday, March 20, 2019 1:16 PM
To: elicence
Cc: CDERCollections@fda.hhs.gov; Compounding@fda.hhs.gov; EDRLS@fda.hhs.gov
Subject: FY2019 Outsourcing Facility Acknowledgement - Sincerus Florida, LLC

Good Afternoon,

We have received the establishment registration fee for Sincerus Florida, LLC in the amount of \$18,375. Effective January 01, 2019, your facility located at 3265 West McNab Road Pompano Beach, FL 33069 is now registered as a human drug outsourcing facility through December 31, 2019.

For more information on the Compounding Quality Act, visit FDA's Compounding Website:
<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

CDER Collections Staff

Please take a moment to provide specific, immediate, honest, and actionable feedback on the services received by taking a short survey at: https://fdacder.co1.qualtrics.com/jfe/form/SV_1MneD4auUHMi9ql



**3265 W McNab Road
Pompano Beach, FL 33069**

**Phone: (561) 404-8885
Fax: (561) 503-4131**

April 20, 2017

Sent Via Certified Mail
Nevada State Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

To Whom It May Concern:

Please allow this correspondence to serve as formal notification that Mr. Alex Chervinsky has determined that he will no longer hold a position as a corporate officer of Sincerus Florida, LLC, an out-of-state Wholesaler licensed in the state of Nevada permit No.: WH02257. Mr. Chervinsky will continue to be associated with the company as a pharmacist.

Please contact us, if you require additional information.

Cordially,



Maria Yeager
Legal Assistant

Sincerus Florida, LLC
3265 W. McNab Road
Pompano Beach, FL 33069
Phone: (561) 419-9250
Fax: (561) 503-4131
legal@vividus.com

Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option A) or with Physical Return Receipt Service (Option B).

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**Sincerus Florida, LLC
3265 W McNab Road
Pompano Beach, FL 33069**



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Covered by and/or for use with U.S. Patent(s) 6,244,763; 6,856,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,448; 7,613,619; 7,743,043; 7,882,054; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,053,647; 8,195,379; 8,301,572; 8,392,371 and 8,498,943

B
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WITH Physical Return
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(Uses Return Receipt Card)
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1. Apply address label above
to the back of this card.
2. Apply this card to the TOP
EDGE of the mailpiece.

VOID

PS Form 3800 6/02

FEES

Postage per piece \$2.43
Certified Fee 3.35
Total Postage & Fees: \$5.78

ARTICLE ADDRESS TO:

**Nevada State Board of Pharmacy
431 W Plumb Ln
Reno NV 89509-3766**

Postmark
Here

CERTIFIED MAIL

PS Form 3800 6/02

COMPLETE THIS SECTION ON DELIVERY

A. Signature: ☒ Addressee or ☐ Agent

B. Received By: (Please Print Clearly)

C. Date of Delivery

D. Addressee's Address (If Different From Address Used by Sender)

Secondary Address / Suite / Apt / Floor (Please Print Clearly)

Delivery Address

City State ZIP + 4 Code

RETURN RECEIPT REQUESTED

Article Addressed To:

**U.S. Postal Service
Certified Mail Receipt**

Sender

CERTIFIED MAIL

stamps.com

• Permitted for use with U.S. Patent(s) 6,244,763; 6,856,406; 7,216,110; 7,236,956; 7,236,970; 7,490,065; 7,567,448; 7,613,619; 7,743,043; 7,882,054; 8,027,926; 8,027,927; 8,027,935; 8,041,644; 8,046,823; 8,053,647; 8,195,379; 8,301,572; 8,392,371 and 8,498,943

PS Form 3800 6/02

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SINCERUS FLORIDA, 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 SIXTEENTH DAY OF JUNE, A.D. 2020.



5883753 8300

SR# 20205618176

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: 203115462

Date: 06-16-20

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 20, 2020

Sincerus Florida, LLC
Maria Yeager
3820 NW 23rd Place
Coconut Creek, FL 33066

RE: License Certification for Sincerus Florida, 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:	PH29905
ORIGINAL CERTIFICATION:	02/19/2016
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy

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,

Gerlisia K. Still
Regulatory Specialist II

/gs



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



Accredited Health Department
Public Health Accreditation Board

Mission:

To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 14, 2020

Maria Yeager
3820 NW 23 Place
Coconut Creek, FL 33066

RE: License Certification for Sincerus Florida, 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:	PH29976
ORIGINAL CERTIFICATION:	03/23/2016
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,

Susan Harris
Operations Analyst I

/sh



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



Accredited Health Department
Public Health Accreditation Board

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13

14

PHARMACY TECHNICIAN

- Hybrid Modality Only
- Eligible for transfer into the Associate of Applied Science Degree program.

Candidate Status with the AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP).

The Pharmacy Technology (PT) program prepares students to become employable as a Pharmacy Technician working in a variety of settings including hospitals, nursing homes, retail pharmacies (drugstore chains, grocery stores), insurance companies, mail-order and web-based pharmacies, pharmaceutical companies, wholesalers, and government agencies. Graduates will qualify to work as a Pharmacy Technician in both retail drug store and hospital pharmacies. Students enrolled in the AAS degree will receive a lap top computer provided by Asher College upon the successful completion of one third of the program.

The PT program provides students with the career knowledge to:

- Adhere to HIPAA, Federal and State regulations concerning confidentiality in the medical field
- Fill prescriptions under the direct supervision of a pharmacist
- Utilize software applications relevant to the pharmacy
- Understand Brand and Generic Medications, as well as OTC-Over the Counter
- Classifications of Drugs and scheduled drugs

Pharmacy Technician job responsibilities vary depending on the type of employment secured. Pharmacy Technicians fill prescribed medications for patients, provide customer service and operate a cash register. In most pharmacies, the Technician is the direct customer service link to the public. Pharmacy Technicians establish and maintain patient record files, submit insurance claim forms, and manage prescription and over-the-counter medication inventories.

The program contains two required professional and employment preparation courses. These courses provide soft skills necessary for the graduate to obtain the job and pursue the career path of their choice.

The PT program is offered in the Hybrid delivery model only. Students enrolled in the Hybrid model attend campus one day a week. While on campus, the students can meet with faculty, attend lectures, participate in hands-on training, work on course material or complete exams. Students in the Hybrid model will submit course materials through the student portal.

All students are prepared for the National Pharmacy Technician Certification Exam.

The PT degree program is appropriate for job roles including:

- Pharmacy Technician
- Pharmacy Clerk
- Pharmacy Assistant
- Medication Technician
- Central Fill Technician
- Insurance Representative

PT Courses

MOE100 MS Essentials

(Full Time = 4weeks; ¾ Time = 5 weeks; Half Time = 7 weeks)

CD101 Career Success

(Full Time = 1 week; ¾ Time = 1 week; Half Time = 2 weeks)

HS202 Human Anatomy & Physiology

(Full Time = 5 weeks; ¾ Time = 7 weeks; Half Time = 10 weeks)

TF100 Typing Fundamentals

(Full Time = 1 week; ¾ Time = 2 weeks; Half Time = 3 weeks)

PHT100 Introduction to Pharmacy

(Full Time = 5 weeks; ¾ Time = 7 weeks; Half Time = 11 weeks)

PHT111 Pharmacy Practice

(Full Time = 4 weeks; ¾ Time = 5 weeks; Half Time = 8 weeks)

PHT202 Pharmacology

(Full Time = 4 weeks; ¾ Time = 6 weeks; Half Time = 9 weeks)

PHT211 Pharmacy Calculations

(Full Time = 6 weeks; ¾ Time = 8 weeks; Half Time = 12 weeks)

PHT310 Pharmacy Laboratory Skills

(Full Time = 8 weeks; ¾ Time = 11 weeks; Half Time = 16 weeks)

CD201 Advanced Career Development

(Full Time = 1 week; ¾ Time = 1 week; Half Time = 2 weeks)

PHT311 Pharmacy Externship

130 Hours

PHARMACY TECHNICIAN										
Classification of Instruction Programs (CIP) 51.0805						Standard Occupational Classification (SOC) 29-2052.00				
Pharmacy Technician	Course	Lecture Hours		Laboratory Hours		Externship Hours		Total Hours	Quarter Credits	FA
Course Title	Number	Clock	Credit	Clock	Credit	Clock	Credit	Clock	Credit	Credit
MS Essentials	MOE100	25	2.5	60	3			85	5.5	4.25
Career Success	CD101	25	2.5	0	0			25	2.5	1.25
Typing Fundamentals	TF100	10	1	20	1			30	2	1.5
Human Anatomy and Physiology	HS202	70	7	50	2.5			120	9.5	6
Introduction to Pharmacy	PHT100	50	5	80	4			130	9	6.5
Pharmacy Practice	PHT111	10	1	80	4			90	5	4.5
Pharmacology	PHT202	35	3.5	80	4			115	7.5	5.75
Pharmacy Calculations	PHT211	65	6.5	80	4			145	10.5	7.25
Advanced Career Development	CD201	25	2.5	0	0			25	2.5	1.25
Pharmacy Laboratory Skills	PHT310	70	7	130	6.5			200	13.5	10
Pharmacy Externship	PHT311					130	4	130	4	6.5
TOTALS		385	38.5	580	29	130	4	1095	71.5	54

PT Program Data & Costs

Prerequisites:	High School Diploma, or HS Equivalent & ability to pass live scan fingerprinting for Nevada licensing board	
Academic Quarter Credit:	71.5 QCH	
Financial Aid Quarter Credit:	54	
Student Status:	Full time =	24hours/week
	$\frac{3}{4}$ time =	18 hours/week
	Half Time =	12 hours/week
Program Length:	Full time =	45 week
	$\frac{3}{4}$ time =	59 weeks
	Half Time =	86 weeks

Tuition and Fees

Registration Fee:	\$150
Books & Supplies:	\$900
Tuition:	\$12,450
Total cost	\$13,500

PT Program Admissions Disclosure

Documentation of immunizations and TB skin test is required within 90 days of starting. The cost of immunizations required by NCC or its clinical affiliates **is NOT included** in the cost of the program.

Successful completion of a criminal background check is required prior to acceptance into the program. The cost of the criminal background check **is included** in the cost of the program. If a prospective student is denied admission due to a criminal history finding that was not disclosed prior to enrollment, the prospective student will be responsible for the cost of the background check and will be invoiced for the amount specified in the enrollment contract.

Documentation of a negative drug screening must be submitted at least 60 days before the beginning of the Pharmacy externship. The cost of the drug screening is included in the cost of the program. While it is not required for admission, it is required to obtain a Trainee License and start externship. Pharmacy Technician students are subject to random drug screenings while on campus and on externship. A positive drug screening will result in immediate suspension from school until Asher College discusses the circumstances with the Nevada State Board of Pharmacy and may result in termination (dismissal) from the program.

Authority: NAC 639.240(2)

A person applying for registration as a Pharmaceutical Technician must:

- Be 18 years of age or older;
- Be a high school graduate or the equivalent;
- Not have been convicted of a felony or a misdemeanor that involves moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;
- Have no history of drug abuse; and
- Have complied with one of the following requirements:
 - Is licensed or registered as a pharmaceutical technician in a state that licenses or registers pharmaceutical technicians, if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of

employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.

- Completed 1,500 hours in Nevada as a registered pharmaceutical technician-in-training;
- Graduated from a school accredited by the American Society of Health System Pharmacists (ASHP) and have completed 350 hours in Nevada as a registered pharmaceutical technician-in-training; or
- Graduated from a school in another state that is not accredited by ASHP and have passed the Pharmacy Technician Certification Board's (PTCB) national examination.
- The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.

Pharmacy Technician- Certified Pharmacy Technician (CPhT) Exam

The cost to apply for CPhT Certification and take the PTCE is \$129.

Beginning January 2020, candidates must complete a PTCB-Recognized Education/Training Program OR equivalent work experience in order to be eligible.

The PTCE is a computer-based exam with 90 multiple-choice questions (80 scored questions and 10 unscored questions). Unscored questions are randomly placed throughout the exam and are not identified. Be prepared to commit 2 hours for the exam (5-minute tutorial, 1 hour and 50-minute exam and 5-minute post-exam survey).

Your unofficial exam result will be presented on the screen immediately following the post-exam survey. You may also receive a printed copy of the unofficial exam result at the test site. Official exam results will be posted to your PTCB Account within two to three weeks.

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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	01/29/20	02/07/20
639.NEW & 453.190 – Payment of Fees	07/18/19	07/19/19	R033-19	08/27/19	10/22/19	12/05/19	01/29/20	02/07/20
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	01/29/20	02/07/20
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	01/29/20	02/07/20
453.NEW – Inactive Status	09/05/19	09/12/19	R071-19	10/16/19	10/22/19	12/05/19	01/29/20	02/07/20
453.510 – Schedule I	09/05/19	09/12/19	R073-19	LCB combined with R090-20				
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20 06/09/20	03/19/20 Postponed per Brett		
453.510 – Schedule I - Etizolam	10/10/19	10/18/19	R093-19	11/29/19	01/29/20	03/19/20	05/06/20	06/08/20
639.NEW - Petition for review of criminal history	12/05/19 01/16/20	02/13/20 – On hold due to Nevada Department of Public Safety notice.						
639.NEW – Treatment of Partners	01/16/20	01/21/20	R008-20	03/03/20	04/28/20	06/03/20	08/28/20	11/02/20
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20	02/27/20	06/09/20	Postponed per Brett		
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20 06/03/20	6/16/20	R084-20	07/20/20	07/31/20	09/03/20	09/30/20	11/02/20
639.NEW – Licensing/regulating wholesalers.	03/19/20	3/24/20	R040-20	05/19/20	06/09/20	07/16/20	07/22/20	08/26/20
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the	03/19/20 – postponed to	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21		

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
facility is licensed by the State Board of Health	06/03/20							
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20				
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20				
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.	09/03/20 01/13/21							
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20					
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20					
NAC 639.220 - Schedule of fees; penalty for late renewal; exemptions from certain fees	01/13/21							

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
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21							

EXECUTIVE SECRETARY REPORT – January 13, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
 - Meetings with Other Health Care Boards
 - COVID-19
- **REPORT TO BOARD**
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
 - Covid Vaccine update
 - Remdesivir
 - Therapeutics

TEMPORARY LICENSES
(Issued since last board meeting)
Updated 1/7/2021

Pharmacist

Abram Agayby

Wholesaler

PHARMACIA & UPJOHN COMPANY LLC

Nevada

Change of Address Business List

(Since Last Board Meeting)

[illegible]

16

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R085-20

September 17, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted

AUTHORITY: §1, NRS 639.070 and 639.170, as amended by chapter 133, Statutes of Nevada 2019, at pages 723-25; §§2 and 6, NRS 639.070; §3, NRS 639.070, 639.071 and chapter 133, Statutes of Nevada 2019, at page 723 (NRS 639.2177); §§4 and 5, NRS 639.070 and 639.071.

A REGULATION relating to pharmacy; revising provisions relating to the operation of pharmacies in recovery centers and surgical centers for ambulatory patients; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 1 of this regulation establishes fees for the investigation or issuance of an original license and biennial renewal of a license to conduct a pharmacy in a recovery center or an ambulatory surgical center licensed by the State Board of Health.

Section 2 of this regulation revises the definition of the term “medical facility” to include a recovery center for the purposes of standards of operation and record-keeping of pharmacies in such facilities.

Existing regulations set forth certain requirements of state and federal registration for surgical centers for ambulatory patients, state and federal registration of certain practitioners at such centers and the licensure or certification of certain employees and contractors of such centers. (NAC 639.4992) **Section 3** of this regulation: (1) makes these requirements applicable to recovery centers; (2) requires licensure of each recovery center and surgical center for ambulatory patients by the State Board of Pharmacy; (3) eliminates the requirement that such centers register with the Board; and (4) requires such centers to ensure that each practitioner who dispenses dangerous drugs is registered with the Board and the Drug Enforcement Agency of the United States Department of Justice.

Existing regulations require a surgical center for ambulatory patients to employ or enter into a contract with a pharmacist to establish certain policies and procedures which satisfy certain requirements. (NAC 639.4996) Existing regulations also set forth the duties of such a pharmacist. (NAC 639.4998) **Sections 4 and 5** of this regulation make those provisions applicable to recovery centers and the pharmacists who are employed by or contract with those centers.

Existing regulations authorize a practitioner in charge of an emergency room of a hospital or a surgical center for ambulatory patients to dispense medication in a limited amount to treat patients in the emergency room or surgical center during the hours a local retail pharmacy is closed and its services are unavailable. (NAC 639.750) **Section 6** of this regulation makes these provisions applicable to recovery centers.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 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

<i>For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303.....</i>	<i>500</i>
<i>For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303.....</i>	<i>500</i>
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, <i>recovery center</i> , 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, <i>recovery center</i> , 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 human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	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 human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150

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 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,
 ➤ 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 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,
 ➤ 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 that the applicant pay actual costs of inspection incurred by the Board.

Sec. 2. NAC 639.457 is hereby amended to read as follows:

639.457 "Medical facility" includes:

1. A surgical center for ambulatory patients;

2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A hospice;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease; ~~and~~
11. A rural clinic ~~and~~ ; and
12. *A recovery center.*

Sec. 3. NAC 639.4992 is hereby amended to read as follows:

639.4992 Each *recovery center and* surgical center for ambulatory patients shall:

1. *Apply to the Board for a license to dispense controlled substances or dangerous drugs by submitting an application on a form prescribed by the Board. A license to dispense controlled substances or dangerous drugs granted pursuant to this subsection is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.*

2. Register with ~~the Board and~~ the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances . ~~and~~

~~2.~~

3. Ensure that each practitioner who dispenses controlled substances *or dangerous drugs* in the *recovery center or* surgical center is registered with the Board and the Drug Enforcement Administration of the United States Department of Justice . ~~and~~

~~3.1~~

4. Require each person employed to work in a pharmacy of the *recovery center or* surgical center for ambulatory patients and any person with whom the *recovery center or* surgical center for ambulatory patients has entered into a contract to provide pharmaceutical services to possess a current state license or certificate to provide such services.

Sec. 4. NAC 639.4996 is hereby amended to read as follows:

639.4996 1. A *recovery center or* surgical center for ambulatory patients shall employ or enter into a contract with a pharmacist to establish policies and procedures which:

- (a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;
- (b) Require the maintenance of records in accordance with the provisions of NAC 639.485 and 639.486;
- (c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
- (d) Require maintenance of a perpetual inventory of all controlled substances;
- (e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
- (f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
- (g) Ensure that the *recovery center or* surgical center dispenses drugs and investigational drugs *pursuant to chart orders and* in accordance with applicable state and federal laws; and
- (h) Ensure that all compounding is:
 - (1) Performed by a registered pharmacist in accordance with the provisions of this chapter and chapter 639 of NRS; or

(2) If performed by an employee of the *recovery center or* surgical center, other than a registered pharmacist, performed:

- (I) In accordance with the provisions of this chapter and chapter 639 of NRS;
- (II) In a location designated for compounding that is clean and disinfected before each act of compounding; and
- (III) By a person who has completed training for the type of compounding that will be performed.

2. The policies and procedures established pursuant to subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.

3. The pharmacist employed by or contracted with a *recovery center or* surgical center for ambulatory patients pursuant to subsection 1 may establish the policies and procedures required pursuant to that subsection with the assistance of a practitioner or an employee or contractor of the *recovery center or* surgical center.

Sec. 5. NAC 639.4998 is hereby amended to read as follows:

639.4998 A pharmacist employed by or contracted with a *recovery center or* surgical center for ambulatory patients pursuant to NAC 639.4996 shall:

- 1. Visit the *recovery center or* surgical center at least once each month to:
 - (a) Evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996; and
 - (b) Confirm that the *recovery center or* surgical center is complying with those policies and procedures, the provisions of this section and NAC 639.4996;
- 2. Maintain documentation of each visit that the pharmacist makes pursuant to subsection 1;

3. Conduct an audit at least once each month using a sufficient number of records of the *recovery center or* surgical center, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:

(a) The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;

(b) Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;

(c) The records demonstrate:

(1) That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and

(2) That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;

(d) The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;

(e) The employees of the *recovery center or* surgical center properly maintain accurate records relating to drugs and investigational drugs; and

(f) The employees of the *recovery center or* surgical center properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and

4. Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:

(a) The *recovery center or* surgical center is violating a state or federal law which affects the care and safety of a patient;

(b) There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the *recovery center or* surgical center and the amount of the controlled substance that should be in the possession of the *recovery center or* surgical center according to the records of the *recovery center or* surgical center, including, without limitation:

- (1) Purchase orders and invoices for the controlled substance;
- (2) Records which indicate the removal of the controlled substance from the storage area;
- (3) Patient records;
- (4) Records which indicate the return of the controlled substance to the manufacturer;
- (5) Records which indicate that the controlled substance was destroyed; and
- (6) Any other record for the controlled substance;

(c) The *recovery center or* surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;

(d) The *recovery center or* surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or

(e) The *recovery center or* surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the *recovery center or* surgical center.

Sec. 6. NAC 639.750 is hereby amended to read as follows:

639.750 1. If the services of a local retail pharmacy are not available, the practitioner in charge of the emergency room of a hospital , *of a recovery center* or of a surgical center for ambulatory patients may dispense medication in an amount adequate to treat patients in the emergency room , *recovery center* or surgical center for ambulatory patients during the hours that the local retail pharmacy is closed.

2. If a practitioner dispenses medication at the emergency room of a hospital or at a *recovery center or* surgical center for ambulatory patients:

(a) The following information must be maintained for each medication dispensed:

(1) The name of the patient and, if not readily available from the records of the hospital, the address of the patient;

(2) The name, strength and quantity of the medication;

(3) The name of the prescribing practitioner and the classification of his or her license;

(4) The registration number of the prescribing practitioner that is issued by the Drug Enforcement Administration of the United States Department of Justice, if the medication is a controlled substance;

(5) The signature of the practitioner who dispenses the medication;

(6) The directions for using the medication;

(7) The date the medication is dispensed; and

(8) The signature of the prescribing practitioner.

(b) The medication must be dispensed in a container in accordance with NAC 639.740.

(c) A label that contains the following information must be affixed to the container:

(1) The date;

(2) The name of the prescribing practitioner;

- (3) The name of the patient;
- (4) The number of dosage units;
- (5) Specific directions for use;
- (6) The expiration date of the medication;
- (7) The proprietary or generic name of the medication;
- (8) The strength of the medication;
- (9) The initials of the practitioner who dispenses the medication; and
- (10) The following warning:

Caution: Do not use with alcohol or nonprescription drugs without consulting the prescribing practitioner.

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17A

Proposed Regulation of the Nevada State Board of Pharmacy

WORKSHOP – January 13, 2021

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.

A REGULATION relating to the reduced licensing/registration fees for medical interns, and medical residents to prescribe or possess controlled substances.

Section. 1. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees. (NRS 639.070, 639.170)

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
<i>For authorization of a medical intern, and medical resident to prescribe or possess controlled substances.....</i>	<i>80</i>
<i>For the biennial renewal of authorization of a medical intern, and medical resident to prescribe or possess controlled substances.....</i>	<i>80</i>
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

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(l)(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](#),

↪ 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(l)(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](#),

↪ 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.

[Bd. of Pharmacy, § 639.050, eff. 6-26-80] — (NAC A 6-25-82; 6-16-86; 2-18-88; 4-28-88; 8-10-89; 9-11-91; 10-17-91; 11-15-93; 1-10-94; 7-7-94; 11-9-95; 5-22-96; R155-99, 3-1-2000; R011-01, 11-1-2001; R012-02, 5-31-2002; R081-04, 8-25-2004; R217-05, 5-4-2006; R114-08, 9-18-2008; R119-09, 1-28-2010; R015-18, 5-16-2018; [XX-XX-2020](#))

17B

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

17C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – January 13, 2021

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; NRS 639.100

**A REGULATION relating to the locations where a pharmacist may practice pharmacy;
and providing other matters properly relating thereto.**

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

NAC 639.XXX. Restrictions on Dispensing Compounded Drugs. Drugs compounded by a pharmacy, dispensing practitioner, or outsourcing facility cannot be dispensed, resold, supplied, or furnished by any entity other than the licensed entity that compounded the drug. Outsourcing facilities must have procedures to prohibit the dispensing of their compounded products by other entities. Drugs compounded by an outsourcing facility may be administered pursuant to an order of a practitioner.

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