

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

July 17 - 18, 2024

ELEMENT RENO EXPERIENCE DISTRICT

2030 ELEMENT LN

RENO, NEVADA

Zoom

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

Meeting ID: 5886256671



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

Date Posted: July 3, 2024

FIRST AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 17, 2024, at 9:00 am. The meeting will continue Thursday, July 18, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Element Reno Experience District
2030 Element Ln
Reno, NV 89502

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.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control, or advisory power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at teambc@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

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 May 29-30, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION**)
4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-Appearance (**FOR POSSIBLE ACTION**)
 - A. Acelis Connected Health Supplies – Gainesville, FL
 - B. BioHorizon Medical, Inc – Torrance, CA
 - C. Horizon Wound Care, LLC – Fort Worth, TX
- 4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

- 4.2.1 Distributor for Single Manufacturer (NAC 639.593(6)(e))
 - D. Zoll Medical Corp – North Billerica, MA
- 4.2.2 Manufacturer (NAC 639.593(6)(d))
 - E. 3B Medical Inc – Sarasota, FL
 - F. Apotex Corp. – Plainfield IN
 - G. Bionpharma, Inc – Princeton, NJ
 - H. Hager Worldwide, Inc – Hickory, NC
 - I. Invenio Alternate Care Solutions, LLC – Peachtree, GA
 - J. Legacy Pharma USA, Inc – Scottsdale, AZ
 - K. Metro Park Warehouses, LLC – Kansas City, MO
 - L. Philips RS North America, LLC – Morrisville, PA
 - M. ResMed Corporation – Moreno Valley, CA
 - N. ResMed Corporation – Litha Springs, GA
 - O. TriMed, Inc – Valencia, CA
 - P. Spectranetics LLC – Colorado Springs, CO
 - Q. Caplin Steriles USA Inc. – Hamilton, NJ
 - R. Slayback Pharma, LLC – Princeton, NJ
 - S. Zoll Medical Corp. – Chelmsford, MA
 - T. Zoll Medical Corp. – Deerfield, WI

4.2.3 Publicly Traded (NAC 639.593(6)(a))

U. Hayes Handpiece Franchises, Inc – Lenexa, KS
V. Merus US, Inc – Cambridge, MA
W. Neogen Corporation – Mt. Sterling, KY

4.2.4 VAWD-Accredited (NAC 639.593(6)(c))

X. Tolmar, Inc. – Windsor, CO
Y. Ritedose Pharmaceuticals, LLC – Columbia, SC

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(6)(c) and (d))

Z. Health Coalition, LLC – Doral, FL

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

AA. Glaukos Corporation – Aliso Viejo, CA
BB. Janssen Pharmaceuticals, Inc. – Titusville, NJ

4.2.7 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

CC. McKesson Medical-Surgical Inc – Kent, WA

4.2.8 Background checks completed in compliance with NRS 639.500.

4.3 Application for Out-of-State Wholesaler License (NRS 639.233) – Non-Appearance
(FOR POSSIBLE ACTION)

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-Appearance **(FOR POSSIBLE ACTION)**

DD. 986 Pharmacy #8026 – Las Vegas, NV
EE. Spring Mountain Treatment Center – Las Vegas, NV
FF. Northwest Specialty Pharmacy – Reno, NV

4.5 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-Appearance – **(FOR POSSIBLE ACTION)**

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-Appearance – **(FOR POSSIBLE ACTION)**

GG. VitaScripts – Tampa, FL
HH. AHF Pharmacy – Gardena, CA
II. Vanscoy Rare Pharmacy – Pittsburgh, PA
JJ. Palmetto Pharm – Mount Pleasant, SC

- 4.7 Application for Out-of-State Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**
- 4.8 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**
- 4.9 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

◆ REGULAR AGENDA ◆

- 5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**
 - A. Karri Burgner (22-247-CS-A-N)
 - B. Ricardo Gonzalez (22-247-CS-B-N)
 - C. CVS Pharmacy #8806 (23-456-PH-N)
 - D. Nerissa Aguas (23-456-RPH-N)
 - E. CVS Pharmacy #4691 (23-503-PH-N)
 - F. Ayman Jalloul (23-503-RPH-N)
 - G. Candice Denham (23-257-CS-S)
 - H. CVS Pharmacy #9840 (23-433-PH-N)
 - I. Deisy Serrano Moreno (23-433-RPH-N)
 - J. Maurice Vargas (21-086-CS-N)
- 6. Appeal hearing pursuant to NRS 639.2895(2) **(FOR POSSIBLE ACTION)**
 - A. Kylie Sondermann
 - B. Ronald Burnett
- 7. Discussion of, and possible action to approve Stipulation and Proposed Order in Nevada State Board of Pharmacy Case No. 23-140-RPH-N, in settlement of Nazanin Kazeminy v. Nevada State Board of Pharmacy, First Judicial District Court Case No. 24OC00911B (Dept. 1, filed May 21, 2024) **(FOR POSSIBLE ACTION)**
- 8. Discussion and possible action to vacate Findings of Fact, Conclusions of Law and Order entered May 30, 2024, and grant a rehearing in Nevada State Board of Pharmacy v. Brenda Vaknin, RPH, Case No. 19-134-RPH-S. **(FOR POSSIBLE ACTION)**
- 9. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Super Care Health – Sparks, NV
 - B. Tens Unlimited, LLC – Las Vegas, NV

10. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**
 - A. ASPN Pharmacies 4, LLC – Las Vegas
 - B. Elite Rx – Las Vegas, NV
 - C. Independence Drug – Elko, NV
 - D. Las Vegas Community Pharmacy – Las Vegas, NV
 - E. Mail-Meds Clinical Pharmacy – Las Vegas, NV
 - F. Royal Ambulance Inc – Black Rock City, NV
11. Application for Out-of-State Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Seven Hills Pharmacy – Sharronville, OH
 - B. Signio Specialty Pharmacy – Cliffside Park, NJ
12. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Premier Pharmacy – San Antonio, TX
13. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Whole Gas Technologies, Inc – Reno, NV – Background Check Not Required in compliance with NAC 639.593(6)(d)
14. Application For Out-of-State Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**
 - A. Vitti Labs, Inc. – Liberty, MO – Background Check Not Required in compliance with NAC 639.593(6)(d)
15. Distributor for Nevada Single Manufacturer (NAC 639.593(6)(e)) – Appearance **(FOR POSSIBLE ACTION)**
 - A. DESS-USA – Reno, NV
16. Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Sage Surgical and Neuromodulation, LLC – Reno, NV
17. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance **(FOR POSSIBLE ACTION)**
 - A. Martha Oppong

18. Application for Pharmacist Registration by Reciprocity (NRS 639.134) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Hernan Kim Mok
19. Approval of Pharmaceutical Technician in Training Application – Appearance **(FOR POSSIBLE ACTION)**
 - A. Danisha Faleah Harvey
20. Application for Dispensing Practitioner Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Robert Toledo
21. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**
 - A. Cornelious Pryor III
22. Election of President and Treasurer pursuant to NRS 639.040 - **(FOR POSSIBLE ACTION)**

◆ WORKSHOP ◆

Thursday, July 18, 2024 – 9:00 am

23. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION)**:
 - A. **Amendment to Nevada Administrative Code NAC 639.748.** The proposed amendments revises the requirements concerning the documentation an employee of a pharmacy must obtain from a person before dispensing a controlled substance pursuant to a lawful prescription to the person. **(FOR POSSIBLE ACTION)**
 - B. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments clarifies what it means to verify or perform verification of a prescription in a retail community pharmacy.

◆ PUBLIC HEARING ◆

Thursday, July 18, 2024 – 9:00 am

24. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(3) **(FOR POSSIBLE ACTION)**

- A. **Amendment to Nevada Administrative Code (NAC) 639:** The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards. (LCB File No. R053-24)

25. 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).

26. 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. Licensing Activities Report
- F. Citations & Fines issued pursuant to NRS 632.2895
- G. Licensing Update

27. Date and Location of Next Scheduled Board Meeting:

September 4-5, 2024 – Las Vegas, NV

28. 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)

29. 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 Darlene Nases at (775) 850-1440, as soon as possible.

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

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance pursuant to NAC 639.330(1)(b)(2). You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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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

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

MINUTES

May 29-30, 2024

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, May 29, 2024, at 9:00 am. The meeting will continue Thursday, May 30, 2024, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd.
Las Vegas, NV

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
Adam Porath

Krystal Freitas
Gener Tejero

Wayne Mitchell
Jade Jacobo

Richard Tomasso

Board Staff Present:

David Wuest
Brett Kandt
Joe Dodge
Ken Scheuber

Yenh Long
Darlene Nases
Leo Basch
Todd Weiss

Gregory Zunino
Erin Miller
Dena McClish

Gustaf Vanderdonck
Jesette Phaynarikone
John Castaldo

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.

David Wuest, Executive Secretary, stated that this Board Meeting is being held over Zoom and is in compliance with the Open Meeting Laws for Nevada.

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

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

2. Public Comment May 29, 2024, 9:05 AM

There was no public comment.

◆ 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 April 17-18, 2024, Board Meeting Minutes (**FOR POSSIBLE ACTION**)

Jade Jacobo recused herself from this item as she was not present for the entire Board meeting.

Board Action:

Motion: Krystal Freitas moved to approve April 17-18, 2024, Board Meeting minutes.

Second: Adam Porath

Action: Passed unanimously (Jacobó recused)

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-Appearance (**FOR POSSIBLE ACTION**)

- A. AppliedVR, Inc – Van Nuys, CA
- B. Asure Wound Solutions, LLC – Miami, FL
- C. Luna Medical, Inc – Chicago, IL
- D. Synergy DMEPOS – Fremont, CA

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Publicly Traded (NAC 639.593(6)(a))

- E. Agiliti Health, Inc – Kent, WA
- F. CVS Pharmacy, Inc – Woonsocket, RI
- G. Henry Schein MSO, LLC – Lenexa, KS
- H. Henry Schein Inc – Lenexa, KS
- I. Infusystems, Inc. – Canton, MA
- J. Infusystems, Inc. – Lenexa, KS
- K. Infusystems, Inc. – Santa Fe Springs, CA
- L. Owens & Minor Distribution, Inc – Franklin, MA

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

- M. Abbott Laboratories, Inc – Santa Clara, CA
- N. TG Therapeutics, Inc – Morrisville, NC

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

- O. Teleflex, LLC – Olive Branch, MS
- P. Top Rx, LLC – Bethlehem, PA

4.2.6 Manufacturer (NAC 639.593(6)(d))

- Q. Durvet, Inc – Blue Springs, MO
- R. Kulzer LLC – South Bend, IN
- S. LiteCure, LLC – Forth Worth, TX
- T. QuVa Pharma, Inc. – Sugar Land, TX
- U. ReCor Medical, Inc. – Palo Alto, CA
- V. Validus Pharmaceuticals, LLC – Parsippany, NJ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

- W. NuCare Pharmaceuticals, Inc. – Orange, CA
- X. OptumServe Health Services, Inc – La Crosse, WI

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

4.2.9 Background checks completed in compliance with NRS 639.500.

- Y. DBWS, LLC – Boston, MA
- Z. Iterative Scopes, Inc – Cambridge, MA
- AA. Philip Reclamation Services Houston, LLC – Houston, TX
- BB. Preferred MedSurg, Inc – Columbia, SC
- CC. Sedation Resource, Inc – Lone Oak, TX

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-Appearance **(FOR POSSIBLE ACTION)**

- DD. NNAMHS Outpatient Pharmacy – Sparks, NV
- EE. Lake’s Crossing Center – Sparks, NV
- FF. West Henderson Hospital – Henderson, NV

4.5 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-Appearance – **(FOR POSSIBLE ACTION)**

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-Appearance – **(FOR POSSIBLE ACTION)**

- GG. Bayvrio Pharmacy – Tampa, FL
- HH. Covetrus North America, LLC – Elizabethtown, PA
- II. Cura Pharmacy – Tustin, CA
- JJ. Divyo Health Solutions, Inc. – Rome, GA
- KK. Ezcare Pharmacy – West Covina, CA
- LL. Genoa Health LLC – Bullhead City, AZ
- MM. Integrity Rx Specialty Pharmacy – Scottsdale, AZ
- NN. UCLA West Medical Pharmacy – Los Angeles, CA
- OO. White Label Pharmacy – Denton, TX

4.7 Application for Out-of-State Ambulatory Surgery Center License (NAC 639.4992) – Non-Appearance **(FOR POSSIBLE ACTION)**

4.8 Application for Nevada Warehouse (NAC 639.622) – Non-Appearance **(FOR POSSIBLE ACTION)**

PP. AnazaoHealth Corporation – Las Vegas, NV

4.9 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

QQ. Jaime Dennison

RR. Kinga Faulkner

4.10 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

President Park disclosed that she is familiar with the Managing Pharmacists listed under Agenda Items 4.4DD and 4.4EE but can participate in this matter fairly and without bias.

Krystal Freitas recused herself from Agenda Item 4FF due to her employment.

Jade Jacobo recused herself from Agenda Item 4F due to her employment.

Board Action:

Motion: Jade Jacobo moved to approve the consent agenda with the exception of Agenda Items 4FF and 4F.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve consent agenda item 4FF.

Second: Adam Porath

Action: Passed unanimously (Freitas recused).

Board Action:

Motion: Krystal Freitas moved to approve consent agenda item 4F.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

◆ WORKSHOP ◆

Wednesday, May 29, 2024 – 9:00 am

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

- A. **Amendment to Nevada Administrative Code (NAC).** The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise. **(FOR POSSIBLE ACTION)**

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the workshop item.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, gave an overview of the components of the regulation based off of the survey and read the proposed regulation language into record.

President Park opened the floor for public comment.

Mark Johnston from CVS Health reiterated previous comments he made at prior meetings on this workshop item. He does not believe that pharmacy is a one-size-fits-all profession that can be regulated by numbers produced by this survey. He stated that the gist of this workshop language has been tried in other states and failed, and there are not enough incoming pharmacists to satisfy the Board's approach. He believed that it would be easy to hypothesize multiple negative effects from this effort.

Liz McMenamin from the Retail Association of Nevada commented that community pharmacies need flexibility in determining staff levels for a multitude of reasons and believes that regulators should avoid limiting the number of prescriptions filled per pharmacist, per day. She recommends this conversation needs to be held in a broader area with elected officials.

Joe Kellogg from the Nevada Pharmacist Association commented that we should stay away from the numbers and look at what we want pharmacies to be part of moving forward. He submitted a written comment for the Board to review.

Khanh Pham, Nevada Pharmacist Association member, strongly opposed the increased ratio of pharmacy technicians to pharmacists. She stated that having more people to supervise would not give her enough time to counsel patients and can affect patient safety. Also, she believes this could end up limiting the choice of pharmacies for patients.

Kerry Otero, a community pharmacist, believes that this proposal would need a large amount of predictability in order for it to work. She provided multiple examples of limitations which could cause pharmacists to compromise both patient and employee safety.

Paul Howse, Pharmacy Practice Coordinator for Smith's, thinks this proposal has flaws which will limit healthcare accessibility. He believes it would be in both the patients and pharmacies' best interest to increase the pharmaceutical tech ratio but to avoid commanding how many pharmacists would be working strictly based on prescriptions per hour and non-dispensing activities.

Lisa Barnard, a Smith's Pharmacist, stated that she doesn't feel as if this proposal is an answer to the pharmacy's problems. There are more issues with PBM's, and she is worried that this proposed regulation could close pharmacies in our state.

Lorri Walmsley, Walgreens Pharmacist, stated that the proposed language is not common sense based on the feedback from the survey and believes that the questions were problematic and leading. She stated that the proposed solution does not consider many details that must be explored. The utilization of technology in community pharmacies is also a factor to consider. She requested a stakeholder meeting to discuss more reasonable solutions.

Catherine Leanna Oswald, Nevada Pharmacist, thanked the Board for addressing this issue. She agrees with the requirement for a pharmaceutical technician to be present at all times, but she asked if there would be waivers or opportunities where this could be modified for patient care needs. She encourages the Board to seek out how we are identifying the process of counseling for patient safety.

Holly Prievo, Walgreens Healthcare Supervisor, shared that Roseman University played a huge role in staffing Southern Nevada pharmacies and improved healthcare, and she is worried how she will staff her pharmacies moving forward with lower graduation numbers. She encourages the Board to consider technologically friendly solutions and expand the roles of pharmaceutical technicians.

Scott Young, a representative of a closed door, internet-based pharmacy, is not in favor of these regulations and encourages the Board to bring it back to discussion. He is in support of increased pharmaceutical tech ratio but if they move forward with the metric-based proposals which he hopes for an exemption or waiver option for a closed door, internet-based pharmacy

Kasia Kujawski from Albertson's believes that the proposed regulation will have consequences that will impair pharmacies and echoes the comments made prior. She states that this will limit non-dispensing services and will delay getting prescriptions to patients. She asks the Board to have a stakeholder meeting to discuss further.

Jeffrey Bazard fully supports the goal of assisting pharmacist burnout but believes this proposal will unintentionally cause more harm than good. He would like to see more flexible solutions that protect pharmacists without compromising patient care or the operational viability of Nevada pharmacies.

Andrea Adams, community supervising pharmacist, believes that adding laws around mandatory staffing is the wrong way to help our state's pharmacists and patients. She would like to see the Board reduce the regulatory burden on pharmacists, increase their ability to use new technology, and increase the scope of practice for pharmacists and pharmaceutical technicians. She is in support of increasing the pharmacist tech ratios.

Ken Kunke, Director of Experiential, made a clarifying comment on the number of graduating pharmacists going into residency.

President Park closed the period for public comment.

Board discussion ensued.

Yenh Long read a Zoom Direct Message into the record.

Liz McMenamin from the Retail Association of Nevada returned for a brief public comment regarding a Board member's comments. She asked for more conversations, and for the Board to set up a coalition with all involved.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the proposed regulation workshop item.

Second: Richard Tomasso

Aye: Park, Freitas, Tejero, Mitchell, Tomasso, Porath

Nay: Jacobo

Action: Motion carries.

◆ REGULAR AGENDA ◆

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

M. Elihu Wyatt

(23-427-CS-A-S)

Brian Hardy appeared as counsel on behalf of APRN Wyatt.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Mr. Wyatt as medical director of The Tox Shop allowed RNs to assess, possess and administer drugs to patients without proper supervision.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 23-427-CS-A-S for the Board's consideration.

The proposed stipulated penalties for Mr. Wyatt, Certificate of Registration No. CS32395, are the following: 1) one (1) year probation; 2) \$2,500 fine for the violations; and 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Mr. Wyatt for Case No. 23-427-CS-A-S, as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

D. Michael Mall (19-086-CS-S)

Richard A. Schonfeld appeared as counsel on behalf of Dr. Mall.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Mall and gave a brief overview of the charges.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 19-086-CS-S for the Board's consideration.

The proposed stipulated penalties for Dr. Mall, Certificate of Registration Nos. PD00257 and CS18967, are the following: 1) Respondent forfeited Certificate of Registration Nos. PD00257 and CS18967; 2) \$2,000 fine for the violations; and 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Dr. Mall for Case No. 19-086-CS-S, as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

6. Appeal hearing pursuant to NRS 639.2895(2) **(FOR POSSIBLE ACTION)**

A. Keiasha Johnson

Dr. Keiasha Johnson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Johnson alleging that she prescribed controlled substances without a valid registration and is appealing the citation and fine.

Dr. Johnson gave her testimony and requested a reduction in the fine.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to reduce the Citation and Fine to \$600.

Second: Jade Jacobo

Action: Passed unanimously.

W. Raley's Drug Center #105

(23-365-PH-N)

Kevin Lazaar appeared as counsel on behalf of Raley's Drug Center #105.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Raley's Drug Center #105, alleging that as the pharmacy owner, Raley's Drug Center #105 is responsible for the acts of an employee who misfilled a prescription of oral solution amoxicillin.

Mr. Zunino presented a proposed Stipulation and Orders for the Board's consideration.

The proposed stipulated penalties for Raley's Drug Center #105 are the following: 1) pay a fine of \$1,000 for the violations; and 2) pay \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Lazaar agreed with the Stipulation on behalf of Raley's Drug Center #105.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Raley's Drug Center #105 as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously.

G. CVS Pharmacy #8789

(22-345-PH-N)

H. Omid Mahkhatam

(22-345-RPH-A-N)

Brian Convery from CVS Health and Omid Mahkhatam appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she is familiar with Mr. Mahkhatam from Roseman University but can participate in this matter fairly and without bias.

Jade Jacobo recused herself from Items 5G and 5H due to her employment.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the cases against CVS Pharmacy #8789 and Mr. Mahkhatam alleging Mr. Mahkhatam incorrectly administered a dose of meningococcal vaccine to a six-year-old patient. In addition, he erroneously entered the dose as a second dose when no first dose was administered.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 22-345-PH-N for the Board's consideration.

The proposed stipulated penalties for CVS Pharmacy # 8789, License No. PH01257, are the following: 1) \$1,500 fine for the violations; and 2) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Omid Mahkhatam, Certificate of Registration No. 23030, are the following: 1) \$1,500 fine for the violations; 2) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) complete an additional 10 CEUs on immunization.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for CVS Pharmacy #8789 and Omid Mahkhatam as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

C. Jay Selznick (19-043-CS-S)

Jay Selznick appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Selznick alleging Dr. Selznick was disciplined by the Nevada State Board of Medical Examiners for engaging in conduct in violation of standards of practice related to prescribing controlled substances to treat pain. In addition, he failed to disclose the disciplinary action to the Nevada Board of Pharmacy on his 2016 biennial renewal application.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 19-043-CS-S for the Board's consideration.

The proposed stipulated penalties for Dr. Selznick, Certificate of Registration No. CS07913, are the following: 1) Certificate of Registration No. CS07913 suspended for one year, the suspension is stayed, and Dr. Selznick is placed on probation; 2) \$2,000 fine for the violations; and 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Jay Selznick as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

U. Michael Stellmacher (23-260-CS-N)

Michael Stellmacher appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Michael Stellmacher alleging that he did not review the PMP as required by Nevada law.

Mr. Vanderdonck presented the Stipulation and Order for Case No. 23-260-CS-N for the Board's consideration.

The proposed stipulated penalties for Mr. Stellmacher's Certificate of Registration No. CS21884 are the following: 1) pay \$5,000 fine for the violations; and 2) pay \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Michael Stellmacher as presented by Mr. Vanderdonck.

Second: Krystal Freitas

Action: Passed unanimously.

V. Joshua Hamilton (23-335-CS-S)

Lyn Beggs appeared as counsel for Mr. Hamilton.

Joshua Hamilton appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Joshua Hamilton alleging that he did not follow PMP guidelines and did not review the PMP as required by Nevada Law for a period of five (5) years.

Mr. Vanderdonck presented the Stipulation and Order for Case No. 23-335-CS-S for the Board's consideration.

The proposed stipulated penalties for Mr. Stellmacher's Certificate of Registration No. CS21884 are the following: 1) submit to quarterly inspections for one (1) year by Board staff and at the respondent's cost; 2) pay \$3,000 fine for the allegations; and 3) pay \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Lyn Beggs made a comment on the case and shared what has been implemented since.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for Joshua Hamilton as presented by Mr. Vanderdonck.

Second: Adam Porath

Action: Passed unanimously.

S. Marissa Crain (22-053-PT-S)

Marissa Crain appeared and was sworn in by President Park prior to answering questions and offering testimony.

Krystal Freitas recused herself from this item due to her employment.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Ms. Crain alleging diversion of controlled substances.

Mr. Zunino presented a proposed Stipulation and Order for the Board's consideration.

The proposed stipulated penalties for Marissa Crain are the following: 1) revocation of Certificate of Registration No. PT14524 for a period of ten (10) years.

Board discussion ensued.

Jacobo wants the attorney's fees to be assessed if she reapplies with the Board in ten (10) years.

The Board took a recess for the amended stipulation to be discussed with Ms. Crain.

Ms. Crain agreed to amend the stipulation to add \$1,500 in attorney's fees if she reapplies in ten (10) years.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Marissa Crain as presented by Mr. Zunino with the amendment for Ms. Crain to

pay \$1,500 in attorney's fees and costs if she reapplies with the Board after a period of ten (10) years.

Second: Adam Porath

Action: Passed unanimously. (Freitas recused).

R. George James Maiorano (21-207-PT-S)

Trevor Wade appeared as counsel on behalf of Mr. Maiorano.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Mr. Maiorano and gave an overview of the case and reviewed the allegations.

Mr. Zunino stated that the parties have agreed for respondent to plead guilty to Count One, and that Count Two would be dismissed upon approval of the proposed Stipulation and Order by the Board.

The proposed stipulated penalties for Mr. Maiorano are the following: 1) pay a \$2,000 fine for the violations; and 2) pay \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Mr. Maiorano as presented by Mr. Zunino.

Second: Jade Jacobo

Board discussion ensued.

Action: Passed unanimously.

F. William Alvear (20-162-CS-S)

Donald Green appeared as counsel on behalf of Dr. Alvear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Alvear based upon his federal conviction on eight felony counts of distribution of a controlled substance.

Mr. Kandt requested that the voluntary surrender of Dr. Alvear's Certificate of Registration No. CS08254 be admitted into the record as Exhibit 1 and that the

memorandum of attorney's fees and costs totaling \$1,878.65, be admitted into the record as Exhibit 2.

Mr. Green has no objection to either Exhibit being admitted in to record.

President Park admitted Exhibit 1 and Exhibit 2 into the record.

Mr. Kandt asked the Board to make findings of fact consistent with paragraphs 1-3 of the Accusation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-3 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to make conclusions of law consistent with paragraphs 4-11 and find Dr. Alvear guilty on all three (3) Counts of the Accusation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with paragraphs 4-11 and find Dr. Alvear guilty on all three (3) Counts of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to enter the voluntary surrender of Certificate of Registration No. CS08254 into the record and order that Dr. Alvear cannot possess, administer, prescribe, or dispense any controlled substances until he applies for the Board for registration, effective immediately. In addition, the Board finds that the fees and costs of \$1,878.65 are reasonable, necessary, and actually incurred.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to enter the voluntary surrender of Certificate of Registration No. CS08254 into the record and order that Dr. Alvear cannot possess, administer, prescribe, or dispense any controlled substances until he applies for the Board for registration, effective immediately. In addition, the fees and costs of \$1,878.65 were reasonable, necessary, and actually incurred.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested the Board to order that the memorandum of attorney's fees and costs be paid by September 1, 2024.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to order that the memorandum of attorney's fees and costs be paid by September 1, 2024.

Second: Adam Porath

Action: Passed unanimously.

Q. Ravi Ramanathan (20-076-CS-S)

John Hunt appears as counsel on behalf of Dr. Ramanathan.

Dr. Ramanathan appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino, Senior General Counsel for the Nevada State Board of Pharmacy, prosecuted the case against Mr. Ramanathan alleging that Dr. Ramanathan engaged in overseas travel on two occasions, and in his absence, allowed other non-licensed practitioners at his practice address to sell and/or dispense dangerous drugs and controlled substances using Dr. Ramanathan's credentials.

The proposed stipulated penalties for Dr. Ramanathan are the following: 1) pay a \$5,000 fine for the allegations; and 2) pay \$1,500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Mr. Ramanathan as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously

J. Kevin Petersen (22-510-CS-S)

Kevin Petersen failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Petersen alleging that he was involved in alcohol impairment while performing his duties as a practitioner.

Mr. Kandt called Darlene Nases as a witness.

Darlene Nases, Board Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Nases on service of the Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing.

Mr. Kandt requested that documentation of the service of the Accusation be entered into the record as Exhibit 1.

President Park admitted Exhibit 1 into the record.

Mr. Kandt called Jesette Phaynarikone as a witness.

Jesette Phaynarikone, Board Coordinator – Administrative Assistant I for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Phaynarikone on the service of the Second Notice of Hearing.

Mr. Kandt requested that documentation of service of the Second Notice of Hearing be entered into the record as Exhibit 2.

President Park admitted Exhibit 2 into the record.

Mr. Kandt requested that the Memorandum of Attorney's Fees and Costs in the amount of \$1,614.48 be admitted into the record as Exhibit 3.

President Park admitted Exhibit 3 into the record.

Mr. Kandt requested that the courtesy email notice that he sent to Mr. Petersen be admitted into the record as Exhibit 4.

President Park admitted Exhibit 4 into the record.

Mr. Kandt requested that the Board make findings of fact consistent with paragraphs 1-4 of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-4 of the Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board make additional findings that Dr. Petersen was served the Accusation as required by Nevada law, he failed to file an Answer with the Board, and that the attorney's fees and costs totaling \$1,614.48 were reasonable, necessary, and actually incurred.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Petersen was served the Accusation as required by Nevada law, he failed to file an Answer, and that the attorney's fees and costs totaling \$1,614.48 were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board make conclusions of law consistent with paragraphs 5-14 and find Dr. Petersen guilty on all four (4) Counts of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make conclusion of law consistent with paragraphs 5-14 and find Dr. Petersen guilty on all four (4) Counts of the Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested the Board to additionally conclude that Board staff gave sufficient legal notice of the hearing to Dr. Petersen.

Board Action:

Motion: Jade Jacobo moved to conclude that Board staff gave sufficient legal notice of the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt recommended that Dr. Petersen's Certificate of Registration No. CS10594 be revoked effective immediately, that he cannot petition for reinstatement for a period of two years and must appear before the Board for reinstatement and assess attorney's fees and costs of \$1,614.48 to be paid by December 1, 2024.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Petersen's Certificate of Registration No. CS10594 effective immediately and he cannot petition for reinstatement for a period of two years and must appear before the Board for reinstatement; and pay attorney's fees and costs of \$1,614.48 by December 1, 2024.

Second: Krystal Freitas

Action: Passed unanimously.

23. 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. Licensing Activities Report
- F. Citations & Fines issued pursuant to NRS 632.2895

David Wuest presented the Executive Secretary Report to the Board's Satisfaction.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

L. Harrison Clayton

(23-297-PT-S)

Harrison Clayton failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Mr. Clayton alleging diversion of controlled substances.

Mr. Kandt called Darlene Nases as a witness.

President Park reminded Ms. Nases that she is still under oath from a previous matter.

Mr. Kandt examined Ms. Nases on service of the Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing.

Mr. Kandt requested that documentation of service of the Accusation be entered into the record as Exhibit 1.

President Park admitted as Exhibit 1 into the record.

Mr. Kandt called Jesette Phaynarikone as a witness.

President Park reminded Ms. Phaynarikone that she is still under oath from a previous matter.

Mr. Kandt examined Ms. Phaynarikone on service of the Second Notice of Hearing.

Mr. Kandt requested that documentation of service of the Second Notice of Hearing be entered into the record as Exhibit 2.

President Park admitted Exhibit 2 into the record.

Mr. Kandt requested that the Memorandum of attorney's fees and costs in the amount of \$1,522.69 be admitted into the record as Exhibit 3.

President Park admitted Exhibit 3 into the record.

Mr. Kandt requested that the courtesy email notice that he sent to Mr. Clayton be admitted into the record as Exhibit 4.

President Park admitted Exhibit 4 into the record.

Mr. Kandt requested that the Board make findings of fact consistent with paragraphs 1-4 of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-4 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to make additional findings that Mr. Clayton was served the Accusation as required by Nevada law; that he failed to file an Answer and that the attorney's fees and costs totaling \$1,522.69 were reasonable, necessary, and actually incurred.

Board Action:

Motion: Jade Jacobo moved to find that Mr. Petersen was served the Accusation and hearing notice as required by Nevada law, he failed to file an Answer, and that the attorney's fees and costs totaling \$1,522.69 were reasonable, necessary, and actually incurred.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to make a conclusion of law consistent with paragraphs 5-16 and find Mr. Clayton guilty on all five (5) Counts of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make conclusion of law consistent with paragraphs 5-16 and find Mr. Clayton guilty on all five (5) Counts of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to additionally conclude that Board staff gave sufficient legal notice of the hearing to Mr. Clayton.

Board Action:

Motion: Jade Jacobo moved to conclude that Board staff gave sufficient legal notice of the hearing.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to revoke Mr. Clayton's Certificate of Registration No. PT28442 effective immediately, and he cannot petition for reinstatement for five (5)

years and assess \$1,522.69 in attorney's fees and costs.

Board Action:

Motion: Jade Jacobo moved revoke Mr. Clayton's Certificate of Registration No. PT28442 effective immediately and he cannot petition for reinstatement for five (5) years and must appear before the Board for reinstatement and assess \$1,522.69 in attorney's fees and costs.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt asked the Board to make the \$1,522.69 in attorney's fees and costs due by December 1, 2024.

Board Action:

Motion: Jade Jacobo moved to make the attorney's fees and costs due by December 1, 2024.

Second: Adam Porath

Action: Passed unanimously.

Public Comment May 29, 2024, at 2:46PM.

Neal Watson, Member Relations for NABP, appeared to clarify a few comments made on the workshop item and gave background on the topic. He touched on NABP's task force and work groups and hopes that more pharmacists get involved.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

Helen Park	Krystal Freitas	Wayne Mitchell	Richard Tomasso
Adam Porath	Gener Tejero	Jade Jacobo	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Gustaf Vanderdonck
Brett Kandt	Darlene Nases	Erin Miller	Jessette Phaynarikone
Joe Dodge	Leo Basch	Dena McClish	Ken Scheuber
John Castaldo	Todd Weiss		

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.

David Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Open Meeting Laws for Nevada.

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.

Public Comment May 30, 2024, 9:00 AM

There was no public comment.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

K. Erika Kimble (23-256-CS-S)

Michael Raine appeared as counsel on behalf of APRN Kimble.

Erika Kimble appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ms. Kimble and gave a brief overview of the allegations.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 23-256-CS-S for the Board's consideration.

The proposed stipulated penalties for Ms. Kimble's Certificate of Registration No. CS21522 as the following: 1 one (1) year Probation; 2) \$2,500 fine for the violations; and 3) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

The Board asked to amend the stipulation to add quarterly inspections by Board staff over the course of her probation.

This item was tabled while counsel discussed amendments to the Stipulation.

7. Discussion and possible action to vacate Findings of Fact, Conclusions of Law and Order entered December 1, 2022, and grant a rehearing in Nevada State Board of Pharmacy v. Susan M. Bell, APRN, Case No. 21-

084-CS-S. **(FOR POSSIBLE ACTION)**

Susan Bell appeared and was sworn in by President Park before answering questions and providing testimony.

Ms. Bell stated she was unaware of the case and that documents from NVBOP were never received due to an old address on file. Ms. Bell requested that the Board vacate the previous order and requested a same-day rehearing.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to deny Ms. Bell's request to vacate the Findings of Fact, Conclusions of Law and Order entered December 1, 2022, and request for a rehearing.

Second: Wayne Mitchell

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

K. Erika Kimble (23-256-CS-S)

President Park reminded Ms. Kimble that she was already sworn in previously.

After discussion with counsel, Ms. Kimble agreed to accept the amended stipulation to add the quarterly inspections by Board staff over the course of her probation, with each of the costs not to exceed \$500 per visit.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Ms. Kimble's amended stipulation to add the quarterly inspections by Board staff over the course of her probation, with each of the costs not to exceed \$500 per visit. Ms. Kimble will be placed on a one (1) year Probation; pay a \$2,500 fine for the allegations; and pay \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Wayne Mitchell

Action: Passed unanimously.

Chandon Alexander appeared as counsel on behalf of ASP Cares.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against ASP Cares and gave a brief overview of the allegations.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 19-011-PH-S for the Board's consideration.

The proposed stipulated penalties for ASP Cares Pharmacy, License No. PH03347 are the following: 1) \$5,000 fine for the violations; and 2) \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for ASP Cares, as presented by Mr. Kandt.

Second: Adam Porath

Action: Passed unanimously.

Jade Jacobo recused herself from this item due to her employment.

Michael Mee appeared as counsel on behalf of Kayla Friesz.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Kayla Friesz and gave an overview of the allegations.

Mr. Kandt presented a proposed Stipulation and Order for Case No. 22-345-RPH-B-N for the Board's consideration.

The proposed stipulated penalties for Ms. Friesz, Certificate of Registration No. 19635, are the following: 1) \$500 fine for the allegations; and 2) \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

The Board proposed an amended stipulation to delete the assessment of \$500 for recoverable attorney's fees and costs in Paragraph 9(B).

Board Action:

Motion: Gener Tejero moved to approve an amended Stipulation and Order for Ms. Friesz for Case No. 22-345-RPH-B-N deleting Paragraph 9(B).

Second: Wayne Mitchell

Action: Passed unanimously (Jacobobo recused).

8. Discussion and possible action to approve Amended Findings of Fact, Conclusions of Law and Order in Case No. 19-144-CS-N, in settlement of *James W. Forsythe, M.D. HMD, Appellant v. Nevada State Board of Pharmacy, and Helen Park, Pharm.D., President. Respondents*, Nevada Supreme Court Case No. 87285. **(FOR POSSIBLE ACTION)**

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Forsythe and gave an overview of the Findings of Fact, Conclusions of Law and Order entered January 12, 2022.

Mr. Kandt stated that the Order was upheld on a petition for judicial review and subsequently appealed to the Nevada Supreme Court and the parties negotiated proposed, amended Findings of Facts, Conclusions of Law and Order to be approved by the Board today.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the amended Findings of Facts, Conclusions of Law and Order for Dr. Forsythe.

Second: Adam Porath

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. **(FOR POSSIBLE ACTION)**

E. Brenda Vaknin (19-134-RPH-S)

Brenda Vaknin failed to appear.

Jade Jacobo recused herself from this item due to her employment by CVS Health.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Ms. Vaknin and gave a brief overview of the allegations.

Mr. Kandt called Darlene Nases as a witness.

Darlene Nases, Board Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to offering testimony or answering questions.

Mr. Kandt examined Ms. Nases on service of the Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing.

Mr. Kandt requested that documentation of service of the Accusation be enter into the record as Exhibit 1.

President Park admitted Exhibit 1 into the record.

Mr. Kandt called Jessette Phaynarikone as a witness.

Jessette Phaynarikone, Board Coordinator – Administrative Assistant I for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to offering testimony or answering questions.

Mr. Kandt examined Ms. Phaynarikone on service of the Second Notice of Hearing.

Mr. Kandt requested that documentation of service of the Second Notice of Hearing be entered into the record as Exhibit 2.

President Park admitted Exhibit 2 into the record.

Mr. Kandt requested that the Memorandum of attorney's costs and fees in the amount of \$1,988.71 be admitted into the record as Exhibit 3.

President Park admitted Exhibit 3 into the record.

Mr. Kandt asked that the courtesy email notice that he sent to the respondent be admitted into the record as Exhibit 4.

President Park admitted Exhibit 4 into the record.

Mr. Kandt asked the Board to make findings of fact consistent with paragraphs 1-6 of the Accusation.

Board Action:

Motion: Wayne Mitchell moved to make findings of fact consistent with paragraphs 1-6 of the Accusation.

Second: Krystal Freitas

Action: Motion Passed (Jacobo recused).

Mr. Kandt asked the Board to make additional findings that Ms. Vaknin was served the Accusation as required by Nevada law, she failed to file an Answer with the Board, and that the attorney's fees and costs totaling \$1,988.71 were reasonable, necessary, and actually incurred.

Board Action:

Motion: Wayne Mitchell moved to find that Ms. Vaknin was served the Accusation as required by Nevada law, she failed to file an Answer, and that the attorney's fees and costs totaling \$1,988.71 were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Motion Passed (Jacobo recused).

Mr. Kandt asked the Board to make conclusions of law consistent with paragraphs 7-12 of the Accusation and find Ms. Vaknin guilty on all three (3) Counts of the Accusation.

Board Action:

Motion: Adam Porath moved to make conclusions of law consistent with paragraphs 7-12 of the Accusation and find respondent guilty on all counts.

Second: Krystal Freitas

Action: Motion Passed (Jacobo recused).

Mr. Kandt asked the Board to additionally conclude that Board staff gave sufficient legal notice of the hearing to Ms. Vaknin.

Board Action:

Motion: Wayne Mitchell moved to conclude that the Board staff gave sufficient legal notice of the hearing to Ms. Vaknin.

Second: Krystal Freitas

Action: Motion Passed (Jacobo recused).

Mr. Kandt asked the Board to place Ms. Vaknin, Certificate of Registration No. 19231, on probation for one (1) year effective immediately; assess \$3,250 in fines for the violations due by December 1, 2024; and assess \$1,988.71 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, due by December 1, 2024.

Board discussion ensued.

The Board proposed suspending Ms. Vaknin's Certificate of Registration No. 19231 until biennial renewal on October 31, 2025, and imposed a \$1000 fine on Count one, \$1000 fine on Count Two and \$2000 fine on Count Three.

Board Action:

Motion: Wayne Mitchell moved to suspend Vaknin's Certificate of Registration No. 19231 until October 31, 2025, effective immediately and she must appear before the Board if she plans to renew her registration for the next biennial renewal; \$4000 fine for the violations; and \$1988.71 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter due by December 1, 2024.

Second: Gener Tejero

Action: Motion Passed (Jacobo recused).

B. Festus Ebonka (19-012-CS-S)

This case was continued to a future Board meeting.

N. Matthew Okeke (19-013-CS-S)

This case was continued to a future Board meeting.

O. CVS Pharmacy #6717 (20-133-PH-S)

This case was continued to a future Board meeting.

P. Negar Safavi (20-133-RPH-S)

This case was continued to a future Board meeting.

T. Maurice Vargas (21-086-CS-N)

This case was continued to a future Board meeting.

21. Notice of Proposed Regulation Public Hearing Pursuant to NRS

233B.061(3) (FOR POSSIBLE ACTION)

- A. **REGULATION relating to pressurized stocking.** Allowing pressurized stocking to be provided without a prescription in certain circumstances. **(LCB File No. R052-24)**

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the proposed public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed amendments to LCB File No. R052-24, as presented by Mr. Wuest.

Second: Jade Jacobo

Action: Passed unanimously.

- B. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I. **(LCB File No. R054-24)**

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the proposed public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed amendments to LCB File No. R054-24, as presented by Ms. Long.

Second: Krystal Freitas

Action: Passed unanimously.

- C. **REGULATIONS relating to Governor Lombardo's Executive Order 003- 2023.** Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto. (LCB File No. R100-23)

Executive Order 003-2023

SECTION 1:

Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023, each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

SECTION 2:

As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the proposed public hearing item.

President Park opened the floor to public comment.

Liz McMenamin, Retail Association of Nevada, shared that she believed this is a good start but hopes that the industry can be more involved in the regulation process.

Scott Young commented that Section 7 of the proposed regulation would remove a pharmacy's authority to provide compounded drugs to a practitioner, which include veterinarians. He is concerned eliminating this authority and mentions language in NAC 638.732 which allows a veterinarian to get compounded drugs from pharmacies which may be a conflict. He wants to raise awareness to the Board on this proposed regulation.

President Park closed the floor to public comment.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to adopt the proposed amendments to LCB File No. R100-23 as presented by Mr. Wuest.

Second: Jade Jacobo

Action: Passed unanimously.

- D. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendment ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services. **(LCB File No. R013-24)**

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the proposed public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to adopt the proposed amendments to LCB File No. R013-24 as presented by Mr. Wuest.

Second: Jade Jacobo

Action: Passed unanimously.

- E. **Amendment to Nevada Administrative Code (NAC).** The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth. **(LCB File No. R051-24)**

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the proposed public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed amendments to LCB File No. R051-24 as presented by Ms. Long.

Second: Krystal Freitas

Action: Passed unanimously.

13. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

C. Seven Hills Pharmacy – Sharronville, OH

Christopher Spitzer, Managing Pharmacist, and Quyuh Do, Senior Director of Pharmacy Practice, appeared and were sworn in by President Park prior to answering questions and offering testimony.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned Mr. Spitzer and Ms. Do on whether they can produce a letter from Paul Greenall that states that they can appear on his behalf since he signed the application, the disclosures on their application, and their business plan.

Mr. Wuest questioned their business model and asked how revenue would be shared as they want to make sure that this model does not have kickback.

The Board questioned their business model and had concerns.

President Park requested if the applicants would like to table their application so that they can work with Board staff to understand their business model.

The application was tabled for a future Board meeting.

10. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

B. Southwest Pharmacy – Las Vegas, NV

Lynna Ho, Managing Pharmacist, appeared and was sworn in by President Park prior to

answering questions or offering testimony.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application for the Board and questioned why she wants to own a pharmacy, her experience in the field, and whether she had any prior discipline.

Dr. Ho answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Nevada Pharmacy License for Southwest Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

A. Southwest Specialty Pharmacy – Las Vegas, NV

Enrique Solis, Owner and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park disclosed that she knows the applicant from Target Pharmacy but can participate in this matter fairly and without bias.

Gustaf Vanderdonck, Assistant General Counsel for the Nevada Board of Pharmacy, presented background on the application for the Board and questioned what made him want to open a pharmacy, his experience in the field, and what products he plans to sell.

Dr. Solis answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Nevada Pharmacy License for Southwest Specialty Pharmacy.

Second: Adam Porath

Action: Passed unanimously.

C. The Center Community Pharmacy – Las Vegas, NV

Leana Ramirez, Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she is familiar with Ms. Ramirez but can participate fairly and without bias.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned on what products they plan to have, where their funding will come from, her background experience, and whether they will focus on certain groups.

Mr. Wuest requested a Letter of Authorization for Ms. Ramirez to speak on behalf of the company.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Nevada Pharmacy License for The Center Community Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

9. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION**)

B. H-Blu Medical Supply, LLC – Reno, NV

Hasib Popal appeared and was sworn in by President Park prior to questions and offering testimony.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned Mr. Popal on his administrative experience.

Mr. Wuest noted that Mr. Popal may need to get an administrator until he completes his hours.

President Park stated that he had not met the requirements needed to be an administrator and asked if Mr. Popal would like to table his application until he finds an administrator or finishes his hours.

This application was tabled for a future Board meeting.

C. Z-O Medical Supplies, LLC – Las Vegas, NV

Katherine May Johnson, Owner, and Melody Lao, RN, both appeared and were sworn in by President Park prior to answering questions and offering testimony.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned why they want to open this business, what type of equipment they plan to offer, and the business model they plan to use.

Mr. Wuest asked the applicants to clarify how their business will be run.

Ms. Johnson and Ms. Lao explained their model.

Board staff let applicants know that counseling is required by law.

Leo Basch, Nevada Board of Pharmacy Inspector, gave testimony on the inspections previously done on this site.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Nevada Medical, Devices, Equipment and Gases License for Z-O Medical Supplies, LLC, with the condition of two (2) subsequent inspections after becoming operational, and at their expense.

Second: Adam Porath

Action: Passed unanimously.

Richard Tomasso was excused from the meeting at 12:00PM.

11. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. Vital Care of Summerlin – Las Vegas, NV

William Tamburo, Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed to the Board that she may be familiar with William Tamburo but can participate in this matter fairly and without bias.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application and questioned Mr. Tamburo on how long he has worked at the facility, what current services they provide, the pharmacy's staffing model, and Mr. Tamburo's experience with sterile compounding.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Application for Nevada Compounding Pharmacy License application for Vital Care of Summerlin, pending approval of added services with an added inspection scheduled within 90 days of approval.

Second: Jade Jacobo

Action: Passed unanimously.

12. Application for Out-of-State Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. TelyRx LLC – Clearwater, FL

Thomas McKinney, CEO, and Adam Gardner, Pharmacist in Charge, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the application and asked the applicants to describe their business model and how they will be obtaining prescriptions, Mr. McKinney's background, where the doctors who will be utilizing their services are licensed, and how they will verify legitimate prescriptions.

Ms. Long also asked Mr. McKinney to explain the disclosure he noted in the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Out-of-State Pharmacy License for TelyRx LLC.

Second: Krystal Freitas

Action: Passed unanimously.

13. Application for Out-of-State Compounding Pharmacy License (NRS

639.230) – Appearance – **(FOR POSSIBLE ACTION)**

B. Preckshot Professional Pharmacy – Peoria, IL

Andrew Roseboom, Pharmacist in Charge, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application and questioned Mr. Roseboom on how long he has worked at the facility, an overview of the company, and whether this would be a new business in Nevada. Mr. Dodge also questioned Mr. Roseboom on what BUD they are assigning to specific products, whether validated shipping studies were done, and who was completing the testing.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Application for Out-of-State Compounding Pharmacy License application for Preckshot Professional Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

14. Application for Nevada Wholesaler License (NRS 639.233) – Appearance **(FOR POSSIBLE ACTION)**

A. Noble Supply & Logistics, LLC – Las Vegas, NV – Background Check Not Required in compliance with NAC 639.593(6)(d)

Thomas Noble, Owner, Natalie Nunez-Gonzalez, and Tom Little appeared and were sworn in by President Park prior to answering questions and offering testimony.

Greg Zunino presented background on the application and questioned their business site, what the medical kits will include that require a license, what locations of warehouses they have, and if they were functioning without a license prior to today.

Ms. Nunez-Gonzalez and Mr. Little answered all questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Application for Nevada Wholesaler License for Noble Supply & Logistics, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

Jade Jacobo was excused from the meeting at 1:30PM.

13. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. Fagron Sterile Services – Canton, MA

Deborah McHugh, Senior Director of Quality, and Jay McEniry, Senior VP of General Counsel, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, presented background on the application and questioned whether the licensed pharmacist listed on the application was still working at the facility, what the two observations that were found at the facility during their inspection, and what steps the company took to make the necessary changes. Mr. Dodge also questioned who had final batch release, how quality worked with their pharmacist, and how many locations they have in the country.

Mr. Dodge also asked if different locations compound different products than the Las Vegas location will, whether they use robotics for compounding, and if they have microbiologists on staff at their facility.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Application for Out-of-State Compounding Pharmacy License application for Fagron Sterile Services.

Second: Adam Porath

Action: Motion passed (Jacobó recused).

Jade Jacobo returned to the meeting at 1:40PM.

15. Application for Out-of-State Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**

A. BPS Wholesale – Jennerstown, PA – Background Check Not

Required in compliance with NAC 639.593(6)(d)

Jacqueline Martella, Owner/President/CEO, and Melissa Mostoller, Administrative Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Greg Zunino presented background on the application and questioned what products they will distribute and the business model they plan to use. Mr. Zunino also asked who their main customers will be as a wholesaler facility, what other states they are doing business in, and to explain the disclosure listed on their application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Out-of-State Wholesaler License for BPS Wholesale.

Second: Krystal Freitas

Action: Passed unanimously.

16. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 **(FOR POSSIBLE ACTION)**

A. Amber Houghland

Amber Houghland appeared and was sworn in by President Park prior to answering questions and offering testimony.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application for Ms. Houghland to be a managing pharmacist at two separate locations.

Mr. Wuest asked Ms. Houghland the bed count of each facility, and the disclosure she listed on her application for a pending case with NVBOP.

The Board questioned the applicant on how her time will be arranged between the two locations, and what happens if she wasn't present when medications would not be able to be used or be dispensed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Request for Approval of Change of Managing Pharmacist for Amber Houghland.

Second: Adam Porath

Action: Passed unanimously.

19. Applications for Controlled Substance Registration (NRS 453.226) – Appearance
(FOR POSSIBLE ACTION)

D. Sean Darmal

Sean Darmal appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, presented background on the application and asked Mr. Darmal to give an overview of the conviction disclosures related to the drug offenses in California.

Mr. Darmal gave a background on what occurred that got him the conviction in the first place and shared that the records were dismissed.

Board member Tejero clarified that Mr. Darmal would need to remove/amend Schedule I drugs on his application.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Application for Controlled Substance Registration for Schedules II-V for Dr. Sean Darmal.

Second: Jade Jacobo

Action: Passed unanimously.

16. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 **(FOR POSSIBLE ACTION)**

B. Bryan Hoang

President Park disclosed that she is familiar with the applicant from Roseman University, but she can participate fairly and without bias.

David Wuest disclosed that he is also familiar with the applicant but can participate fairly and without bias.

Bryan Hoang appeared and was sworn in by President Park prior to answering questions or offering testimony.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented background on the application for Mr. Hoang to be a managing pharmacist at two separate locations.

President Park asked Mr. Hoang the difference in the two facilities and the patient size at each location.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Request for Approval of Change of Managing Pharmacist for Bryan Hoang.

Second: Adam Porath

Action: Passed unanimously.

17. Application for Pharmacist Registration by Reciprocity (NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

A. Tammy Dessieux

Tammy Dessieux appeared via Zoom and was sworn in by President Park prior to answering questions or offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented background on the application and questioned Ms. Dessieux on the disclosure listed on her application with the Texas State Board of Pharmacy and asked her to share what she was ordered to do per the administrative action. Ms. Long also asked why Ms. Dessieux was applying for a Nevada license.

Ms. Dessieux answered all questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Pharmacist Registration by Reciprocity for Tammy Dessieux.

Second: Krystal Freitas

Action: Passed unanimously.

18. Application for Pharmacist Registration Reinstatement –
Appearance (**FOR POSSIBLE ACTION**)

A. Daniel Hayes

Daniel Hayes appeared via Zoom and was sworn in by President Park prior to answering questions or offering testimony.

Greg Zunino presented background on the application and questioned why Mr. Hayes was applying for reinstatement to an Inactive status, if he ever plans to move back to Nevada, what Arizona PRN group is doing to monitor his progress with his mental health. Mr. Zunino asked if his mental health condition was related to the diversion, and if he felt that he had progressed with his mental health.

Mr. Hayes answered all questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Pharmacist Registration Reinstatement for Daniel Hayes, pursuant to him continuing treatment for the remainder of the two (2) year period from his Arizona Board Orders, with quarterly reports being submitted to the Nevada Board of Pharmacy.

Second: Adam Porath

Action: Passed unanimously.

Adam Porath was excused from the meeting at 2:45PM.

19. Applications for Controlled Substance Registration (NRS 453.226) – Appearance
(**FOR POSSIBLE ACTION**)

B. Charlise Duffy-Wilcox

Charlise Duffy-Wilcox appeared via Zoom and was sworn in by President Park prior to answering questions or offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, presented background on the application and asked Ms. Duffy-Wilcox to give an overview of the disclosures listed on her application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Applications for Controlled Substance Registration for Charlise Duffy-Wilcox.

Second: Krystal Freitas

Action: Passed unanimously.

Gener Tejero was excused from the meeting at 2:52PM.

C. James Michael Murphy

James Michael Murphy appeared via Zoom and was sworn in by President Park prior to answering questions or offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, presented background on the application and asked Mr. Murphy to give an overview of the disclosure listed on his application.

President Park questioned if the medical board placed any restrictions on his Nevada medical license.

Mr. Wuest asked Mr. Murphy if he was familiar with the Nevada PMP program.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Applications for Controlled Substance Registration for James Michael Murphy with the requirement to meet with Darla Zarley from the Nevada Board of Pharmacy PMP staff.

Second: Krystal Freitas

Action: Passed unanimously.

22. General Counsel Report.

Gregory Zunino presented the General Counsel's Report to the Board.

24. Date and Location of Next Scheduled Board Meeting:

July 17-18, 2024 – Reno, NV

25. Public Comment

President Park opened the floor for public comment.

There was no public comment.

26. Adjournment

DRAFT

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4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada	☒ Out-of-State
^a Is the business also a wholesaler? (NRS 639.016)		☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.			
Type of Application (check applicable box)		MDEG Business Type (check applicable box)	
☐ New MDEG ☒ Ownership Change* ☒ Name Change* ☐ Location Change*	* If making a change, provide current license number: M <u>MP01521</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information

Facility Name: Quality Assured Services, Inc. dba Acelis Connected Health Supplies

MDEG Physical Address: 490 NW 60th Place, Suite 4

City: Gainesville State: FL Zip: 32607

Mailing Address (if different from physical address): 30 S. Keller Road, Suite 100B

City: Orlando State: FL Zip: 32810

Telephone: 877-217-1485 Website: www.acelis.com

Email: allison.friedman1@abbott.com

Name of MDEG Administrator (NAC 639.694): Theodore Walker

Entities the MDEG will Serve

- ☒ Patients by prescriptions
- ☐ Pharmacies^a
- ☐ Practitioners^a
- ☐ Hospitals/Clinics^a
- ☐ Clinics^a
- ☐ Wholesalers^a
- ☐ Other business entities (specify)^a:

This application is ONLY required if MDEG products will be sold to patients by prescription.

^aIf MDEG products will ALSO be sold to the Entities with an (^a) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: [Businesses \(nv.gov\)](https://www.nv.gov/businesses)

Type of MDEG products that will be sold (check all applicable)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Parenteral and Enteral Equipment**
- ☐ Assistive Equipment
- ☐ Diabetic Supplies
- ☐ Orthotics and Prosthetics
- ☒ Others: VAD supplies

**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____

Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 8:30a-5:00p	☒ Tue: 8:30a-5:00p	☒ Wed: 8:30a-5:00p	☒ Thurs: 8:30a-5:00p	☒ Fri: 8:30a-5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company

	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

See attached list.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
 - A practicing health professional; or
 - A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
- As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

December 1, 2023

To whom it may concern,

With regard to Section 2 (History of Company) Question 5, which reads “Has the corporation, any certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?”, Quality Assured Services, Inc. dba Acelis Connected Health Supplies has surrendered the following permits for its Orlando office, located at 30. S. Keller Road, Orlando, FL 32810 and which currently holds Nevada license number MP00011.

State	License Type	License Number	Surrender Date	Surrender Reason
Michigan	Manufacturer and Wholesaler License	5306002834	6/30/2020	Discontinued wholesale services.
Oklahoma	Wholesaler distributor	88W5745	1/31/2020	Discontinued wholesale services.
Vermont	Wholesale Distribution	39.0106802	7/31/2019	Discontinued wholesale services.
Maine	Retail Supplier of Medical Oxygen and Oxygen Devices	MGD80001115	5/16/2022	Organization held incorrect license type. No license available for HME/Medical Devices.
Pennsylvania	Drug & Device Registration	6000009225	5/16/2022	Not required for organizations shipping direct to consumer.

All surrenders were voluntary, and were decisions made by the business.

Best Regards,



Allison Friedman
Regulatory Analyst
Acelis Connected Health

Section 5: Publicly Traded Corporation

State of Incorporation: Illinois
Parent Company (if any): N/A
Corporation Name: Abbott Laboratories
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (224) 667-6100 Email: ted.walker@abbott.com
Contact Person Name: Ted Walker
Date of SEC Registration: Inc. 3/6/1900 SEC Registration Number: 1-2189 Stock Exchange Symbol: ABT

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Abbott Laboratories
Corporation/Organization Name: Alere US Holdings, LLC
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (224) 667-6100 Email: ted.walker@abbott.com
Contact Person Name: Ted Walker

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 8: Sole Owner

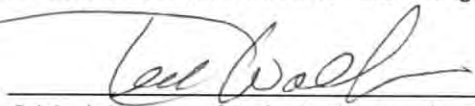
Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• "Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THEODORE WALKER

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

1/15/24
Date

Board Use Only

Date Received: 1/16/24

Amount: \$500.00

Acelis Connected Health

VAD

Medicaid Enrollments

State	NPI	Provider ID	Enrollment Effective Date
AR	1154462026	305530716	Wednesday, November 2, 2022
CA	1154462026	100245154	Thursday, December 9, 2021
CO	1154462026	90000214228	Saturday, October 1, 2022
DC	1154462026	037845871	Monday, August 31, 2020
DE	1154462026	250697856	Monday, February 13, 2023
FL	1043209877	110070300	Tuesday, April 6, 2021
GA	1154462026	003284009A	Saturday, April 1, 2023
IL	1043209877	593437644001	Saturday, August 31, 2019
ID	1154462026	1154462026	Monday, April 3, 2023
IA	1154462026	219933	Wednesday, August 10, 2016
IN	1154462026	300050223	Thursday, April 15, 2021
KS	1154462026	30003947440002	Friday, November 18, 2022
KY	1043209877	7100767960	Wednesday, September 1, 2021
MA	1154462026	110199223A	Thursday, June 22, 2023
MD	1154462026	040026201	Thursday, May 18, 2023
MI	1043209877	VS0177242	Tuesday, November 23, 2021
MN	1043209877	1043209877	Tuesday, April 18, 2023
MO	1154462026	830105188	Tuesday, January 4, 2022
MS	1154462026	200003292	Thursday, March 2, 2023
MT	1154462026	0001665976	Wednesday, March 29, 2023
NC	1154462026		Wednesday, February 1, 2023
NE	1154462026	10027804500	Friday, December 30, 2022
NJ	1154462026	593437644	Monday, August 20, 2018
NY	1154462026	04912378	Friday, August 31, 2018
OH	1154462026	0458803	Wednesday, September 8, 2021
OK	1154462026	100799440 B	Wednesday, December 21, 2022
OR	1154462026	500816899	Wednesday, March 1, 2023
PA	1043209877	001738332	Monday, August 7, 2017
RI	1154462026	122838	Wednesday, April 12, 2023
SC	1154462026	DM1052	Wednesday, October 19, 2022
TN	1154462026	Q079562	Tuesday, March 1, 2022
TX	1154462026	1154462026	Monday, June 19, 2023
UT	1154462026	4211132	Monday, April 3, 2023
VA	1154462026	3001522088	Friday, September 23, 2016
VT	1154462026	6713406	Monday, April 10, 2023
WA	1043209877	2176833	Friday, May 7, 2021
WI	1154462026	100191023	Saturday, January 1, 2022
WY	1154462026	222178100	Thursday, June 8, 2023

Medicare Enrollments

State	NPI	Provider ID	Enrollment Effective Date
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FL	1154462026	AA629	12/24/2004
FL	1043209877	1220920001	7/28/1998

INR

Medicaid Enrollments

State	NPI	Provider ID	Enrollment Effective Date
CA	1760418370	800325014	Monday, March 2, 2015
DC	1760418370	095705319	Thursday, August 27, 2020
FL	1760418370	012880200	Sunday, January 1, 2012
IA	1760418370	0910940	Friday, July 1, 2022
IN	1760418370	300078108	Friday, March 31, 2023
MI	1760418370	VS0177028	Saturday, October 1, 2022
MN	1760418370	NA	Wednesday, May 19, 2021
MO	1760418370	830105069	Tuesday, January 4, 2022
NJ	1760418370	200391730	Monday, August 20, 2018
NM	1760418370	87903288	Wednesday, January 1, 2014
NY	1760418370	5088913	Thursday, January 18, 2018
OH	1760418370	0460475	Wednesday, September 22, 2021
PA	1760418370	103349864-0001	Monday, August 7, 2017
TN	1760418370	Q076521	Tuesday, March 1, 2022
VA	1760418370	30014934230002	Friday, July 1, 2022
WI	1760418370	100194554	Saturday, January 1, 2022

Medicare Enrollments

State	NPI	Provider ID	Enrollment Effective Date
National	1760418370	ZZZ31828Z	11/1/2004

Quality Assured Services, Inc

Entity: Abbott Laboratories ^
% Parent Interest Held: 100
% Parent Voting Interest Held: 100
Date Acquired:
Jurisdiction Code: IL

Entity: Alere Inc.
% Parent Interest Held: 100
% Parent Voting Interest Held: 100
Date Acquired: 11/03/2017
Jurisdiction Code: DE

Entity: Alere US Holdings, LLC
% Parent Interest Held: 100
% Parent Voting Interest Held: 100
Date Acquired:
Jurisdiction Code: DE

Entity: Quality Assured Services, Inc.
% Parent Interest Held: 100
% Parent Voting Interest Held: 100
Date Acquired: 04/06/2011
Jurisdiction Code: FL



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

QUALITY ASSURED SERVICES, INC.

Filing Information

Document Number P01000103237

FEI/EIN Number [REDACTED]

Date Filed 10/25/2001

Effective Date 03/17/1997

State FL

Status ACTIVE

Last Event AMENDMENT

Event Date Filed 10/31/2017

Event Effective Date NONE

Principal Address

100 Abbott Park Road, D367 AP6D (Sales Tax)
Abbott Park, IL 60064

Changed: 03/08/2023

Mailing Address

100 Abbott Park Road, D367 AP6D (Sales Tax)
Abbott Park, IL 60064

Changed: 03/08/2023

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 10/11/2017

Address Changed: 10/11/2017

Officer/Director Detail

Name & Address

Title PRESIDENT, Director

KUNKLER, ROBERT
 100 ABBOTT PARK ROAD
 ABBOTT PARK, IL 60064

Title SECRETARY

KAESEBIER, TARA R
 100 ABBOTT PARK ROAD
 ABBOTT PARK, IL 60064

Annual Reports

Report Year	Filed Date
2021	01/06/2021
2022	03/10/2022
2023	03/08/2023

Document Images

03/08/2023 -- ANNUAL REPORT	View image in PDF format
03/10/2022 -- ANNUAL REPORT	View image in PDF format
09/15/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
09/13/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
08/10/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
01/06/2021 -- ANNUAL REPORT	View image in PDF format
03/20/2020 -- ANNUAL REPORT	View image in PDF format
05/08/2019 -- ANNUAL REPORT	View image in PDF format
11/29/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
05/09/2018 -- ANNUAL REPORT	View image in PDF format
10/31/2017 -- Amendment	View image in PDF format
10/11/2017 -- Reg. Agent Change	View image in PDF format
03/27/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
11/02/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
07/09/2015 -- Amendment	View image in PDF format
05/14/2015 -- Amendment	View image in PDF format
04/26/2015 -- ANNUAL REPORT	View image in PDF format
04/02/2015 -- Merger	View image in PDF format
04/25/2014 -- ANNUAL REPORT	View image in PDF format
07/17/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
07/15/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
04/16/2013 -- ANNUAL REPORT	View image in PDF format
08/23/2012 -- ANNUAL REPORT	View image in PDF format
04/17/2012 -- ANNUAL REPORT	View image in PDF format
01/10/2012 -- Amendment	View image in PDF format
04/20/2011 -- ANNUAL REPORT	View image in PDF format
03/31/2010 -- Merger	View image in PDF format
01/25/2010 -- ANNUAL REPORT	View image in PDF format

07/28/2009 -- ANNUAL REPORT	View image in PDF format
01/09/2009 -- ANNUAL REPORT	View image in PDF format
10/21/2008 -- Reg. Agent Change	View image in PDF format
05/12/2008 -- ANNUAL REPORT	View image in PDF format
01/25/2007 -- ANNUAL REPORT	View image in PDF format
02/24/2006 -- ANNUAL REPORT	View image in PDF format
03/28/2005 -- ANNUAL REPORT	View image in PDF format
01/07/2004 -- ANNUAL REPORT	View image in PDF format
01/09/2003 -- ANNUAL REPORT	View image in PDF format
02/04/2002 -- ANNUAL REPORT	View image in PDF format
10/25/2001 -- Domestic Profit	View image in PDF format

Florida Department of State - Division of Corporations

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Quality Assured Services, Inc. MDEG License # (if applicable) MP00011
Physical Address 490 NW 60th Place, Suite 4
City Gainesville State FL Zip 32607
Mailing Address (if different from physical address) 30 S. Keller Road, Suite 100B
City Orlando State FL Zip 32810
Telephone 866-683-7331 Website www.acelis.com
Licensing Company Email allison.friedman1@abbott.com

Section 2: Personal Information

First Theodore Middle Wayd Last Warner
Alias(es, nicknames, name changes, etc.) TEO
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] Warner Dr
City Chuluota State FL Zip 32766
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

NAC 639.694

1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. 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;
 - d. Be employed by 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
 - e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. 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 days after the beginning of the employment.
4. 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.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
 - a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
 - b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
 - a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ROLLINS COLLEGE		From - To (MM/YY - MM/YY) 8/93 - 5/91	
Address 1000 HOLT AVE	City WINTER PARK	State FL	Zip 32789
Diploma/Degree obtained, if any MASTERS BUSINESS ADMINISTRATION			
School Name UNV of Central Florida		From - To (MM/YY - MM/YY) 8/90 - 6/93	
Address 4000 Central Florida Blvd	City ORLANDO	State FL	Zip 32816
Diploma/Degree obtained, if any B.S.B.A.			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 8/2016 -	Address [REDACTED] Warner Dr	City Chuluota	State FL	Zip 32766
From - To (MM/YY - MM/YY) 8/2009 - 8/2016	Address [REDACTED] N. Tracy Ct	City Chuluota	State FL	Zip 32766
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name <i>Quality Assurance Inc</i>		From - To (MM/YY - MM/YY) <i>4/09 - Current</i>	
Business Address <i>30 S. Keller Rd</i>		City <i>OKLAHOMA</i>	State <i>FL</i> Zip <i>32810</i>
Phone <i>866-883-7331</i>	Title <i>Director</i>		Number of Employed Hours <i>29120</i>

Description of Duties
Manage operation of the business

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.	X	

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

10/5/23
 Date

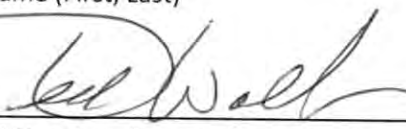
I, THEODORE WALKER, certify that as the MDEG Administrator for
Quality Assured Service

that I (initial that you have read and meet the following requirements):

1. TW Have a high school diploma or its equivalent;
2. TW Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. TW Will be employed by 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
4. TW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THEODORE WALKER
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

11/15/23
Date

Board Use Only

Date Received: 1/16/24

Disciplinary Action

This attachment serves to explain the affirmative answer to Question 8 of Theodore Walker's Administrator Application for Quality Assured Services, Inc., d.b.a. Acelis Connected Health Supplies' ("QAS").

Theodore Walker is currently an employee of QAS.

Alere Home Monitoring, Inc, ("AHM") an affiliated entity (subsidiary of Abbott Laboratories) operated as a licensed wholesaler in California and previously held a California Wholesale Permit. Prior to May 1, 2015, AHM applied for the renewal of its Wholesale Permit. However, AHM's renewal application could not be processed because it's then designated representative, Theodore Walker, no longer held an active Designated-Representative License. As a result, AHM's Wholesale Permit expired on May 1, 2015. AHM's Wholesale Permit was publicly reproved by the California Board of Pharmacy on March 8, 2017 after settling accusations over AHM's failure to comply with the regulatory requirements of a wholesaler, including engaging in wholesaler activity without an actively licensed designated representative present.

Prior to this settlement, AHM had never been the subject of any disciplinary action and AHM accepted responsibility at an early stage in the proceedings.

Respectfully,

A handwritten signature in black ink, appearing to read "Ted Walker", with a long horizontal flourish extending to the left.

Ted Walker
Director, VAD
Acelis Connected Health

1 XAVIER BECERRA
Attorney General of California
2 DIANN SOKOLOFF
Supervising Deputy Attorney General
3 SUSANA A. GONZALES
Deputy Attorney General
4 State Bar No. 253027
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 879-0266
Facsimile: (510) 622-2270
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. [REDACTED]

12 **ALERE HOME MONITORING INC.**
13 **6465 National Drive**
Livermore, CA 94550

OAH No. 2016100938

14 Wholesale Permit No. WLS 6079

15 and

16 **THEODORE LLOYD WALKER**
17 **6465 National Drive**
Livermore, CA 94550

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER FOR PUBLIC
REPROVAL [THEODORE LLOYD
WALKER, Designated Representative
License No. EXC 22009 ONLY]**

[Bus. & Prof. Code § 495]

18 Designated Representative License No. EXC
19 22009

20 Respondents.

21
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
23 entitled proceedings that the following matters are true:

24 PARTIES

25 1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy
26 (Board). She brought this action solely in her official capacity and is represented in this matter by
27 Xavier Becerra, Attorney General of the State of California, by Susana A. Gonzales, Deputy
28 Attorney General.

2. Theodore Lloyd Walker ("Respondent Walker") is represented in this proceeding by attorney Lara D. Compton, whose address is 633 W. Fifth Street, Suite 1700, Los Angeles, CA 90071.

3. On or about November 8, 2012, the Board of Pharmacy issued Designated Representative License Number EXC 22009 to Theodore Lloyd Walker ("Respondent Walker"). The Designated Representative License expired on November 1, 2014, and was cancelled on April 8, 2015. Respondent Walker was the Designated Representative-in-Charge of Alero Home Monitoring, Inc. from May 16, 2013, through August 5, 2015.

JURISDICTION

4. Accusation No. 5785 was filed before the Board of Pharmacy ("Board"), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 3, 2016. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 5785 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 5785. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 8. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 5785, if proven at a hearing, constitute cause for imposing discipline upon his Designated
4 Representative License No. EXC 22009.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
8 those charges.

9 10. Respondent agrees that his Designated Representative License is subject to discipline
10 and he agrees to be bound by the Disciplinary Order below.

11 CIRCUMSTANCES IN MITIGATION

12 11. Respondent Walker has never been the subject of any disciplinary action. He is
13 accepting responsibility at an early stage in the proceedings.

14 CONTINGENCY

15 12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
16 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
17 communicate directly with the Board regarding this stipulation and settlement, without notice to
18 or participation by Respondent or his counsel. By signing the stipulation, Respondent
19 understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation
20 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation
21 as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Repeval
22 shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action
23 between the parties, and the Board shall not be disqualified from further action by having
24 considered this matter.

25 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order for Public Repeval, including
27 Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and
28 effect as the originals.

1 14. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended by
2 the parties to be an integrated writing representing the complete, final, and exclusive embodiment
3 of their agreement. It supersedes any and all prior or contemporaneous agreements,
4 understandings, discussions, negotiations, and commitments (written or oral). This Stipulated
5 Settlement and Disciplinary Order for Public Reprimand may not be altered, amended, modified,
6 supplemented, or otherwise changed except by a writing executed by an authorized representative
7 of each of the parties.

8 15. In consideration of the foregoing admissions and stipulations, the parties agree that
9 the Board may, without further notice or formal proceeding, issue and enter the following
10 Disciplinary Order:

11 DISCIPLINARY ORDER

12 IT IS HEREBY ORDERED that Designated Representative License No. EXC 22009,
13 issued Theodore Lloyd Walker ("Respondent Walker") shall be publicly reprimanded by the Board of
14 Pharmacy under Business and Professions Code section 495 in resolution of Accusation No.
15 5785, attached as exhibit A.

16 ACCEPTANCE

17 I have carefully read the above Stipulated Settlement and Disciplinary Order for Public
18 Reprimand and have fully discussed it with my attorney, Lara Compton. I understand the
19 stipulation and the effect it will have on Designated Representative License. I enter into this
20 Stipulated Settlement and Disciplinary Order for Public Reprimand voluntarily, knowingly, and
21 intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

22
23 DATED: 3/8/2017

Theodore Lloyd Walker
THEODORE LLOYD WALKER
Respondent

24
25 ///

26 ///

27 ///

28 ///

1 I have read and fully discussed with Respondent Theodore Lloyd Walker the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order
3 for Public Reapproval. I approve its form and content.

4
5 DATED: 3/8/2017


6 LARA COMPTON
7 Attorney for Respondent

8 ENDORSEMENT

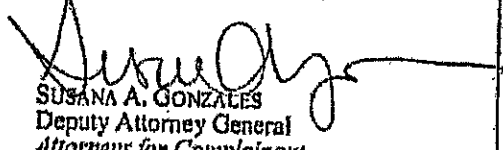
9 The foregoing Stipulated Settlement and Disciplinary Order for Public Reapproval is hereby
10 respectfully submitted for consideration by the Board of Pharmacy of the Department of
11 Consumer Affairs.

12 Dated:

13 3/8/17

14 Respectfully submitted;

15 XAVIER BECERRA
16 Attorney General of California
17 DIANN SOKOLOFF
18 Supervising Deputy Attorney General


19 SUSANA A. GONZALES
20 Deputy Attorney General
21 Attorneys for Complainant

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23 90767244.docx

1 KAMALA D. HARRIS
Attorney General of California
2 DIANN SOKOLOFF
Supervising Deputy Attorney General
3 SUSANA A. GONZALES
Deputy Attorney General
4 State Bar No. 253027
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2221
Facsimile: (510) 622-2270
7 Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 5785

12 ALERE HOME MONITORING INC.
6465 National Drive
13 Livermore, CA 94550

ACCUSATION

14 Wholesale Permit No. WLS 6079

15 and

16 THEODORE LLOYD WALKER
6465 National Drive
17 Livermore, CA 94550

18 Designated Representative License No. EXC
22009

19
20 Respondents.

21
22 Complainant alleges:

23 PARTIES

24 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
25 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

26 2. On or about May 16, 2013, the Board of Pharmacy issued Wholesale Permit Number
27 WLS 6079 to Alere Home Monitoring Inc. ("Respondent Alere"). The Wholesale Permit expired
28 on May 1, 2016, and is currently delinquent.

3. On or about November 8, 2013, the Board of Pharmacy issued Designated Representative License Number EXC 22009 to Theodore Lloyd Walker ("Respondent Walker"). The Designated Representative License expired on November 1, 2014, and was cancelled on April 8, 2015. Respondent Walker was the Designated Representative-in-Charge of Respondent Alere from May 16, 2013, through August 5, 2015.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy ("Board"), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300, subdivision (a), of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

8. Section 118, subdivision (b), of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Registrar of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated. Under Code section 7076.1, the Registrar may reinstate a cancelled license if the licensee pays all of the fees and meets all of the qualifications and requirements for obtaining an original license.

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1 at least one designated representative, in the case of a wholesaler, or designated representative-
2 3PL in the case of a third-party logistics provider, shall be present.

3 "(d) Every wholesaler shall be supervised or managed by a designated representative-in-
4 charge. The designated representative-in-charge shall be responsible for the wholesaler's
5 compliance with state and federal laws governing wholesalers. As part of its initial application for
6 a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide
7 identifying information and the California license number for a designated representative or
8 pharmacist proposed to serve as the designated representative-in-charge. The proposed designated
9 representative-in-charge shall be subject to approval by the board. The board shall not issue or
10 renew a wholesaler license without identification of an approved designated representative-in-
11 charge for the wholesaler. The designated representative-in-charge shall maintain an active license
12 as a designated representative with the board at all times during which he or she is designated as
13 the designated representative-in-charge.

14 ...

15 "(f) A wholesaler shall notify the board in writing, on a form designed by the board, within
16 30 days of the date when a designated representative-in-charge ceases to act as the designated
17 representative-in-charge, and shall on the same form propose another designated representative or
18 pharmacist to take over as the designated representative-in-charge. The proposed replacement
19 designated representative-in-charge shall be subject to approval by the board. If disapproved, the
20 wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall
21 continue to name proposed replacements until a designated representative-in-charge is approved
22 by the board."

23 13. Code section 4101, subdivision (b), states:

24 "A designated representative or a pharmacist may take charge of, and act as, the designated
25 representative-in-charge of a wholesaler or veterinary food-animal drug retailer upon application
26 by the wholesaler or veterinary food-animal drug retailer and approval by the board. A designated
27 representative-in-charge who ceases to act as the designated representative-in-charge at that entity
28 shall notify the board in writing within 30 days of the date of that change in status."

1 14. California Code of Regulations, title 16, section 1784 states, in pertinent part:

2 "(a) The designated representative-in-charge of each wholesaler as defined under section
3 4160 of the Business and Professions Code shall complete a self-assessment of the wholesaler's
4 compliance with federal and state pharmacy law. The assessment shall be performed before July 1
5 of every odd-numbered year. The primary purpose of the self-assessment is to promote
6 compliance through self-examination and education.

7 ...

8 "(d) Each self-assessment shall be kept on file in the licensed wholesale premises for three
9 years after it is completed.

10 "(e) The wholesaler is jointly responsible with the designated representative-in-charge for
11 compliance with this section."

12 COST RECOVERY

13 15. Section 125.3 of the Code provides, in pertinent part, that the Registrar may request
14 the administrative law judge to direct a licensee found to have committed a violation or
15 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
16 and enforcement of the case.

17 FACTUAL ALLEGATIONS

18 16. Prior to May 1, 2015, the Board received a permit renewal application and fee
19 payment from Respondent Alere for the renewal of their Wholesale Permit. The Board flagged
20 the renewal application and determined that the renewal could not be processed because the
21 designated representative license of Respondent Alere's designated representative, Respondent
22 Walker, was expired. Respondent Walker's license expired on November 1, 2014, and after
23 failing to respond to communication from the Board, Respondent Walker's license was cancelled
24 on April 8, 2015. The Board did not receive any communication from Respondent Alere
25 requesting approval of a new designated representative. The Board could not process Respondent
26 Alere's renewal application because it lacked a valid designated representative, and, therefore, its
27 Wholesale Permit expired on May 1, 2015.

28 ///

1 17. On or about August 10, 2015, the Board received a "Change of Representative In
2 Charge" form from Respondent Alere. The form identified a new designated representative,
3 effective August 5, 2015. The Board processed Respondent Alere's Wholesale Permit renewal
4 and approved its new designated representative.

5 18. On or about September 18, 2015, a Board Inspector conducted a complaint-related
6 inspection at Respondent Alere's place of business. The inspector requested and received
7 documentation related to Respondent Alere's sales activity for prescription items sold between
8 November 1, 2014, and September 18, 2015. The report showed 85 sales transactions for items
9 requiring a wholesale permit between November 1, 2014, through May 15, 2015. There was no
10 sales activity for the prescription items requiring a wholesale permit after May 15, 2015.

11 **RESPONDENT ALERE**

12 **FIRST CAUSE FOR DISCIPLINE**

13 (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subd. (a))
14 (Engaging in Wholesaler Activity Without an Active License)

15 19. Respondent Alere has subjected its Wholesale Permit to disciplinary action in that it
16 engaged in wholesaler activity after its license expired on May 1, 2015. (Bus. & Prof. Code, §§
17 4301, subd. (o), 4160, subd. (a).) Respondent Alere's sales transactions report indicated at least
18 three sales transactions requiring a wholesale permit between May 1, 2015, and May 15, 2015,
19 after Respondent Alere's wholesale permit had expired. The circumstances are set forth in further
20 detail in paragraphs 16 through 18, above.

21 **SECOND CAUSE FOR DISCIPLINE**

22 (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subd. (c)(1))
23 (Acting as a Wholesaler Without a Designated Representative Present)

24 20. Respondent Alere has subjected its Wholesale Permit to disciplinary action in that it was
25 open for business and engaged in wholesaler activity during a time in which it did not have a
26 currently licensed designated representative present. (Bus. & Prof. Code, §§ 4301, subd. (o), 4160,
27 subd. (c)(1).) Specifically, Respondent Walker's license expired on November 1, 2014. Respondent
28 Alere did not identify a new designated representative until August 2015. The circumstances are set
forth in further detail in paragraphs 16 through 18, above.

///

1 THIRD CAUSE FOR DISCIPLINE

2 (Bus. & Prof. Code, §§ 4301, subd. (c), 4160, subd. (d))
3 (Operating as a Wholesaler Without a DRIC)

4 21. Respondent Alere has subjected its Wholesale Permit to disciplinary action in that it
5 operated as a wholesaler without a designated representative. (Bus. & Prof. Code, §§ 4301, subd.
6 (c), 4160, subd. (d).) Specifically, Respondent Walker's license expired on November 1, 2014.
7 Respondent Alere did not identify a new designated representative until August 2015. The
8 circumstances are set forth in further detail in paragraphs 16 through 18, above.

9 FOURTH CAUSE FOR DISCIPLINE

10 (Bus. & Prof. Code, §§ 4301, subd. (c), 4160, subd. (f))
11 (Failure to Notify Board of No Designated Representative)

12 22. Respondent Alere has subjected its Wholesale Permit to disciplinary action in that it
13 failed to notify the Board within 30 days of the date in which Respondent Walker was no longer
14 the designated representative. (Bus. & Prof. Code, §§ 4301, subd. (c), 4160, subd. (f).)
15 Specifically, Respondent Walker's license expired on November 1, 2014. Respondent Alere did
16 not identify a new designated representative until August 2015. The circumstances are set forth in
17 further detail in paragraphs 16 through 18, above.

18 FIFTH CAUSE FOR DISCIPLINE

19 (Cal. Code Regs., tit. 16, sec 1784, subds. (a), (d), (e))
20 (Failure of Designated Representative to Complete Required Self-Assessment)

21 23. Respondent Alere has subjected its Wholesale Permit to disciplinary action in that it
22 failed to cause Respondent Walker, its designated representative, to submit the required self-
23 assessment of its compliance with federal and state pharmacy law. (Cal. Code Regs., tit. 16, sec
24 1784, subds. (a), (d), (e).) Specifically, Respondent Alere failed to have Respondent Walker
25 complete a self-assessment on July 1, 2015. Respondent Alere was educated of its need to
26 complete a self-assessment every odd year during a prior inspection in 2013.

27 ///

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1 RESPONDENT WALKER

2 FIRST CAUSE FOR DISCIPLINE

3 (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subds. (a), (d))
4 (Engaging in Wholesaler Activity Without an Active License)

5 24. Respondent Walker has subjected his Designated Representative License to
6 disciplinary action in that Respondent Alere engaged in wholesaler activity after its license
7 expired on May 1, 2015. (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subds. (a), (d).)
8 Respondent Alere's sales transactions report indicated at least three sales transactions requiring a
9 wholesale permit between May 1, 2015, and May 15, 2015, after Respondent Alere's wholesale
10 permit had expired. The circumstances are set forth in further detail in paragraphs 16 through 18,
11 above.

12 SECOND CAUSE FOR DISCIPLINE

13 (Bus. & Prof. Code, § 4160, subds. (o)(1), (d))
14 (Acting as a Wholesaler Without a Designated Representative Present)

15 25. Respondent Walker has subjected his Designated Representative License to
16 disciplinary action in that between November 1, 2014, the date Respondent Walker's license
17 expired, and May 15, 2015, the date of Respondent Alere's last pharmaceutical sales transaction,
18 Alere was open for business and engaged in wholesaler activity without a valid designated
19 representative present. (Bus. & Prof. Code, § 4160, subds. (o)(1), (d).) Specifically, Respondent
20 Walker's license expired on November 1, 2014. Respondent Alere did not identify a new
21 designated representative until August 2015. The circumstances are set forth in further detail in
22 paragraphs 16 through 18, above.

23 THIRD CAUSE FOR DISCIPLINE

24 (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subd. (d))
25 (Failure to Maintain an Active License While DRIC)

26 26. Respondent Walker has subjected his Designated Representative License to
27 disciplinary action in that Respondent Walker failed to maintain an active license with the board
28 during a time in which he was the designated representative-in-charge of Respondent Alere.
(Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subd. (d).) Respondent Walker allowed his license
to expire on November 1, 2014, yet he was identified as the designated representative of

1 Respondent Alere until August 5, 2015. The circumstances are set forth in further detail in
2 paragraphs 16 through 18, above.

3 FOURTH CAUSE FOR DISCIPLINE

4 (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subds. (c)(1), (f))
5 (Failure to Notify Board of No Designated Representative)

6 27. Respondent Walker has subjected his Designated Representative License to
7 disciplinary action in that in that he and Respondent Alere failed to notify the Board within 30
8 days of the date in which Respondent Walker ceased to act as the designated representative-in-
9 charge. (Bus. & Prof. Code, §§ 4301, subd. (o), 4160, subds. (c)(1), (f).) Specifically,
10 Respondent Walker's license expired on November 1, 2014. Respondent Alere did not identify a
11 new designated representative until August 2015. The circumstances are set forth in further detail
12 in paragraphs 16 through 18, above.

13 FIFTH CAUSE FOR DISCIPLINE

14 (Bus. & Prof. Code, §§ 4301, subd. (o), 4101, subd. (b))
15 (Failure to Notify Board No Longer In Charge)

16 28. Respondent Walker has subjected his Designated Representative License to
17 disciplinary action in that he failed to notify the Board within 30 days of his change in status as
18 the designated representative of Respondent Alere. (Bus. & Prof. Code, §§ 4301, subd. (o), 4101,
19 subd. (b).) Specifically, Respondent Walker's license expired on November 1, 2014. Respondent
20 Alere did not identify a new designated representative until August 2015, and Respondent Walker
21 never sent notification to the Board that he was no longer the designated representative of
22 Respondent Alere. The circumstances are set forth in further detail in paragraphs 16 through 18,
23 above.

24 SIXTH CAUSE FOR DISCIPLINE

25 (Cal. Code Regs., tit. 16, § 1784, subds. (a), (d), (e))
26 (Failure of DRIC to Complete Required Self-Assessment)

27 29. Respondent Walker has subjected his Designated Representative License to
28 disciplinary action in that he failed to submit the required self-assessment of Respondent Alere's
compliance with federal and state pharmacy law. (Cal. Code Regs., tit. 16, sec 1784, subds. (a),
(d), (e).) Specifically, Respondent Walker failed to complete a self-assessment on July 1, 2015, a

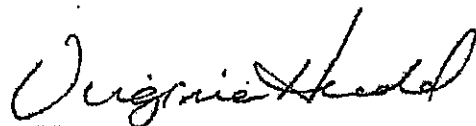
1 time in which he was still identified as the designated representative of Respondent Alere.
2 Respondent Walker was educated of his need to complete a self-assessment every odd year during
3 a prior inspection in 2013.

4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this
6 Accusation, and that following the hearing, the Board of Pharmacy issue a decision:

- 7 1. Revoking or suspending Original Wholesale Permit Number WLS 6079, issued to
8 Alere Home Monitoring Inc.;
- 9 2. Revoking or suspending Designated Representative License No. EXC 22009, issued
10 to Theodore Lloyd Walker;
- 11 3. Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the
12 investigation and enforcement of this case, pursuant to Business and Professions Code section
13 125.3;
- 14 4. Taking such other and further action as deemed necessary and proper.

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18 DATED: 7/26/16



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Acelis Connected Health
Supplies
30 South Keller Road
Suite 100B
Orlando, FL 32810

T 1 866 683 7331
F 1 888 563 9635
acelis.com

**Re: Entities: Continuum Services LLC and Quality Assured Services, Inc.
Address: 490 NW 60th St., Suite 4, in Gainesville, FL 32607**

Enclosed you will find the application and materials to transfer the warehouse located at 490 NW 60th St., Suite 4, Gainesville, FL 32607 from the control of

Continuum Services, LLC dba Continuum

to

Quality Assured Services, Inc. dba Acelis Connected Health Supplies.

Both Continuum and Acelis Connected Health Supplies are owned by Abbott Laboratories, and both companies support patients living with left ventricular assist devices by providing durable medical equipment and supplies. At this time, Continuum's customer base is being transitioned to Acelis Connected Health Supplies, who will provide the same service.

Our application is currently being processed by the Florida Agency for Health Care Administration (AHCA) and the license will be provided upon issuance by the state.

Please contact our Regulatory Analyst, Allison Friedman at Allison.friedman1@abbott.com if there are any questions, concerns, or corrections requested for this application.

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH CARE POLICY AND OVERSIGHT

Home Medical Equipment Provider
LICENSED

This is to confirm that QUALITY ASSURED SERVICES INC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and Chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

ACELIS CONNECTED HEALTH SUPPLIES

490 NW 60th Street Suite 4

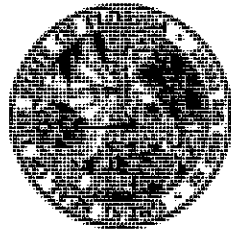
Gainesville, FL 32607

in the following counties:

ALL COUNTIES

EFFECTIVE DATE: 06/01/2024

EXPIRATION DATE: 06/02/2026



A handwritten signature in black ink, appearing to read "J. Weida".

Jason Weida, Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2024

12/5/2022

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 Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED 1486284 Quality Assured Service, Inc. dba Acelis Connected Health Supplies 30 S Keller Road Suite 100B Orlando FL 32810	INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24147

COVERAGES **CERTIFICATE NUMBER:** 18473615 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR ☒ Retro Date: 1/1/13 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	N	N	MWZZ 315913 23	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 2,000,000 ✓ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	MWTB 314334 23	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MWC 314333 23	1/1/2023	1/1/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Prof. Liability/Cyber Liability/Network Security	N	N	MWZZ 315913 23 MWZZ 315914 23	1/1/2023 1/1/2023	1/1/2024 1/1/2024	*See Below

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

Professional Liability: \$2,000,000 per occurrence/ \$2,000,000 aggregate. Cyber Liability/Network Security: \$2,000,000 each claim/\$2,000,000 aggregate.

CERTIFICATE HOLDER

18473615
Evidence of Insurance

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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Quality Assured Services, Inc. Acelis Connected Health Supplies

Gainesville, FL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

September 17, 2021

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #517389
Print/Reprint Date: 10/17/2023


Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



State of Florida

Department of State

I certify from the records of this office that QUALITY ASSURED SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on October 25, 2001, effective March 17, 1997.

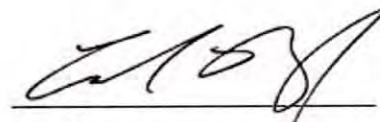
The document number of this corporation is P01000103237.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 3, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of February, 2024* •




Secretary of State

Tracking Number: 3709131136CU

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

June 3, 2024

Email: Ted.Walker@Abbott.Com

Theodore Lloyd Walker, Administrator
Acelis Connected Health Supplies
30 S Keller Road 100b
Orlando, FL 32810

File Number: 5629
License Number: 1314464
Provider Type: Home Medical Equipment
Provider

RE: Facility located at 490 NW 60th Street Suite 4, Gainesville, FL

Dear Administrator:

The enclosed Home Medical Equipment Provider license with license number 1314464 and certificate number 27115 is issued for the above provider effective June 1, 2024, through June 2, 2026. The license is being issued for approval of the change of owner application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/longtermcare>.

If we may be of further assistance, please contact me by phone at (850) 412 - 4332 or by email at Khadijah.Campbell@ahca.myflorida.com.

Sincerely,

Khadijah Campbell

Long-Term Care Services Unit
Division of Health Care Policy and Oversight.

2727 Mahan Drive • MS#33
Tallahassee, FL 32308
AHCA.MyFlorida.com



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)
[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)
[Twitter.com/AHCA_FL](https://twitter.com/AHCA_FL)

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State		
^a Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☒ No Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.		
Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information	
Facility Name: <u>BioHorizon Medical, Inc.</u>	
MDEG Physical Address: <u>3882 Del Amo Blvd, 604</u>	
City: <u>Torrance</u>	State: <u>CA</u> Zip: <u>90503</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>310-321-5830</u>	Website: <u>www.biohorizonmedical.com</u>
Email: <u>mknight@biohorizonmedical.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Mark Knight</u>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: _____ Telephone: _____
This application is ONLY required if MDEG products will be sold to patients by prescription. ^a If MDEG products will ALSO be sold to the Entities with an (^a) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	

Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 8am-5pm	☒ Tue: 8am-5pm	☒ Wed: 8am-5pm	☐ Thurs: 8am-5pm	☒ Fri: 8am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company

	Yes	No
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)?		✓
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?		✓
3 Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Medicare PTAN: 4395150001

MediCal: DME02230F

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125: Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA
Name: NA	Credentials: NA	%: NA

1 The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

- A practicing health professional; or
- A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2 As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): _____
Corporation/Organization Name: BioHorizon Medical, Inc.
Mailing Address: 3882 Del Amo Blvd, 604
City: Torrance State: CA Zip: 90503
Telephone: 310-321-5830 Email: mknight@biohorizonmedical.com
Contact Person Name: Mark Knight

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• "Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Knight

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/15/2024

Date

Board Use Only

Date Received: 2/21/24

Amount: \$500-check 30311



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2023

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 Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	CONTACT NAME: Lockton Affinity, LLC	
	PHONE (A/C, No, Ext): 800-301-8814 FAX (A/C, No): 913-652-7599 E-MAIL ADDRESS:	
INSURED Biohorizon Medical, Inc. 3882 Del Amo Boulevard, Suite 604 Torrance, CA 90503	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Pacific Employers Ins Company	22748
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			D01669849	04/13/2023	04/13/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			D01669849	04/13/2023	04/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$ \$
	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

National Supplier Clearinghouse Palmetto GBA 2300 Springdale Dr., Bldg. 1 Camden, SC 29820	1273075
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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 <i>Pat D. O'Farrell</i>



Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: BIOHORIZON MEDICAL, INC.
Entity No.: 1907299
Registration Date: 04/01/1997
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 **February 15, 2024**.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 182687733

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

Fimbres, Marco
Biohorizon Medical, Inc.
3882 Del Amo Boulevard, Suite #604
Torrance, CA 90503

LICENSE NUMBER: 116885
FIRM LICENSE NUMBER: 74711

EXPIRATION DATE: 6/22/2024

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
HOME MEDICAL DEVICE RETAIL LICENSE

Biohorizon Medical, Inc.
3882 Del Amo Boulevard, Suite #604
Torrance, CA 90503

LICENSE NUMBER: 74711
EXPIRATION DATE: 9/2/2024

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH**

Home Medical Device Retail Exemptee License

**Bhatt, Bhavan
Biohorizon Medical, Inc.
3882 Del Amo Boulevard, Suite #604
Torrance, CA 90503**

**LICENSE NUMBER: 116886
FIRM LICENSE NUMBER: 74711**

EXPIRATION DATE: 6/22/2024

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500



October 13, 2021

Mark Edward Knight
President/ CEO
BioHorizon Medical, Inc.
3882 Del Amo Boulevard, 604
Torrance, CA 90503

Joint Commission ID #: 478179
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 10/12/2021

Dear Mr. Knight:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning August 21, 2021 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BioHorizon Medical

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3882 Del Amo Blvd, 604

City Torrance State CA Zip 90503

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 310-321-5830 x203 Website www.biohorizonmedical.com

Licensing Company Email mknight@biohorizonmedical.com

Section 2: Personal Information

First Mark Middle _____ Last Knight

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Clark Lane [REDACTED]

City Redondo Beach State CA Zip 90278

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

- | | Yes | No |
|--|-----|----|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

- | | Yes | No |
|--|-----|----|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of California, Santa Barbara		From - To (MM/YY - MM/YY) 09/79 - 06/82	
Address 6521 Del Playa #A	City Isla Vista	State CA	Zip 93117
Diploma/Degree obtained, if any Biology BA and Environmental Studies BA			
School Name Humboldt State University		From - To (MM/YY - MM/YY) 09/76 - 06/78	
Address	City Arcata	State CA	Zip 95521
Diploma/Degree obtained, if any			
School Name El Camino Real High School		From - To (MM/YY - MM/YY) 09/71 - 06/74	
Address 5440 Valley Circle Blvd	City Woodland Hills	State CA	Zip 90367
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/04 - Current	Address [REDACTED] Clark Lane [REDACTED]	City Redondo Beach	State CA	Zip 90278
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name BioHorizon Medical, Inc.		From - To (MM/YY - MM/YY)	
Business Address 3882 Del Amo Blvd, 604	City Torrance	State CA	Zip 90503
Phone 310-321-5830	Title President/ CEO		
Description of Duties Manage and direct all matters of the Company, included but not limited to, department affairs, personnel, legal, financial and administrative.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name GeoHorizon Medical, Inc.		From - To (MM/YY - MM/YY) 4/1/97 - 6/11/24	
Business Address 2442 Del Amo Blvd, 604		City Torrance	State CA
Phone 70-321-5830	Title President/ CEO	Zip 90503	
Description of Duties		Number of Employed Hours >41,600 (10+ years)	

Manage and direct all matters of the Company, included but not limited to, department affairs, personnel, legal, financial and administrative.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Knight

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-16-2024
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

*See attached
CA Compliant Jurat*

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

JURAT

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

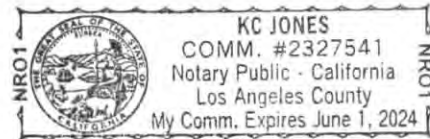
State of California
County of Los Angeles } SS.

Subscribed and sworn to (or affirmed) before me on this 16th day of February, 2024, by

Mark Knight, proved to me on the
(Name of signer)

basis of satisfactory evidence to be the person(s) who appeared before me.

KC Jones
Signature of Notary Public



(Notary Seal)

Additional Information

Description of Attached Document

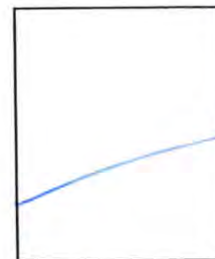
Title or Type of Document: Personal History Application

Document Date: 2/16/2024 Number of Pages: 7

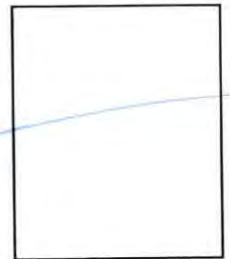
Signer(s) Other Than Named Above: none

Capacity Claimed by the Signer

Individual(s)
Corporate Officer _____
Partner(s) _____ (Title)
Attorney-in-Fact
Trustee(s)
Guardian / Conservator
Other _____



Right Thumb Print



Right Thumb Print

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information			
Name of MDEG	BioHorizon Medical, Inc.		MDEG License # (if applicable)
Physical Address	3882 Del Amo Blvd, 604		
City	torrance	State	CA Zip 90503
Mailing Address (if different from physical address)			
City		State	
Telephone	310-321-5830 x203	Website	www.biohorizonmedical.com
Licensing Company Email	mknight@biohorizonmedical.com		

Section 2: Personal Information			
First	Mark Knight	Middle	
Last	Knight		
Alias(es, nicknames, name changes, etc.)			
Date of Birth		SSN or ITIN	
Sex	☒ M	☐ F	☐ X
Mailing Address	Clark Lane		
City	Redondo Beach	State	CA Zip 90278
Telephone		Email	
Are you a citizen of the United States?	☒ Yes	☐ No	

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UNiversity of California, Santa Barbara		From - To (MM/YY - MM/YY) 09/79 - 06/82	
Address 6521 Del Playa #A	City Isla Vista	State CA	Zip 93117
Diploma/Degree obtained, if any Biology BA and Environmental Studies BA			
School Name Humboldt State University		From - To (MM/YY - MM/YY) 09/76 - 06/78	
Address	City Arcata	State CA	Zip 95521
Diploma/Degree obtained, if any			
School Name El Camino Real High School		From - To (MM/YY - MM/YY) 09/71 - 06/74	
Address 5440 Valley Circle Blvd	City Woodland Hills	State CA	Zip 90367
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/04 - Current	Address [REDACTED] Clark Lane [REDACTED]	City Redondo Beach	State CA	Zip 90278
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Horizon Medical, Inc.		From - To (MM/YY - MM/YY) 4/1/97 - 6/11/24	
Business Address 2002 Del Amo Blvd, 604		City Torrance	State CA
Phone 0-321-5830	Title President/ CEO		Zip 90503
Number of Employed Hours >41,600 (10+ years)			
Description of Duties Manage and direct all matters of the Company, included but not limited to, department affairs, personnel, legal, financial and administrative.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Continue on next page if additional space is needed.			

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
BioHorizon Medical, Inc.			
Business Address	City	State	Zip
3882 Del Amo Blvd, 604	Torrance	CA	90503
Phone	Title	Number of Employed Hours	
310-321-5830	President/ CEO	>41,600 (10+ years)	
Description of Duties			
Manage and direct all matters of the Company, included but not limited to, department affairs, personnel, legal, financial and administrative.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone*	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History			Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?				✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.				✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, MARK KNIGHT, certify that as the MDEG Administrator for
BIOHORIZON MEDICAL, INC.

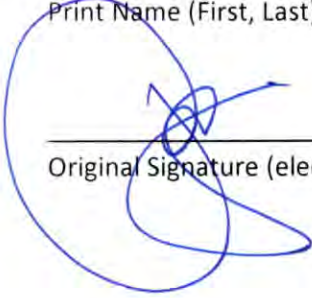
that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. X Will be employed by 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
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Knight

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

2/15/2024

Date

Board Use Only

Date Received: _____

Officers of BioHorizon Medical, Inc. :

President: Mark Knight

Secretary: Mark Knight

Treasurer: Mark Knight

Directors of BioHorizon Medical, Inc. :

Mark Knight

Mark Knight

BioHorizon Medical, Inc.

(310)321-5830 x203 Off

(310) 321.5428 Fax

mknight@biohorizonmedical.com

Confidentiality Notice: This transmission and attachments may contain confidential or legally privileged company, employee or protected patient health information that is intended only for the individual or entity named in the address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents herein is strictly prohibited, may violate local, state or federal law and incur serious penalties, including imprisonment. If you have received this transmission in error, please reply to the sender, so that arrangements can be made for proper delivery or immediate destruction. Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/07/2024

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 Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	CONTACT NAME: Lockton Affinity, LLC		
	PHONE (A/C, No, Ext): 800-301-8814	FAX (A/C, No): 913-652-7599	
INSURED Biohorizon Medical, Inc. 3882 Del Amo Boulevard, Suite 604 Torrance, CA 90503	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Pacific Employers Ins Company		22748
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL 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:		D01669849-01	04/13/2024	04/13/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		D01669849-01	04/13/2024	04/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location 101 Address: 3882 Del Amo Blvd Ste 604, Torrance, CA 90503
Location 201 Address: 950 S BASCOM AVENUE, San Jose, CA 95128

CERTIFICATE HOLDER

CANCELLATION

National Supplier Clearinghouse Palmetto GBA 2300 Springdale Dr., Bldg. 1 Camden, SC 29820	1273075
	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 <i>Paul D. O'Flaherty</i>	

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4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada	☒ Out-of-State
Is the business also a wholesaler? (NRS 639.016)		☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.			
Type of Application (check applicable box)		MDEG Business Type (check applicable box)	
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information

Facility Name: Horizon Wound Care, LLC

MDEG Physical Address: 6777 Camp Bowie Blvd., Ste. 332

City: Fort Worth State: TX Zip: 76116

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 817-353-2062 Website: _____

Email: kdouglas@thewoundpros.com

Name of MDEG Administrator (NAC 639.694): Kristie Douglas

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others: <u>Durable Medical Equipment</u>
This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf MDEG products will ALSO be sold to the Entities with an (a) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9:00a-5:00p	☒ Tue: 9:00a-5:00p	☒ Wed: 9:00a-5:00p	☒ Thurs: 9:00a-5:00p	☐ Fri:
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
8217610001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A practicing health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals. 2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas
Parent Company (if any): _____
Corporation/Organization Name: Horizon Wound Care, LLC
Mailing Address: 6777 Camp Bowie Blvd., Ste. 332
City: Fort Worth State: TX Zip: 76116
Telephone: _____ Email: Kdouglas@horizonwoundcare.com
Contact Person Name: Kristie Douglas

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• ^a Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Garrett Adams

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

April 28, 2024

Date

Board Use Only

Date Received: 5/16/24

Amount: _____



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Horizon Wound Care, LLC (file number 804856664), a Domestic Limited Liability Company (LLC), was filed in this office on December 28, 2022.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: December 30, 2022

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 26, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
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.

HORIZON WOUND CARE LLC
6777 CAMP BOWIE BLVD STE 332
FORT WORTH TX 76116



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT



Pursuant to Health and Safety Code Chapter 432 (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:

DEVICE DISTRIBUTOR

License # 1003158
Expires: January 5, 2025

J. L. Stoltz, MD

Commissioner

0135

513894



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/04/2024

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  Craig Bagley 1916 Martin Drive Suite 300 Weatherford TX 760866701	CONTACT NAME: Craig Bagley PHONE (A/C, No, Ext): 817-596-0241 E-MAIL ADDRESS: craig.bagley.c4a3@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Lloyds INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 43419
INSURED HORIZON WOUND CARE LLC 6777 CAMP BOWIE BLVD STE 332 FORT WORTH TX 761167196		

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	ADD INSD	SUB 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	93-GX-S015-6	01/10/2024	01/10/2025	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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

NATIONAL PROVIDER ENROLLMENT (NPE) WEST PALMETTO GBA, AG-495 PO BOX 100142 COLUMBIA SC 29202-3142	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  This form was system-generated on 04/04/2024
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NEVADA STATE BOARD OF PHARMACY

Section 9: Provide all the applicable documents with your application based on your business type. Required documents are indicated by an “[checkmark]” on the right:

- **List of all Officers and Directors**

Garrett Adams
Sole Member and Managing Member

- **Certificate of Corporate Status or Certificate of Good Standing**

See **EXHIBIT “A”**

- **Medical Products provider located outside of this State must submit evidence that the medical products provider is licensed permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable)**

See **EXHIBIT “B”**

- **Copy of proof of insurance (NAC 639.6946)**

See **EXHIBIT “C”**

- **Personal History Record Application**

See **EXHIBIT “D”**

- **MDEG Administrator Application (NAC 639.694)**

See **EXHIBIT “E”**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Horizon Wound Care, LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 6777 Camp Bowie Blvd., Ste. 332
 City Fort Worth State TX Zip 76116
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email kdouglas@thewoundpros.com

Section 2: Personal Information

First Garrett Middle _____ Last Adams
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 6777 Camp Bowie Blvd., Ste. 332
 City Fort Worth State TX Zip 76116
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY – MM/YY)		
University of California, Irvine		08/96-05/00		
Address	City	State	Zip	
401 E. Peltason Drive	Irvine	CA	92617	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY – MM/YY)		
Huntington Beach High School		08/90-05/94		
Address	City	State	Zip	
1905 Main Street	Huntington Beach	CA	92648	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY – MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY – MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY – MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/20-Present	Beach Blvd.,	Huntington Beach	CA	92648
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/11-01/20	Owego Ave.,	Huntington Beach	CA	92648
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name ViaDerma Pharma		From - To (MM/YY – MM/YY) 01/16-Present	
Business Address 1050 E. Flamingo Road, Suite 107-1360	City Las Vegas	State NV	Zip 89119
Phone 800-585-8685	Title President (OWNER)		
Description of Duties making major corporate decisions, driving the workforce and resources of a company toward strategic goals, and acting as the main point of communication			
Business Name Royce Consulting		From - To (MM/YY – MM/YY) 01/23-Present	
Business Address 5049 Edwards Ranch Rd, 4th Floor	City Fort Worth	State TX	Zip 76109
Phone 714-585-5456	Title President (OWNER)		
Description of Duties making major corporate decisions, driving the workforce and resources of a company toward strategic goals, and acting as the main point of communication			
Business Name Builders Network		From - To (MM/YY – MM/YY) 01/15-12/16	
Business Address 1050 E Flamingo Rd, Suite 107-1360	City Las Vegas,	State NV	Zip 89119
Phone 800-896-4226	Title COO (PARTNER)		
Description of Duties corporate operations, sales and marketing			
Business Name ENVER Energy		From - To (MM/YY – MM/YY) 01/11-12/15	
Business Address 17542 17th St #175	City Tustin	State CA	Zip 92780
Phone 714-640-2340	Title Director of Sales (SHAREHOLDER)		
Description of Duties sales team trainer and manager			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Make copies of this page OR use a separate piece of paper if additional space is needed.				

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Garrett, Adams

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

April 28, 2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

See Attached

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Juliew Rickard

Notary Public Signature

(Seal)

ACKNOWLEDGMENT

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

State of California

County of Orange

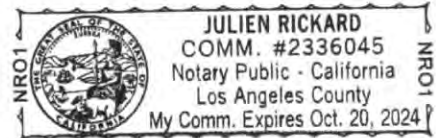
On April 28, 2024 before me, Julien Rickard, notary public
(insert name and title of the officer)

personally appeared Garrett Adams,
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 California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)



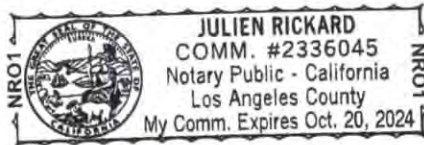
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 28
day of April, 2024, by Garrett Adams,

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature ce 20

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Horizon Wound Care, LLC MDEG License # (if applicable) N/A
 Physical Address 6777 Camp Bowie Blvd., Ste. 332
 City Fort Worth State TX Zip 76116
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 817-353-2062 Website N/A
 Licensing Company Email kdouglas@thewoundpros.com

Section 2: Personal Information

First Kristie Middle _____ Last Douglas
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Scenic Trail
 City Willow Park, TX 76087 State _____ Zip _____
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Vernon High School		From - To (MM/YY – MM/YY) 08/78-05/82	
Address 2102 Yucca Lane	City Vernon	State Tx	Zip 76384
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 05/15-present	Address [REDACTED] Scenic Trail	City Willow Park	State Tx	Zip 76087
From - To (MM/YY – MM/YY) 05/13-05/15	Address [REDACTED] Raven Bend	City Hudson Oaks	State Tx	Zip 76087
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Horizon Wound Care		From - To (MM/YY – MM/YY) 06/23-Current	
Business Address 6777 Camp Bowie Blvd		City Ft Worth	State Tx
Phone 817-353-2062	Title Operation and Compliance Mgr	Number of Employed Hours 1,920	

Description of Duties
Obtain accreditation with HQAA(Healthcare Quality Association on Accreditation) for DME entities to ensure our survey is granted accreditation. Ensure the DME's stay in compliance with Medicare and HQAA guidelines. Perform internal audits on Patient Medical Records, Patient Files, Medical Claims, Personnel Files, Quality Improvement, and Policies and

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

I, Kristie Douglas, certify that as the MDEG Administrator for
Horizon Wound Care, LLC,

that I (initial that you have read and meet the following requirements):

1. KD Have a high school diploma or its equivalent;
2. KD Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. KD Will be employed by 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
4. KD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristie Douglas

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

5/2/2024

Date

Board Use Only

Date Received: 5/16/24

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>ZOLL Medical Corporation</u>		
Physical Address: <u>31 High Street</u>		
City: <u>North Billerica</u>	State: <u>MA</u>	Zip: <u>01862</u>
Mailing Address (if different from physical address): <u>269 Mill Road</u>		
City: <u>Chelmsford</u>	State: <u>MA</u>	Zip: <u>01824</u>
Telephone: <u>978-421-9655</u> Website: <u>www.zoll.com</u>		
Name of Designated Representative (DR): <u>John Lucia</u>		
Licensing Company Email: <u>tax.dept@zoll.com</u> DR Email: <u>n/a</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kimball Electronics (Thailand) Limited
Address: 49/45 MOO 5, Sukhumvit Rd, Thungskula City: Sriracha, Chonburi, Thaila State: _____ Zip: _____
Name: Benchmark Electronics (Thailand) Limited
Address: 94 MOO 1, Hi-Tech Industrial Estate City: Banlane, Bang PA-IN State: _____ Zip: _____
Name: Carlisle Asia Pacific Limited
Address: c/o 545 Orchard Road, #13-05 City: Singapore State: _____ Zip: _____
Name: Aved Electronics LLC
Address: 95 Billerica Avenue City: North Billerica State: MA Zip: 01862

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts/Corporation
Parent Company (if any): Asahi Kasei Holdings US, Inc. (Asahi Kasei Corporation - ultimate parent)
Corporation/Organization Name: Asahi Kasei Holdings US, Inc.
Mailing Address: 269 Mill Road
City: Chelmsford State: MA Zip: 01824
Telephone: 978-421-9655 Email: ippei.sakai@ak-america.com
Contact Person Name: Ippei Sakai

Section 6: Partnership

Partnership Name: n/a
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: n/a
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		N/A ✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	N/A ✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ³ Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ³ Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

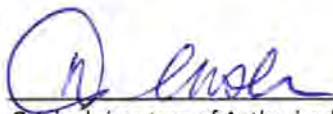
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ZOLL Medical Corporation

Facility Name

Diane Constantine, Assistant Treasurer

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

04/15/2024

Date

Board Use Only

Date Received: 5/14/24

Amount: \$1000-check 387360

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, May 16, 2024 4:17 PM
To: Diane Constantine <DConstantine@zoll.com>
Subject: Nevada Out-of-State Wholesaler Application-ZOLL Medical Corporation

This message originated from the Internet. Please be careful when opening any attachments.

The Nevada State Board of Pharmacy received 3 Out-of-State Wholesaler applications from ZOLL Medical Corporation. The applications are incomplete due to the following missing item(s).

- All 3 applications have the same Home State License? Please provide the Home state license for each location
 - I took a look at my paperwork and it looks like you did receive the license for the 269 Mill Road, Chelmsford, MA location. I have re-attached the registration certificate.
 - Please find attached the 500 Burdick Parkway, Deerfield, WI certificate.
 - There is no specific license for 31 High Street, North Billerica, MA since this is a warehouse location and not a manufacturing location. As a result, we are not required to carry a pharmacy license or have an FDA registration for this site.
- The location for 31 High Street does not have an FDA registration? One was provided but it has the 269 Mill Road address, please clarify. 31 High Street, North Billerica, MA is a warehouse location where we store finished goods. There is no manufacturing at this location. Single manufacturer

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Establishment Registration & Device Listing

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Establishment:

ZOLL MEDICAL CORPORATION
269 MILL ROAD
CHELMSFORD, MA 01824
Registration Number: 1220908
FEI Number*: 1220908

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information

Date Of Registration Status: 2024

Owner/Operator:

ZOLL Medical Corporation⁶
269 MILL ROAD
Chelmsford, MA US 01824

Owner/Operator Number: 1220908⁷

Official Correspondent:

Paul Dias
269 MILL ROAD
Chelmsford, MA 01824
Phone: 978-4219413

Single Manufacturer

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)

Page Last Updated: 05/06/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)

**ZOLL MEDICAL CORPORATION
NEVADA STATE BOARD OF PHARMACY
WHOLESALE APPLICATION
ADDITIONAL INFORMATION**

CORPORATE OFFICERS

Chairman	Rick Packer
CEO	Jonathan Rennert
President	Elijah White
Vice President, General Manager	Neil Johnston
Vice President, General Manager	Kurt Sandstrom
Vice President, General Manager	Roger Perez
Treasurer	Craig Stowell
Asst. Treasurer	Diane Constantine
Secretary	Aaron Grossman
Asst. Secretary	Christine Lynch
VP, Corporate Development	Jennifer Landis

CORPORATION SHAREHOLDERS AND PERCENT OWNERSHIP

- Asahi Kasei Holdings US Inc owns 100% of ZOLL Medical Corporation
- Asahi Kasei Corporation (Japanese company) owns 100% of Asahi Kasei Holdings US Inc.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: January 16, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

ZOLL MEDICAL CORPORATION

is a domestic corporation organized on **September 04, 1980**, under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24010268710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: pho



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC
1166 Avenue of the Americas
New York, NY 10036

CN101609659-PROUM-23-24

INSURED
ZOLL MEDICAL CORPORATION
AND SUBSIDIARIES
269 MILL ROAD
CHELMSFORD, MA 01824-4105

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Federal Insurance Company

20281

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

NYC-011925734-00

REVISION NUMBER: 0

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
	COMMERCIAL GENERAL LIABILITY					
	☐ CLAIMS-MADE ☐ OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC					PRODUCTS - COM/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					
	☐ ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB ☐ OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE					AGGREGATE \$
	DED ☐ RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N ☐ N/A					PER STATUTE ☐ OTH-ER ☐
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Products Liability		36066155	07/15/2023	07/15/2024	Prod/Comp Ops/Occ 1,000,000
	Retro Date 10/1/2004		Deductible - \$200,000			Prod/Comp Ops Agg 1,000,000

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

Products Liability - Claims made coverage

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/27/2024

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 Aon Risk Services Northeast, Inc. Connecticut Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-0105 E-MAIL ADDRESS:																					
INSURED ZOLL Medical Corporation and Subsidiaries 269 Mill Road Chelmsford MA 01824-4105 USA	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Tokio Marine America Insurance Company</td><td>10945</td></tr><tr><td>INSURER B:</td><td>Trans Pacific Ins Co</td><td>41238</td></tr><tr><td>INSURER C:</td><td>Sompo America Fire & Marine Insurance Co</td><td>38997</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Tokio Marine America Insurance Company	10945	INSURER B:	Trans Pacific Ins Co	41238	INSURER C:	Sompo America Fire & Marine Insurance Co	38997	INSURER D:			INSURER E:			INSURER F:		
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INSURER C:	Sompo America Fire & Marine Insurance Co	38997																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 570104677428

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			CLL640976006	07/01/2023	07/01/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMPIOP AGG</td><td>Excluded</td></tr></table>	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 - COMPIOP AGG	Excluded
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 - COMPIOP AGG	Excluded																		
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			CA6409761-06	07/01/2023	07/01/2024	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																		
BODILY INJURY (Per person)																			
BODILY INJURY (Per accident)																			
PROPERTY DAMAGE (Per accident)																			
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION						<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
EACH OCCURRENCE																			
AGGREGATE																			
C	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	JCD40122w0 AOS JCR40013N0 WI	07/01/2023	07/01/2024	<table border="1"><tr><td>☒ PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	☒ 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				
☒ 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**Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

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

Aon Risk Services Northeast Inc.

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. K15475985

Application/License No. New

ZOLL MEDICAL CORPORATION, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
269 Mill Road Chelmsford, MA 01824, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889 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 April 12, 2024
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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
12th day of April, 2024.

APPLICANT/PRINCIPAL
ZOLL MEDICAL CORPORATION



Authorized Representative

SURETY COMPANY
FEDERAL INSURANCE COMPANY



Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Ann Formhals

Witness Rachel Fore

Cou countersigned by

Nevada Resident Agent

Christopher P. Troha, Nevada Non-Resident Agent

Posted February 20, 2020

0163



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L. Hannigan, Therese M. Jackson, Jennifer L. Jakaltis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartłomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 21st day of December, 2023.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY
County of Hunterdon

SS.

On this 21st day of December, 2023 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 12th day of April, 2024



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail surety@chubb.com

RIDER

To be attached to and form part of:

Bond Number K15475985
originally dated April 12, 2024
issued by the FEDERAL INSURANCE COMPANY
originally
in the amount of \$ 25,000.00
originally
on behalf of ZOLL MEDICAL CORPORATION
 (Principal)
and in favor of THE NEVADA STATE BOARD OF PHARMACY
 (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following Locations shall be added:

- **31 High Street, North Billerica, MA 01862**
- **500 Burdick Parkway, Deerfield, WI 53531**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of April, 2024.

Signed, Sealed & Dated this 17th day of April, 2024.

ZOLL MEDICAL CORPORATION
(Principal)

By: _____



FEDERAL INSURANCE COMPANY
(Surety)

By: _____


Aerie Walton, Attorney-in-Fact

Schedule A Dated 4/17/2024

Schedule to be attached to Bond # **K15475985**

The following Service Addresses are included as principals under the above bond:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Richard Casas**, **Corinne Chapman**, **Samantha Chierici**, **Jessica B. Dempsey**, **Derek J. Elston**, **Rachel Fore**, **Kristin L. Hannigan**, **Therese M. Jackson**, **Jennifer L. Jakaitis**, **Nicholas Kertesz**, **Judith A. Lucky-Eftimov**, **Tara A. Maquinto**, **James B. McTaggart**, **Nicholas Pantazis**, **Roger Paraison**, **Christina L. Sandoval**, **Bartlomiej Siepierski**, **Jean Torres**, **Christopher P. Troha**, **Aerie Walton**, **Susan A. Welsh**, **Sandra M. Winsted** and **Dartonya Wright** of Chicago, Illinois -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 21st day of **December, 2023**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY
County of Hunterdon

SS.

On this 21st day of **December, 2023** before me, a Notary Public of New Jersey, personally came **Dawn M. Chloros** and **Stephen M. Haney**, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said **Dawn M. Chloros** and **Stephen M. Haney**, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, **Dawn M. Chloros**, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this **17th day of April, 2024**.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ZOLL Medical Corporation MDEG License # (if applicable) _____
 Physical Address 31 High Street
 City North Billerica State MA Zip 01862
 Mailing Address (if different from physical address) 269 Mill Road
 City Chelmsford State MA Zip 01824
 Telephone 978-421-9655 Website www.zoll.com
 Licensing Company Email tax.dept@zoll.com

Section 2: Personal Information

First John Middle _____ Last Lucia
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Lynn State Ma Zip 01904
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Lynn English High School			From - To (MM/YY - MM/YY) 09/1977-06/1980	
Address 50 Goodridge Street		City Lynn	State Ma	Zip 01904
Diploma/Degree obtained, if any High School				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 08/1996-Today	Address [REDACTED]	City Lynn	State Ma	Zip 01904
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name ZOLL Medical		From - To (MM/YY - MM/YY) 08-1992-Present	
Business Address 31 High St	City Billerica	State Ma	Zip 01821
Phone 351-500-4897	Title Warehouse Mgr	Number of Employed Hours 64,000+	
Description of Duties <i>see DR App.</i>			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

I, John Lucia, certify that as the MDEG Administrator for
ZOLL MEDICAL

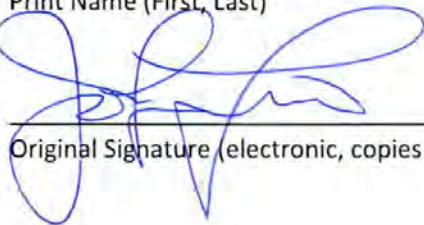
that I (initial that you have read and meet the following requirements):

1.  Have a high school diploma or its equivalent;
2.  Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3.  Will be employed by 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
4.  Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Lucia

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

Board Use Only

Date Received: 5/14/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler ZOLL Medical Corporation

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 31 High StreetCity North BillericaState MAZip 01862Mailing Address (if different from physical address) 269 Mill RoadCity ChelmsfordState MAZip 01824Telephone 978-421-9655Website www.zoll.comLicensing Company Email tax.dept@zoll.com**Section 2: Personal Information**First John

Middle _____

Last Lucia

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address _____

City LynnState MaZip 01904

Telephone _____

Email _____

Are you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)			
School Name Lynn English High School		From - To (MM/YY - MM/YY) 09/1977-06/1980	
Address 50 Goodridge Street	City Lynn	State Ma	Zip 01904
Diploma/Degree obtained, if any High School			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 08/1996-Today	Address [REDACTED]	City Lynn	State Ma	Zip 01904
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ZOLL Medical		From - To (MM/YY - MM/YY) 08-1992 -Present	
Business Address 31 High St		City Billerica	State Ma
Phone 351-500-4897	Title Warehouse Manager		Zip 01821
Description of Duties Oversee the Receiving, Storage and Shipment of ZOLL Medical product.		Number of Employed Hours 64,000+	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

Designated Representative Application (Applicant's Initials ) 7 of 9

I, John Lucia, certify that as the designated representative for
ZOLL MEDICAL

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Lucia

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Lucin

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

Please have this section completed in the presence of a Notary Public.

State of MASSACHUSETTS, ss. County of ^{Suffolk} ES MIDDLESEX

I, John Lucin, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

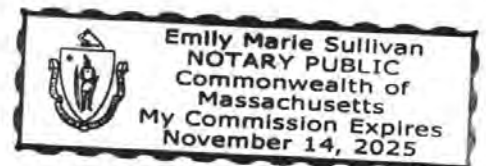
4/8/2024

Date

Subscribed and Sworn to before me this 10th day of April, 2024

Emily Sullivan

Notary Public Signature



(Seal)

ZOLL Medical Corporation

31 High Street, North Billerica, MA

List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

Anthony Chhoeung

Ricky Dang

Emmanuel Diaz Soto

Felix Hernandez

Vinh Huynh

Visaka In

Kevin Kan

Presley Khok

Channary Kit

John Lucia

Savannie Meuk

Channath Morn

John Murphy

Lindsey Nolan

Savath Or

Kalpana Patel

Jose Perez

Hernandez

Nelsy Quezada

Shawn Reynolds

Jose Santana

Dara Seng

Phin Sum

Kevin Whalen

Neriliz Wilkins

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>3B Medical, Inc.</u>		
Physical Address: <u>5101 Fruitville Rd. Suite 200</u>		
City: <u>Sarasota</u> State: <u>FL</u> Zip: <u>34232</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(863) 226-6285</u> Website: <u>https://www.reacthealth.com/</u>		
Name of Designated Representative (DR): <u>Noah Chitwood</u>		
Licensing Company Email: <u>noah.chitwood@reacthealth.com</u> DR Email: <u>noah.chitwood@reacthealth.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

JANUARY 29, 2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: SysMed Co., Ltd.
Address: Bldg. 11-2-3 No. 17 Wensu St., Hunnan District City: Shenyang City, Liaoning, China State: _____ Zip: 110179
Name: BMC Medical Co., Ltd.
Address: 5F, Main Bldg. No. 19 Gucheng St. West City: Shijingshan District, Beijing State: _____ Zip: 100043
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): React Health Holdings, LLC
Corporation/Organization Name: 3B Medical, Inc.
Mailing Address: 5101 Fruitville Rd. Suite 200
City: Sarasota State: FL Zip: 34232
Telephone: (863) 226-6285 Email: Tom.Pontzius@reacthealth.com
Contact Person Name: Tom Pontzius

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

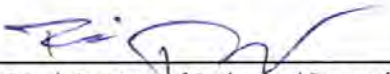
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

3B Medical, Inc.

Facility Name

Tom Pontzius

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

January 29, 2024
Date

Board Use Only	Date Received: <u>1/30/24</u>	Amount: <u>\$1000-cc</u>
----------------	-------------------------------	--------------------------



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

[Back To Search Results](#)

Establishment:

3B Medical Inc
5101 Fruitville Road
Suite 200
Sarasota, FL 34232
Registration Number: 3009096682
FEI Number*: 3009096682

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

[React Health](#)⁶

5101 Fruitville Road
Suite 200
Sarasota, FL US 34232

Owner/Operator Number: 10040143⁷

Official Correspondent:

Chuck Underwood
React Health
5101 Fruitville Road
Suite 200
Sarasota, FL 34232
Phone: 863-2266285

Verified
MTH 2/6/24

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10040143&OwnerOperatc](#)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10040143&OwnerOperatc](#)

Page Last Updated: 01/08/2024

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
[Contact FDA](#)



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U.S. Department of Health & Human Services

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1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain>
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4. <https://www.fda.gov/Medical-Devices>
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10040143&OwnerOperate
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10040143&OwnerOperate

3B Medical, Inc. d/b/a React Health

Officers:

1. John J. Fiedor : CFO and Secretary

[REDACTED]

2. Paul Kim: Chief Legal Officer

[REDACTED]

Directors:

1. Inna Etinberg:

[REDACTED]

2. Richardson M. Roberts:

[REDACTED]

3. Robert Emmet Seibels, IV:

[REDACTED]

4. Luke McGee:

[REDACTED]

5. Sean Heyniger:

[REDACTED]

6. Alan Quasha:

[REDACTED]

7. John Liddicoat:

[REDACTED]

Corporation Shareholders:

React Health Holdings, LLC (100%)

Address: 5101 Fruitville Rd. Suite 200, Sarasota, FL 34232

State of Florida

Department of State

I certify from the records of this office that 3B MEDICAL, INC. is a corporation organized under the laws of the State of Florida, filed on December 27, 2011.

The document number of this corporation is P11000108422.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on March 9, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-sixth day of October,
2023*




Secretary of State

Tracking Number: 9010902809CU

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

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

If you require immediate assistance, please contact me via phone at either number listed below.



Walter Copeland

Director

Division of Drugs, Devices and Cosmetics

Florida Department of Business & Professional Regulation

Voice: 850.717.1172 | [REDACTED]

Walter.Copeland@myfloridalicense.com

From: James McFaddin [mailto:mcfaddin@thesoutherngroup.com]

Sent: Monday, September 26, 2022 2:00 PM

To: Copeland, Walter

Subject: device manufacturer exemption and State of Arizona

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi Walter, good to chat with you today!

As we discussed, my client 3B Medical, Inc. d/b/a React Health is requesting confirmation from DBPR that it is exempt in Florida from the requirements to obtain a device manufacturer permit since all of its products are approved for marketing by or registered with the Federal Drug Administration. As I mentioned, the State of Arizona is requiring React Health to show proof of permit in its home state (which is Florida) as a condition of permitting in Arizona. However, Arizona is indicating it will waive the requirement if React Health can provide written confirmation from Florida DBPR of the statutory exemption and that, if React Health meets the requirements of the statutory exemption by having all of its products approved by or registered with the FDA, then React Health is de facto permitted in Florida and need not obtain permit from DBPR.

I have attached a letter from Adam Cooper, counsel to React Health, which explains further. We would greatly appreciate written confirmation from you to Adam Cooper. You can feel free to email me the written confirmation and I will pass along to Adam.

Thank you so much!

-James

James McFaddin
The Southern Group

September 26, 2022

Adam S Cooper
Adam.Cooper@klgates.com

T +1 214 939 4955
F +1 214 939 5849

Via Email

Department of Business & Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1027

Re: Florida Medical Device Manufacturer Permit

To Whom It May Concern:

K&L Gates LLP represents 3B Medical, Inc. d/b/a React Health ("React") in this request for clarity from the Florida Department of Business & Professional Regulation ("DBPR") regarding Florida regulations relating to the Device Manufacturer Permit. React is a Florida based medical device manufacturer that engages in the manufacture of medical devices that are approved for marketing by, and are registered with, the federal Food and Drug Administration ("FDA") in accordance with federal law for commercial distribution.

Florida statutes exempt a device manufacturer whose products are approved for marketing by or registered with the FDA from the requirement that the device manufacturer obtain a permit. See Fla. Stat. Ann. § 499.01(2)(o)(1)(b) (*citing to Fla. Stat. Ann. § 499.015(8)*).

React requests DBPR to confirm that the above interpretation is accurate – that a Florida based medical device manufacturer is exempt from the requirement that it obtain a Device Manufacturer Permit if all devices are approved by or registered with the FDA.

Please let us know if you have any questions, or need any additional information on our end. Thanks for your attention to this matter.

Sincerely,



Adam Cooper

From: [Copeland, Walter](#)
To: [James McFaddin](#)
Subject: Device manufacturer exemption and State of Arizona
Date: Thursday, September 29, 2022 1:32:06 PM
Attachments: [image001.png](#)
[38 Medical React - Letter to Florida re Manufacturer Permit USW Active01_506088989_1.pdf](#)

James,

In response to your email below and the communication attached from K&L Gates, LLP; I am writing this email to confirm that a medical device manufacturer is not required to be permitted in Florida if all products manufactured are exempt from registration pursuant to s. 499.015(8), F.S. as provided below:

499.015 Registration of drugs and devices; issuance of certificates of free sale.—

(8) Notwithstanding any requirements set forth in this part, a manufacturer of medical devices that is registered with the federal Food and Drug Administration is exempt from this section and s. 499.041(6) if:

- (a) The manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or
- (b) The manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices.

Based on the communication provided from R&L Gates, LLP (attached), React Health is not required to be permitted as a medical device manufacturer in Florida as the devices they manufacture are approved for marketing by, and are registered with, the federal Food and Drug Administration in accordance with federal law for commercial distribution.

Please feel free to contact me directly at either number below if we can assist further or if we can provide additional clarification.

Sincerely,

WC

****** Please note this is non-binding, informal direction and is subject to change. A Declaratory Statement is the sole means for obtaining a binding interpretation or opinion from the Division of Drugs, Devices and Cosmetics concerning the applicability of statutory provisions, rule or orders over which the Division has authority (Chapters 499, Florida Statutes and Chapter 61N-1, Florida Administrative Code). Refer to Section 120.565, Florida Statutes and Chapter 28-105, Florida Administrative Code, which sets out the requirements for a Petition for Declaratory Statement. ******

T: 850.671.4401

C: [REDACTED]

E: mcfaddin@thesoutherngroup.com

W: <https://thesoutherngroup.com>

Influence creates opportunity. Let us show you how. [LinkedIn](#) | [Twitter](#)



CERTIFICATE OF LIABILITY INSURANCE

6/21/2024

DATE (MM/DD/YYYY)

1/4/2024

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):
INSURED	1516120 3B Medical Inc. 5101 Fruitville Rd, Suite 200 Sarasota FL 34232	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Federal Insurance Company	
		INSURER B: Chubb National Insurance Company	
		INSURER C: --- SEE ATTACHMENT ---	
		INSURER D:	
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 19266885

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	N	N	3605-39-98	6/21/2023	6/21/2024	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 \$ XXXXXXXX
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	N	N	7360-25-29	6/21/2023	6/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$	N	N	7818-79-10	6/21/2023	6/21/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	7183-87-81	6/21/2023	6/21/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ \$1,000,000
C	Property Product Liability Cyber	N	N	See Attached	6/21/2023	6/21/2024	See Attached See Attached See Attached

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER

CANCELLATION See Attachments

19266885

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Other: Property	
New Policy#:	3605-39-98
New Policy Term:	06/21/2023-06/21/2024
Issuing Co.:	Federal Insurance Company
Building	See Attachment
Personal Property	\$11,667,000
Business Income	\$4,446,354
AOP Deductible	\$50,000

Products Liability	
New Policy#:	3605-39-99
New Policy Term:	06/21/2023-06/21/2024
Issuing Co.:	Federal Insurance Company
Bodily Injury and Property Damage Deductible	\$100,000
Retention?	\$-
Each Occurrence Products-Completed Operations	\$10,000,000
Products/Completed Operations Aggregate	\$10,000,000

Excess Products Liability (10x10)	
New Policy#:	ADE 6081287508
New Policy Term:	06/21/2023-06/21/2024
Issuing Co.:	Columbia Casualty Company
Ded?	
Retention?	
Each Claim	\$10,000,000
Aggregate	\$10,000,000

Excess Products Liability (5x20)	
New Policy#:	EX_16617-4
New Policy Term:	06/21/2023-06/21/2024
Issuing Co.:	Gemini Insurance Company
Ded?	
Retention?	
Each Loss Event	\$5,000,000
Aggregate	\$5,000,000

Healthcare Professional Liability	
New Policy#:	36069557
New Policy Term:	06/25/2023 – 6/21/2024
Issuing Co.:	Chubb Custom Insurance Company
Each Wrongful Act Limit	\$3,000,000
Aggregate Limit	\$3,000,000
Ded?	\$100,000

CYBER (3B Medical)	
New Policy#:	CYB-107945780-00
New Policy Term:	01/01/2024-01/01/2025
Issuing Co.:	Travelers Excess and Surplus Lines Company
Limit	\$5,000,000.00
Retention?	\$100,000

EXCESS CYBER (3B Medical, Inc.)	
Policy#:	P03CY0000051210
Policy Term:	01/01/2024-01/01/2025
Issuing Co.:	Vantage Risk Specialty Insurance Company
Limit	\$5,000,000
Retention?	

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. 39BSBJD8976

Application/License No. _____

3B Medical, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5101 Fruitville Rd, Ste 200, Sarasota, FL 34232, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, 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 Hartford Plaza, Hartford, CT 06155 - 0001 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 January 25, 2024.
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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

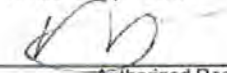
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
2nd day of May, 2024.

APPLICANT/PRINCIPAL

3B Medical, Inc.



 Authorized Representative
 Noah Chitwood

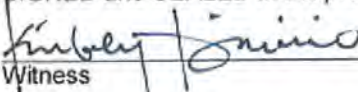
SURETY COMPANY

Hartford Fire Insurance Company

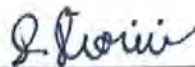


 Surety Company's Representative
 Julia Zalesky, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:



 Witness

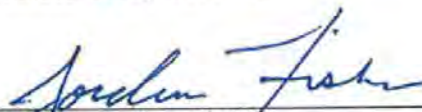


 Witness

SIGNED and SEALED in the presence of:

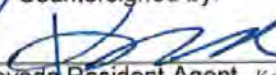


 Witness Holly Tallone



 Witness Jordan Fisher

Countersigned by:



 Nevada Resident Agent Kathleen M. Coen

HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut

Financial Statement, June 30, 2023

Statutory Basis

ASSETS		LIABILITIES	
U.S. Government Bonds	\$ 979,631,142	Reserve for Claims	\$
Bonds of Other Governments	197,619,618	and Claim Expense	10,645,837,683
Miscellaneous Bonds	6,601,157,852	Reserve for Unearned Premiums	2,541,286,769
Stocks	5,756,323,462	Reserve for Taxes, License	
Short Term Investments	76,919,024	and Fees	34,776,316
	<u>\$ 13,601,650,898</u>	Miscellaneous Liabilities	1,113,940,612
		Total Liabilities	\$ 14,335,841,380
Real Estate	\$ 290,314,677	Capital Paid In \$	55,320,000
Cash	42,427,775	Surplus	11,683,954,478
Agents' Balances (Under 90 Day)	3,704,913,854		
Other Invested Assets	4,513,172,857	Surplus as regards Policyholders	\$ 11,719,284,478
Miscellaneous	3,894,645,997	Total Liabilities, Capital	
Total Admitted Assets	\$ 26,055,125,858	and Surplus	\$ 26,055,125,858

STATE OF FLORIDA
SEMINOLE COUNTY
CITY OF LAKE MARY

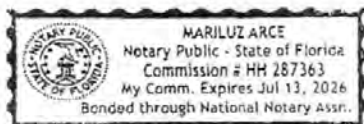
} ss.

Joelle L. LaPierre, Assistant Vice President and Phyllis A. Clark, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of June 30, 2023.

Subscribed and sworn to before me this
18th day of August, 2023.

Mariluz Arce

Notary Public



Joelle L. LaPierre
Joelle L. LaPierre, Assistant Vice President

Phyllis A. Clark
Phyllis A. Clark, Assistant Secretary

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

Call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: LOCKTON COMPANIES LMC

Agency Code: 39-427620

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Julia Zalesky

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 39BSBJD8976

Naming 3B Medical, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligor,

in the amount of See Bond Form(s) on behalf of Company in its 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, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
My Commission 1111 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President 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 is still in full force effective as of January 25, 2024.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler 3B Medical, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5101 Fruitville Rd. Suite 200City SarasotaState FLZip 34232

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone (863) 226-6285Website https://www.reacthealth.com

Licensing Company Email _____

Section 2: Personal InformationFirst NoahMiddle RobertLast Chitwood

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address 5101 Fruitville Rd. Suite 200City SarasotaState FLZip 34232Telephone (863) 226-6285

Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Designated Representative Application (Applicant's Initials NC) 2 of 9

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Duke University		08/22 - 12/22		
Address	City	State	Zip	
2138 Campus Dr	Durham	NC	27708	
Diploma/Degree obtained, if any				
Executive Certificate				
School Name		From - To (MM/YY - MM/YY)		
Stanford University		05/21 - 08/21		
Address	City	State	Zip	
420 Serra Mall Ste 170	Stanford	CA	94306	
Diploma/Degree obtained, if any				
Executive Certificate				
School Name		From - To (MM/YY - MM/YY)		
University of South Florida		09/09 - 05/11		
Address	City	State	Zip	
4202 E Fowler Ave	Tampa	FL	33620	
Diploma/Degree obtained, if any				
Master of Business Administration				
School Name		From - To (MM/YY - MM/YY)		
University of Phoenix		09/05 - 05/09		
Address	City	State	Zip	
12802 Tampa Oaks Blvd	Temple Terrace	FL	33637	
Diploma/Degree obtained, if any				
Bachelor of Business Administration				
School Name		From - To (MM/YY - MM/YY)		
Department of Education, State of Florida		08/93 - 05/97		
Address	City	State	Zip	
7977 W 12th Ave	Hialeah	FL	33014	
Diploma/Degree obtained, if any				
High School Diploma				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/21 - current		Tampa	FL	33609
From - To (MM/YY - MM/YY)		City	State	Zip
07/20 - 01/21		Tampa	FL	33629
From - To (MM/YY - MM/YY)		City	State	Zip
05/15 - 06/20		Tampa	FL	33603
From - To (MM/YY - MM/YY)		City	State	Zip
03/12 - 03/16		Tampa	FL	33604
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name 3B Medical, Inc		From - To (MM/YY - MM/YY) 04/24 - Current	
Business Address 5101 Fruitville Rd., Suite 200		City Sarasota	State FL
Phone (863) 226-6285	Title Chief Operating Officer	Zip 34232	
Number of Employed Hours >280			
Description of Duties Oversee all operating activities of vendors, product intake, supply chain, manufacturing, customer service and distribution operations.			
Business Name Lincare Holdings		From - To (MM/YY - MM/YY) 08/16 - 03/24	
Business Address 19397 US Hwy 19 N		City Clearwater	State FL
Phone (800) 284-20006	Title VP Operations and Process Improvement	Zip 33764	
Number of Employed Hours >15,000			
Description of Duties Manage general operations of serving locations providing products and services to patients in their homes, facilities, and through mail order and virtually. Products include oxygen, respiratory equipment, and unit dose medications.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Designated Representative Application (Applicant's Initials HA) 7 of 9

I, Noah Chitwood, certify that as the designated representative for
3B Medical, Inc

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NC I am at least 21 years of age;
3. NC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Noah Chitwood

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

May 6th 2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Noah Chitwood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

May 6th 2024

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Noah Chitwood, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

May 6th 2024

Subscribed and Sworn to before me this 6th day of May.

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials NC) 9 of 9

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG 3B Medical, Inc. MDEG License # (if applicable) _____
Physical Address 5101 Fruitville Rd., Suite 200
City Sarasota State FL Zip 34232
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (863) 226-6285 Website https://www.reacthealth.com/
Licensing Company Email Tom.Pontzius@reacthealth.com

Section 2: Personal Information

First Tom Middle T Last Pontzius
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Bradenton State FL Zip 34212
Telephone [REDACTED] Email Tom.Pontzius@reacthealth.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Columbus State Community College		From - To (MM/YY - MM/YY) 10/1986 - 01/1987	
Address 550 East Spring Street	City Columbus	State OH	Zip 43215
Diploma/Degree obtained, if any N/A			
School Name Hilliard High School		From - To (MM/YY - MM/YY) 09/1978 -06/1982	
Address 4501 Britton Parkway	City Hilliard	State OH	Zip 43026
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/21- Current	Address 	City Bradenton	State FL	Zip 34212
From - To (MM/YY - MM/YY) 06/20 -05/21		City Cedar Falls	State IA	Zip 50613
From - To (MM/YY - MM/YY) 08/12 - 07/20		City Cedar Falls	State IA	Zip 50613
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name React Health		From - To (MM/YY - MM/YY) 10/21 - Current	
Business Address 5101 Fruitville Road		City Sarasota	State FL
Phone 863.226.6285	Title President	Number of Employed Hours 1120	
Description of Duties President			
Business Name Philips Respironics		From - To (MM/YY - MM/YY) 07/07-09/21	
Business Address 1010 Murry Ridge		City Murrysville	State PA
Phone 724.387.5200	Title VP of Sales, Corporate Accounts	Number of Employed Hours 6840	
Description of Duties COMMERCIAL SALES			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Tom Pontzius, certify that as the MDEG Administrator for
3B Medical, Inc.

that I (initial that you have read and meet the following requirements):

1. TP Have a high school diploma or its equivalent;
2. TP Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. TP Will be employed by 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
4. TP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tom Pontzius
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

January 29, 2024
Date

Board Use Only	Date Received: <u>1/30/24</u>
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List of 3B Medical, Inc. Employees:

Paul Kim	Harley Metcalfe
Christina Krueckeberg	Dana Nania
Colleen Lance	Kyle Neese
Tomi Pontzius	Penney Poole
Luke McGee	Theodore Reed
Mary Tyke	Cecil Register
Anna Diaz	Kim Ann Schade
Trey Taylor	Kevin Schultz
Ashley Thompson	Robert Schultz
Lillian Arias	Nikki Speicher
John Fiedor	Benjamin Steele
Robert Latta	Kent Stelljes
Daniel Newberry	Jamie Stunkard
Brett Parker	Anne Taggart
Sara Castello	Willard Taylor
Yari Gonzalez	Michael Thomas
Jennifer Jones	James Tyler
Marla Shannon	Jeffrey Ward
John Alexander	George-Ryan York
Kimberley Applegarth	Tod York
Sherry Benhardt	Chelsea Burrow
Erin Bivens	Daniel Alamo
Megan Carpenter	Brian Allison
Piotr Czapla	Delaney Anderson-
Rachel Dobyns	Dunlop
Laurie Dull	Joseph Baldwin
Jay Ellis	Taylor Boyles
Michael Fenton	Kyle Branch
Ryan Fletcher	Nicholas Cheek
Brian Gaden	Mary Dogan
Michela George	Christopher Golden
Ann Hensley	Matthew Graf
Darryl Hidalgo	William Jones
Kristine Hurt	Phuong Lam
Charly Hutchison	Jimmy Lilly
Ray Illiano	Chester Loggins
Allison Jones	Kayla Marshall
Michelle Kapp	Stephanie McArdle
Kyle Knepshield	Bryan McNulty
Jennifer Marshall	Jacob Meester
Anthony Mengwasser	Jeffrey Murphy

Brent Myhand
Alejandro Navarro
Danielle Palmer
Mari Pampena
John Poulos
Nathaniel Roemer
James Savery
Christopher Spruck
Jean-Michel Wilson
Ping Wu
Sean Simmons
Mikhail Timokhin
Kelsey Blackshaw
Madeline Bland
Teah Burney
Nicole Lawrence
Jennifer Luckie
Rosanna Monson
Erin Oakley
Stephanie Port
Jordyn Toplovich
Darlene White
Tamara Wilkes
Jacqueline Zastrow
Sydney Cantaley
Rebecka Ehrenpreis
Natalie Genthert
Eric Harman
Jenny Horn
Margaret Mangano
Rica Patel
Christina Rautenstrauch

Tracy Saccone
Philip Thomas
Ulyess Underwood
Christopher Wood
Steven Bordewick
Kevin Bowen
Robert Gliege
Grant Kiefer
Catherine Klein
Daniel O'Donnell
Hyonsuk Vandal
Matthew Solis
Richard Dombrowski
Kelton Stefan
Bradley Rasberry
Michael Roehlig
Jonathan Turner
Pravin Pillai
Angela Richardson
Christopher Lewis
Roman Riner
Erald Bregu
Brieann Daw
Savannah Lawson
Samuel MacDougall
Nicolina Maldonado
Adriana Moore
Alexander Ortiz
Viktoriia Parfan
Derek Rakestraw
Jamell Carver

List of 3B Medical, Inc Contractors:

Emily Sun
Julie Gerharz
Victor Alvarez
Kevin Saforo
Alfredo Costa
Vladlen Mykhailov
Dave Butler

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

MAY XX 2024
SCANNED

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH01327	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information		
Facility Name: <u>Apotex Corp.</u>		
Physical Address: <u>2516 Airwest Boulevard</u>		
City: <u>Plainfield</u>	State: <u>IN</u>	Zip: <u>46168</u>
Mailing Address (if different from physical address): <u>2516 Airwest Boulevard</u>		
City: <u>Plainfield</u>	State: <u>IN</u>	Zip: <u>46168</u>
Telephone: <u>(317) 839-6550</u> Website: <u>https://www.apotex.com/us/contact-us</u>		
Name of Designated Representative (DR): <u>Jeremy Rollins</u>		
Licensing Company Email: <u>sshaikh@apotexcorp.com</u> DR Email: <u>jrollins@apotexcorp.com</u>		

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: mail-order, govt., institutional managed care	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Self Distributor utilizing CMO

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?			x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:		
Parent Company (if any):		
Corporation Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Email:	
Contact Person Name: Jerney Rollins		
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE		
Parent Company (if any): Aposherm Delaware Holdings Corp		
Corporation/Organization Name: Apotex Corp.		
Mailing Address: 2516 Airwest Boulevard		
City: Plainfield	State: IN	Zip: 46168
Telephone: 954-349-4239	Email: sshaikh@apotexcorp.com	
Contact Person Name: Mark Kook		

Section 6: Partnership

Partnership Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Email:	
Contact Person Name:		

Section 7: Sole Owner

Owner's Name:		
Business Name:		
Business Address:		
City:	State:	Zip:
Telephone:	Email:	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X	
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			X
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
● List of <u>all</u> Officers and Directors.	✓	✓		
● List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
● List of <u>all</u> corporation shareholders and their percent ownership.		✓		
● List of <u>all</u> partners and their percent ownership.			✓	
● Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
● Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
● Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		N/A	✓	✓
● Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
● Copy of current SEC 10K or 8K (First 15 pages only)	✓			
● List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
● Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
● ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	N/A	✓	✓
● If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	N/A	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
● Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		N/A	✓	✓
● Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		N/A	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Apotex Corp.
Facility Name

Kiran Krishnan
Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

4/26/2024
Date

Board Use Only	Date Received: <u>5/1/24</u>	Amount: <u>\$1,000-check 1241</u>
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Description of Operations

Apotex Corp. ("Apotex") operates as a captive distributor of its own-labeled non-controlled legend drugs, Schedules III, IIIN, IV, & V controlled legend drugs, and OTC drugs. Their affiliate company Apotex Inc. holds the ANDA/NDAs for Apotex's labeled products. Apotex is wholly owned by parent company Apotex Delaware Holdings Corp.

The licensed facility is 156,000 sq. ft. (including 5,000 sq. ft. of office space). Currently, the licensed facility operates multiple shifts with the hours of operation being Sunday 10:30pm-12:00am, Monday through Thursday open 24-hours (12:00am – 11:59pm), Friday 12:00am – 10:30pm, Saturdays Closed. Customers consist of hospitals, clinics, wholesalers, distributors, retail chain drug stores, mail-order, government, and institutional managed care facilities. This facility does not ship directly to the end user.

Security at the licensed facility consists of a DEA approved cage storage area for the controlled substances. There are 33 security cameras located throughout the facility. This includes 7 exterior cameras, 4 inside the controlled substance cage, and 4 cameras are located directly outside of the controlled substance cage. There are 77 PIR sensors throughout the facility which trigger their alarm. This includes 12 PIR sensors inside the DEA cage which trigger the alarm. There are 5 glass break sensors (one in each room with an exterior window) which trigger the alarm. The licensed facility is monitored 24 hours per day, 7 days per week by Stanley Convergent Security Solutions.

Label Code: 60505

See attached supplemental list of manufacturers of Apotex's products.

Apotex Corp. Manufacturer List 2024

Manufacturer Name	FDA EIN	Address
Apotex Inc. (Etobicoke Location)	3002808376	50 Steinway Blvd., Etobicoke, Ontario M9W 6Y3, Canada (CAN)
Apotex Inc. (Richmond Hill Location)	3001617666	380 Elgin Mills Road East, Richmond Hill, Ontario L4C 5H2, Canada (CAN)
Apotex Inc. (Toronto Location 1)	3002906944	4100 Weston Road, Toronto, Ontario M9L 2Y6, Canada (CAN)
Apotex Inc. (Toronto Location 2)	3002906944	150 Signet Drive, Toronto, Ontario M9L 1T9, Canada (CAN)
Apotex Inc. (Toronto Location 3)	3002906944	285 Garyray Drive, Toronto, Ontario M9L 1P3, Canada (CAN)
Apotex Pharmachem India Pvt. Ltd.	3005466325	Plot No. 1a, Bommasandra Industrial Area, 4th Phase, Bommasandra Industrial Estate (Post Office), Bangalore, Karnataka 560 099, India (IND)
Apotex Research Private Limited (Bioequivalence Location)	3007078919	Bioequivalence Center, Site No. 2, Bommasandra Industrial Area, Phase IV, Jigani Link Road, Bangalore, Karnataka
Apotex Research Private Limited (Bommasandra Industrial Lo	3006076314	Plot No.1 And 2, Bommasandra Industrial Area, 4th Phase, Jigani Link Road, Bangalore, Karnataka 560099, India (IND)
Allergan Sales, LLC	1643525	8301 Mars Drive, Waco, Texas (TX) 76712-6578, United States (USA)
Catalent Ontario Limited	3007325436	720 Wright St, Strathroy, Ontario N7G 3H8, Canada (CAN)
Catalent Ontario Limited	3000118564	2125 Ambassador Drive, Windsor, Ontario N9C 3R5, Canada (CAN)
Contract Pharmaceuticals Limited Canada	3001581899	7600 Danbro Crescent, Mississauga, Ontario L5N 6L6, Canada (CAN)
Contract Pharmaceuticals Limited Canada	3011158222	2145 Meadowpine Blvd., Mississauga, Ontario L5N 6R8, Canada (CAN)
CorePharma, LLC	3002535019	215 Wood Avenue, Middlesex, New Jersey (NJ) 08846, United States (USA)
Forest Laboratories Ireland Limited	3002806993	Clonsaugh Business & Technology, Clonsaugh, Dublin 17,, Dublin, D17 E400 , Ireland (IRL)
GLAND PHARMA LIMITED	3002647489	Survey No. 143 - 148, 150 & 151, Near Gandimaisamma Cross Roads, D. P. Pally, Dundigal Post, Dundigal - Gandimaisamma Mandal, Medchal - Malkajgiri District, Hyderabad, Telangana 500043, India (IND)
Gland Pharma Limited	3009056604	Unit II, Block C, Phase I, Visakhapatnam Special Economic Zone(VSEZ), Duvvada, Visakhapatnam, Andhra Pradesh 530049, India (IND)
Glaxo Smith Kline LLC	1033964	1011 North Arendell Ave, Zebulon, North Carolina (NC) 27597, United States (USA)
INDOCO REMEDIES LIMITED	3005124189	Goa Plant-II & III, L-32,33,34, Verna Industrial Area, Verna, Goa, Goa 403722, India (IND)
MSN LABORATORIES PRIVATE LIMITED	3011033544	FORMULATIONS DIVISION, UNIT-II, SURVEY NOS. 1277& 1319 to 1324, NANDIGAMA (VILLAGE), NANDIGAMA (MANDAL), RANGAREDDY DISTRICT, TELANGANA 509228, India (IND)
Nang Kuang Pharmaceutical Co. Ltd.	3004396086	No. 1001, Zhongshan Road, Tainan City, Xinhua District 71243, Taiwan (TWN)
PANACEA BIOTEC PHARMA LIMITED	3007187282	Malpur, Baddi, Solan, Himachal Pradesh 173205, India (IND)
Piramal Pharma Limited	3005259207	Plot No. 67-70, Sector II, District Dhar, Pithampur, Madhya Pradesh 454775, India (IND)
Qilu Antibiotics Pharmaceutical Co., Ltd.	3009831352	No.849 Dongjia Town, Licheng District, Jinan, Shandong 250105, China (CHN)
Qilu Pharmaceutical (Hainan) Co., Ltd.	3008250362	No.273-A, Nanhai Avenue, National High-Tech Zone, Haikou, Hainan 570314, China (CHN)
Qilu Pharmaceutical Co., Ltd. (Biological Industrial Park)	3014576629	8888 Lvyou Road, High-tech Zone, Jinan, 250104, China (CHN)
Qilu Pharmaceutical Co., Ltd.(High Tech Zone Site)	3003802432	No.317, Xinluo Road, High-tech Zone, Jinan, 250101, China (CHN)
Savior Lifetec Corporation Tainan Branch Injection Plant	3006415014	4F, 12 & 16, Chuangye Rd., Tainan City, 74144, Taiwan (TWN)
Shandong Anxin Pharmaceutical Co., Ltd.	3004229375	No. 849, Dongjia Town, Licheng Dist., Jinan, 250105, China (CHN)

Drug Data Search (https://www.fda.gov/drugs/informationon/drugs/default.htm)

National Drug Code Directory

Current through April 30, 2024

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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
Abiraterone acetate	60505-4784-4	500 mg/1	TABLET, FILM COATED	ORAL	ANDA212462	Apixen Corp.	60505-4784	Abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	07/16/2021	N/A
Abiraterone Acetate	60505-4327-1	750 mg/1	TABLET	ORAL	ANDA208433	Apixen Corp.	60505-4327	Abiraterone Acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	11/22/2018	N/A
Acyclovir	60505-5306-1	400 mg/1	TABLET	ORAL	ANDA377305	Apixen Corp.	60505-5306	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	06/09/2007	12/31/2028
Acyclovir	60505-5307-1	800 mg/1	TABLET	ORAL	ANDA277309	Apixen Corp.	60505-5307	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	05/15/2008	12/31/2028
Acyclovir	60505-5307-4	800 mg/1	TABLET	ORAL	ANDA277309	Apixen Corp.	60505-5307	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	03/13/2009	12/31/2028
Acyclovir	60505-5306-8	400 mg/1	TABLET	ORAL	ANDA277305	Apixen Corp.	60505-5306	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	06/09/2007	12/31/2028
ACYCLOVIR	60505-8045-4	200 mg/1	CAPSULE	ORAL	ANDA278477	Apixen Corp.	60505-8047	ACYCLOVIR	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	05/26/2008	08/31/2028
Adelphi dexamethasone	60505-3847-3	10 mg/1	TABLET	ORAL	ANDA205469	Apixen Corp.	60505-3847	Adelphi dexamethasone	ADDELPHI DEXAMETHASONE	HUMAN PRESCRIPTION DRUG	09/25/2018	N/A
Alfuzosin hydrochloride	60505-3850-9	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA278013	Apixen Corp.	60505-3850	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/04/2018	N/A
Ambrisentan	60505-4553-3	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210701	Apixen Corp.	60505-4553	AMBRISSENTAN	AMBRISSENTAN	HUMAN PRESCRIPTION DRUG	09/18/2022	N/A
Ambrisentan	60505-4553-3	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210701	Apixen Corp.	60505-4553	AMBRISSENTAN	AMBRISSENTAN	HUMAN PRESCRIPTION DRUG	09/18/2022	N/A
Atorvastatin	60505-3478-3	3 mg/1, 10 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3478	Atorvastatin	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	01/29/2020	N/A
Atorvastatin	60505-3478-3	10 mg/1, 15 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3478	Atorvastatin	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
Atorvastatin	60505-3483-3	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3483	Atorvastatin	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
Atorvastatin	60505-3484-3	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3484	Atorvastatin	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
Atorvastatin	60505-3489-3	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3489	Atorvastatin	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A

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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
Atorvastatin and Atorvastatin	60505-3489-3	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3489	Atorvastatin and Atorvastatin	AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
Atorvastatin and Atorvastatin	60505-3482-3	5 mg/1, 80 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3482	Atorvastatin and Atorvastatin	AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
Atorvastatin and Atorvastatin	60505-3483-3	10 mg/1, 80 mg/1	TABLET, FILM COATED	ORAL	ANDA205199	Apixen Corp.	60505-3483	Atorvastatin and Atorvastatin	AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG	07/29/2020	N/A
VARENICLINE	60505-4785-3	5 mg/1	TABLET, FILM COATED	ORAL	Apixen Corp.	60505-4785	VARENICLINE	VARENICLINE	VARENICLINE TARTRATE	HUMAN PRESCRIPTION DRUG	07/16/2021	03/31/2025
VARENICLINE	60505-4786-3	1 mg/1	TABLET, FILM COATED	ORAL	Apixen Corp.	60505-4786	VARENICLINE	VARENICLINE	VARENICLINE TARTRATE	HUMAN PRESCRIPTION DRUG	07/16/2021	07/31/2024
Aripiprazole	60505-2675-8	15 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2675	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-2674-4	10 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2674	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	06/30/2028
Aripiprazole	60505-2674-8	5 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2674	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-2674-3	10 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2674	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	06/30/2028
Aripiprazole	60505-2675-3	5 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2675	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	06/30/2028
Aripiprazole	60505-2675-8	15 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2675	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	06/30/2028
Aripiprazole	60505-2675-3	20 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2675	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-2676-8	20 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-2676	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-3875-3	2 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-3875	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-3875-8	2 mg/1	TABLET	ORAL	ANDA278583	Apixen Corp.	60505-3875	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/24/2015	12/31/2024
Aripiprazole	60505-3875-3	1 mg/mL	SOLUTION	ORAL	ANDA204894	Apixen Corp.	60505-3875	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	10/08/2018	N/A
Atomoxetine hydrochloride	60505-2634-3	80 mg/1	CAPSULE	ORAL	ANDA278881	Apixen Corp.	60505-2634	Atomoxetine hydrochloride	ATOMOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
Atomoxetine hydrochloride	60505-2631-3	18 mg/1	CAPSULE	ORAL	ANDA278881	Apixen Corp.	60505-2631	Atomoxetine hydrochloride	ATOMOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
Atomoxetine hydrochloride	60505-2632-3	25 mg/1	CAPSULE	ORAL	ANDA278881	Apixen Corp.	60505-2632	Atomoxetine hydrochloride	ATOMOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
Atomoxetine hydrochloride	60505-2633-3	80 mg/1	CAPSULE	ORAL	ANDA278881	Apixen Corp.	60505-2633	Atomoxetine hydrochloride	ATOMOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
Atomoxetine hydrochloride	60505-2633-3	40 mg/1	CAPSULE	ORAL	ANDA278881	Apixen Corp.	60505-2633	Atomoxetine hydrochloride	ATOMOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A

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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
Atorvastatin hydrochloride	60505-2830-3	100 mg/1	CAPSULE	ORAL	ANDA219983	Apoce Corp.	60505-2830	atorvastatin hydrochloride	ATORVASTATIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
Atorvastatin hydrochloride	60505-2830-3	10 mg/1	CAPSULE	ORAL	ANDA219983	Apoce Corp.	60505-2830	atorvastatin hydrochloride	ATORVASTATIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/21/2018	N/A
ATORVASTATIN CALCIUM	60505-2671-3	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2671	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2580-3	40 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2580	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-9	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-9	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-7	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2671-7	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2671	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2671-9	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2671	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-9	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2580-3	40 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2580	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2580-5	40 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2580	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2671-9	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2671	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2671-3	80 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2671	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A

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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
ATORVASTATIN CALCIUM	60505-2580-3	40 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2580	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-7	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-8	20 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2580-3	40 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2580	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
ATORVASTATIN CALCIUM	60505-2578-9	10 mg/1	TABLET, FILM COATED	ORAL	ANDA290548	Apoce Corp.	60505-2578	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	ATORVASTATIN CALCIUM PROPYLENE GLYCOL SOLVATE	HUMAN PRESCRIPTION DRUG	05/29/2012	N/A
Atropine	60505-8228-2	10 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA215821	Apoce Corp.	60505-8228	Atropine Sulfate	ATROPINE SULFATE	HUMAN PRESCRIPTION DRUG	03/07/2002	N/A
Atropine	60505-8228-0	10 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA215821	Apoce Corp.	60505-8228	Atropine Sulfate	ATROPINE SULFATE	HUMAN PRESCRIPTION DRUG	11/24/2001	N/A
Atropine	60505-8228-1	10 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA215821	Apoce Corp.	60505-8228	Atropine Sulfate	ATROPINE SULFATE	HUMAN PRESCRIPTION DRUG	11/26/2001	N/A
Azaxoline	60505-8271-1	100 mg/1	INJECTION, POWDER, LYOPHILIZED FOR SOLUTION	INTRAVENOUS	ANDA219809	Apoce Corp.	60505-8271	Azaxoline	AZAXOLINE	HUMAN PRESCRIPTION DRUG	01/23/2004	N/A
Azelastine hydrochloride	60505-0833-1	137 mg/1	SPRAY, METERED	NASAL	ANDA277934	Apoce Corp.	60505-0833	Azelastine Hydrochloride	AZELASTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	03/01/2010	N/A
Azelastine hydrochloride	60505-0578-4	2 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA278821	Apoce Corp.	60505-0578	Azelastine Hydrochloride	AZELASTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/01/2009	N/A
Azelastine hydrochloride and Fluocinonide propionate	60505-0565-3	137 mg/1, 50 mg/1	SPRAY, METERED	NASAL	ANDA207711	Apoce Corp.	60505-0565	Azelastine Hydrochloride and Fluocinonide propionate	AZELASTINE HYDROCHLORIDE and FLUCINONIDE PROPIONATE	HUMAN PRESCRIPTION DRUG	03/07/2010	N/A
Balsalazir disodium	60505-2575-4	750 mg/1	CAPSULE	ORAL	ANDA277883	Apoce Corp.	60505-2575	Balsalazir Disodium	BALSALAZIR DISODIUM	HUMAN PRESCRIPTION DRUG	12/28/2007	N/A
Balsalazir disodium	60505-2575-2	750 mg/1	CAPSULE	ORAL	ANDA277883	Apoce Corp.	60505-2575	Balsalazir Disodium	BALSALAZIR DISODIUM	HUMAN PRESCRIPTION DRUG	12/28/2007	N/A
Balsalazir disodium	60505-2575-3	750 mg/1	CAPSULE	ORAL	ANDA277883	Apoce Corp.	60505-2575	Balsalazir Disodium	BALSALAZIR DISODIUM	HUMAN PRESCRIPTION DRUG	12/28/2007	N/A
Balsalazir disodium	60505-2575-7	750 mg/1	CAPSULE	ORAL	ANDA277883	Apoce Corp.	60505-2575	Balsalazir Disodium	BALSALAZIR DISODIUM	HUMAN PRESCRIPTION DRUG	12/28/2007	N/A
Bendamustine hydrochloride	60505-8228-0	25 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDX119333	Apoce Corp.	60505-8228	Bendamustine Hydrochloride	BENDAMUSTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/19/2012	N/A
Bendamustine hydrochloride	60505-8095-0	25 mg/1	INJECTION, POWDER, LYOPHILIZED FOR SOLUTION	INTRAVENOUS	ANDA254233	Apoce Corp.	60505-8095	Bendamustine Hydrochloride	BENDAMUSTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/19/2012	N/A
Bendamustine hydrochloride	60505-8095-0	100 mg/1	INJECTION, POWDER, LYOPHILIZED FOR SOLUTION	INTRAVENOUS	ANDA254233	Apoce Corp.	60505-8095	Bendamustine Hydrochloride	BENDAMUSTINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/19/2012	N/A
Bepotastine besilate	60505-8111-1	13 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA204885	Apoce Corp.	60505-8111	Bepotastine Besilate	BEPOSTASTINE BESILATE	HUMAN PRESCRIPTION DRUG	11/28/2001	06/25/2024

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NABP ACCREDITED

DRUG DISTRIBUTOR

Apotex Corp

located at

2516 Airwest Blvd, Plainfield, IN 46168

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/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



08/06/2021 to 08/05/2024

Period of Accreditation



Corporate Officers

Apotex Corp.
2516 Airwest Boulevard, Plainfield, IN 46168
Phone: (317) 839-6550
Website: <https://www.apotex.com/us/contact-us>
E-mail: sshaikh@apotexcorp.com

President **Christine Baeder**
Business Address: 2400 North Commerce Parkway, Suite 400
Weston FL 33326

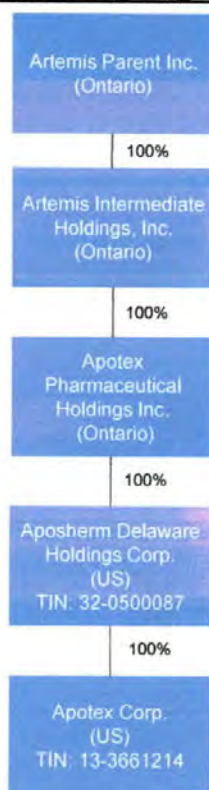
VP, Sales & Marketing: **Michael Bohling**
Business Address: 2400 North Commerce Parkway, Suite 400
Weston FL 33326

Sr. VP Global Regulatory Affairs: **Kiran Krishnan**
Business Address: 2400 North Commerce Parkway, Suite 400
Weston FL 33326

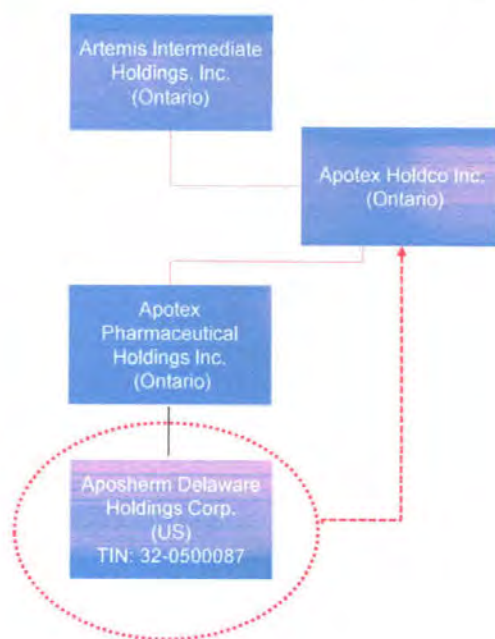
Secretary: **Yesica Saint Malo**
Business Address: 2400 North Commerce Parkway, Suite 400
Weston FL 33326

• Ownership is 100% by Aposherm Delaware Holdings Corp.	• State of Incorporation is Delaware • Federal Employer Identification Number 13-3661214
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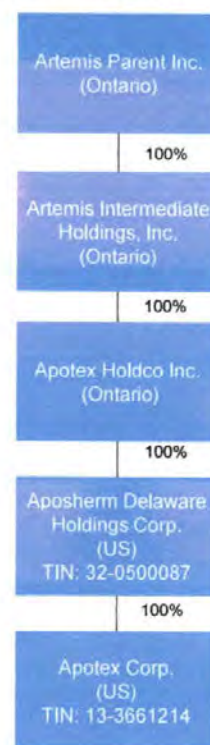
Pre-Reorg Org Chart



Change of Ownership at the great-grandparent and grandparent level



Post-Reorg Org Chart



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOTEX CORP." 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 NINTH DAY OF JANUARY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOTEX CORP." WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 1992.

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



2293995 8300

SR# 20240068338

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: 202552727

Date: 01-09-24

0234



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

CSR

Registration Number	Expire Date
62100032B	12/31/2025

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

Apotex Corp.
2516 Alrwest Blvd
Plainfield IN 46168

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency



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

CSR

Registration Number	Expire Date
62100032B	12/31/2025

Apotex Corp.

Signature

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Apotex Corp.

ADDRESS INFORMATION

Line 1: 2516 Alrwest Blvd
Line 2:
City/State/Zip: Plainfield IN 46168
County: Hendricks

LICENSE INFORMATION

Lic #: 62100032B Profession: Pharmacy Board Type: CSR Secondary: Wholesale Distributor
Status: Active Issued: 1/31/2005 Expiration: 12/31/2025
Method: Application

DISCIPLINE INFORMATION

-

RELATED LICENSES

No Related Licenses

LICENSE CSR INFORMATION

Drug Schedule 1:	No	Drug Schedule 2:	No	Drug Schedule 2n:	No
Drug Schedule 3:	Yes	Drug Schedule 3n:	Yes	Drug Schedule 4:	Yes
Drug Schedule 5:	Yes				

INSPECTION INFORMATION

Inspection Type: Controlled Substances Inspection Report Inspection Date: 4/6/2011 Inspection Grade: Pass
Inspection Type: Controlled Substances Inspection Report Inspection Date: 11/9/2012 Inspection Grade: Pass
Inspection Type: Controlled Substances Inspection Report Inspection Date: 2/17/2017 Inspection Grade: Pass
Inspection Type: Controlled Substances Inspection Report Inspection Date: 8/19/2014 Inspection Grade: Pass
Inspection Type: Controlled Substances Inspection Report Inspection Date: 5/3/2021 Inspection Grade: Pass
Inspection Type: Controlled Substances Inspection Report Inspection Date: 10/2/2023 Inspection Grade: Pass



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

Wholesale Drug Distributor

License Number	Expire Date
48000970A	09/30/2024

Apotex Corp.

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency



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

Wholesale Drug Distributor

License Number	Expire Date
48000970A	09/30/2024

Apotex Corp.

Signature _____

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Apotex Corp.

ADDRESS INFORMATION

Line 1:
Line 2: 2516 Airwest Blvd
City/State/Zip: Plainfield IN 46168
County: Hendricks

LICENSE INFORMATION

Lic #:	48000970A	Profession:	Pharmacy Board	Type:	Wholesale Drug Distributor	Secondary:
Status:	Active	Issued:	9/14/2000	Expiration:	9/30/2024	
Method:	Application					

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0320806	06-30-2024	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	05-05-2023
APOTEX CORP 2516 AIRWEST BLVD PLAINFIELD, IN 46168		

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

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

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

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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 WASHINGTON D.C. 20537

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE							
3,3N,4, 5	DISTRIBUTOR	05-05-2023							
APOTEX CORP 2516 AIRWEST BLVD PLAINFIELD, IN 46168									

Form DEA-223/511 (9/2016) REPORT CHANGES PROMPTLY	REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE To request a change to your registered name, address, the drug schedule or the drug codes you handle, please 1. visit our web site at deaddiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9539 - or 3. submit your change(s) in writing to: Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639 See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.
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----- You have been registered to handle the following chemical/drug codes: -----



TOKIO MARINE
HCC

American Contractors Indemnity Company
6900 E. Camelback Rd., Ste 610 Scottsdale, AZ 85251
main 623 931 3911 facsimile 623 931 3910

June 21, 2023

Surety Rider

To be attached to and from a part of MISC CLASS BONDS, Bond No. 288884
Type of Bond

In favor of NEVADA STATE BOARD OF PHARMACY, ADDRESS : 431 W PLUMB LANE, RENO, NV 89509

Obligee

On behalf of APOTEX CORPORATION, ADDRESS : 2400 N. COMMERCE PKWY #400, WESTON, FL 33326

Principal

Surety hereby gives its consent to amend principal's OPERATING LOCATIONS to read:

From: 2400 N. COMMERCE PKWY #400, WESTON, FL 33326

To: 2400 N. COMMERCE PKWY #400, WESTON, FL 33326
2516 AIRWEST BLVD, PLAINFIELD, IN 46168

To be effective: 06/20/2023

Signed and sealed this 21 day of JUNE, 2023



American Contractors Indemnity Company

Kelli Linsted

KELLI LINSTED, Attorney-in-fact

Producer:
PROFESSIONAL BOND SPECIALISTS, INC.
9967 N 94TH LANE
PEORIA, AZ 85345

Obligee:
NEVADA STATE BOARD OF PHARMACY
431 W PLUMB LANE
RENO, NV 89509



NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100

Reno, Nevada 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 288884

Application/License No. _____

APOTEX CORP., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2400COMMERCE PKWY - STE. 400: WESTON, FL 33326, as
Address of Applicant/Principal
PRINCIPAL, and American Contractors Indemnity Company, a
Surety Company
corporation organized under the laws of the state of California
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
9841 Airport Blvd. 9th Floor: Los Angeles, CA 90045 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 23, 2006
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 23rd day of October, 2006.

APPLICANT/PRINCIPAL
APOTEX CORP.

Tammy McIntire
Authorized Representative

SURETY COMPANY
AMERICAN CONTRACTORS INDEMNITY COMPANY

Jean Paulus
Surety Company's Representative

Jean Paulus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Deborah Veira
Witness

SIGNED and SEALED in the presence of:

Lynn Macchi
Witness

Malinda Bruner
Witness

Danise Bishop
Witness

Countersigned by:

Therman Beavor
Nevada Resident Agent: Therman Beavor
Agent Lic. No. 85442

State of Florida
County of Broward
The foregoing instrument was acknowledged before me this 23rd day of Oct. 2006, by Tammy McIntire who signed in the presence of witnesses.

Laurie Vaniska



NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND -- 2 OF 2

American Contractors Indemnity Company

9841 Airport Blvd., 9th Floor Los Angeles, California 90045



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,
Jean Paulus, Lynn Macci or M. J. Hopper of Glendale, Arizona

its true and lawful Attorney(s)-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 \$ *****3,000,000.00*****. This Power of Attorney shall expire without further action on March 18, 2007.

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 AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 6th day of December, 1990.

"RESOLVED that the Chief Executive Officer, President or any Vice President, Executive Vice President, Secretary or Assistant Secretary, shall have the power and authority

1. To appoint Attorney(s)-in-Fact and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and,
2. To remove, at any time, any such Attorney-in-Fact and revoke the authority given.

RESOLVED FURTHER, 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 or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached."

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its Chief Executive Officer on the 15th day of December, 2003.



AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____

Robert F. Thomas, Chief Executive Officer

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

On this 15th day of December 2003, before me, Deborah Reese, a notary public, personally appeared Robert F. Thomas, Chief Executive Officer of American Contractors Indemnity Company, personally known to me (or 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.

WITNESS my hand and official seal.

Deborah Reese
Signature of Notary
My Commission expires March 18, 2007



I, Jeannie J. Kim, Corporate Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS HEREOF, I have hereunto set my hand this 23rd day of October, 2006.

Bond No. 288884

Agency No. #9050

Jeannie J. Kim
Jeannie J. Kim, Corporate Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Apotex Corp.
Pharmacy/Wholesaler License # (if applicable) WH01327
Physical Address 2516 Airwest Boulevard
City Plainfield State IN Zip 46168
Mailing Address (if different from physical address) 2516 Airwest Boulevard
City Plainfield State IN Zip 46168
Telephone (317) 839-6550 Website www.apotex.com/us/en/
Licensing Company Email sshaikh@apotexcorp.com

Section 2: Personal Information

First Jeremy Middle D Last Rollins
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 2516 Airwest Blvd
City Plainfield State IN Zip 46168
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		x

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Devry Keller Graduate School of Management		From - To (MM/YY - MM/YY) 08/09 - 06/11	
Address 9100 Keystone Crossing #350	City Indianapolis	State IN	Zip 46240
Diploma/Degree obtained, if any MBA, Accounting and Finance			
School Name Indiana State University		From - To (MM/YY - MM/YY) 08/96 - 06/20	
Address 200 N 7th St	City Terre Haute	State IN	Zip 47809
Diploma/Degree obtained, if any Bachelor of Science in Accounting			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 03/18 - Present	Address [REDACTED]	City Noblesville	State IN	Zip 46062
From - To (MM/YY - MM/YY) 01/11 - 03/18	Address [REDACTED]	City Noblesville	State IN	Zip 46060
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Apotex Corp.		From - To (MM/YY – MM/YY) 05/20 - present	
Business Address 2516 Airwest Boulevard		City Plainfield	State IN
Phone (317) 839-6550	Title Site Lead, Associate Director		Zip 46168
Description of Duties See Resume		Number of Employed Hours 40/wk	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

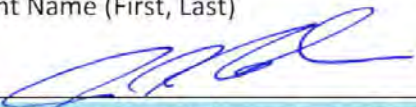
Date

I, Jeremy Rollins, certify that as the designated representative for
Apotex Corp.

that I **(initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JR I am at least 21 years of age;
3. JR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jeremy Rollins
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

24 APR 24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeremy Rollins
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

24 APR 24
Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hendricks

I, Jeremy Rollins, 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 the license, registration, permit, certificate or certification for which I am applying for.


Original Signature

24 APR 24
Date

Subscribed and Sworn to before me this 24 day of April 2024


Notary Public Signature

SEAL
NOTARY PUBLIC STATE OF INDIANA
JOHN DELOUGHERY
COMMISSION NUMBER NP0678735
MY COMMISSION EXPIRES 03/13/2032
HENDRICKS COUNTY

(Seal)

Apotex Employee List

Serafin Arada
Robert Baker
Angela Bass-Perez
Abdul Buat
Favian Carlos
Lisa Davenport
Jamie Ehrreich
Luis Flores
Allison Hammack
Cecilia Hern
Maria Hurtado-Soto
Koree Jennings
Wendell Johnson
Brian Lewis
Nahir Linares
Ma Adoracion Marvel
Adam McGill
Samuel Michael
Cassandra Mowery
Edward Ocampo
Amanda Palmer
Floyd Peele
James Releford
Jaime Rodriguez
Vidal Rodriguez
Jeremy Rollins
Kyle Ruschhaupt
Sameem Shaikh
Christina Smith
Marlon Smith
Amanda Stephenson
Aston Suriyothai
Blessie Suriyothai
Mike Workman
Tolulope Akintokun
Waseem Baig
Kristine Heald
Gerardo Hernandez
Margaret Howard
Maria Moreno
Darius Raysor
Tim Trump
Cheryl Vredevel
Jon Walker
Vladimir Altidor
David Baker

Jerel Chambers
Daniel Coleman
Abigail Fernandez
Christian Fletcher
Morris Hansbrough
Mahamat Ibrahim
James McCullough
Sunday Omoniyi
Abiodun Bakare Onanuga
Rylen Richardson
Brian Sabo

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02661	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Bionpharma Inc.</u>		
Physical Address: <u>400 Alexander Park , Suite 2-4B</u>		
City: <u>Princeton</u> State: <u>NJ</u> Zip: <u>08540</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.bionpharma.com</u>		
Name of Designated Representative (DR): <u>Phanindranath Punji</u>		
Licensing Company Email: <u>BION@slny.com</u> DR Email: <u>nath@bionpharma.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Distributors & US Government	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: Drugs (OTC)	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Orion Pharmaceuticals Pvt. Limited
 Address: SIPCOT Industrial Park City: Sriperumbudur State: Tamil Nadu Zip: 602 117
 Name: Parthen Synthesis Inc
 Address: 4125 Premier Drive City: High Point State: NC Zip: 27265
 Name: Nutro-Med Packaging Inc
 Address: 118 Algonquin Parkway City: Whippany State: NY Zip: 07981
 Name: Coverx Inc.
 Address: 14205 Myerlake Circle City: Clearwater State: FL Zip: 33760

Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
 Parent Company (if any): Athyrium Opportunities II Acquisition LP (11.6%), Finchley Investments Inc. (28.6%), LOF Bion Partnership, LP (42.8%), PharmaInvest Enterprises Ltd (14.3%)
 Corporation/Organization Name: Bionpharma Inc.
 Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
 City: Florida State: NY Zip: 10921
 Telephone: (845) 544-2482 Email: BION@slny.com
 Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 69452	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A 100% sole ownership		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ No MDEG	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). No MDEG	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

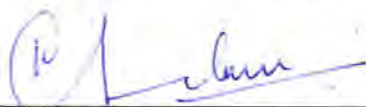
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Bionpharma Inc.

Facility Name

Venkatachalam Krishnan

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

03/14/2024

Date

Board Use Only

Date Received: 5/15/24

Amount: \$1000-checks 3476

From: Lavesh Samtani lavesh@bionpharma.com
Subject: FW: Labeler Code Request Approved
Date: December 10, 2014 at 2:10 PM
To: Team Bion TeamBion@bionpharma.com

FYI

From: edrls@fda.hhs.gov [mailto:edrls@fda.hhs.gov]
Sent: Wednesday, December 10, 2014 2:08 PM
To: lavesh@bionpharma.com
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 10-DEC-14
Labeler DUNS: 079637826
Labeler Name: Bionpharma Inc.
Labeler Code: 69452

✓ Verified
M.H 5/22/24

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and 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 id root and new version number with the original set id root and the appropriate effective time.**

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), 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.

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](http://www.fda.gov/edrls) or reply back to this email (edrls@fda.hhs.gov).



Bionpharma Inc.



Corporate Address: 400 Alexander Park, Suite 2-4B, Princeton, NJ 08540 USA

FEIN: 47-2021379

www.bionpharma.com

Drug Labeler Code: 69452

Incorporation State: DE

Incorporation Date: 10/6/2014

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PNJ	400 Alexander Park Suite 2-4B Princeton, NJ 08540 County: Mercer	N/A	N/A - Uses 3PL DEA	N/A	No	(609) 380-3310	(609) 380-3311

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Phanindranath Punji	131 Marion Drive Plainsboro, NJ 08536	EVP - Supply Chain & Projects	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
LOF Bion Partnership, LP	600 Travis, Suite 5900 Houston, TX 77002		42.8	
Pharma Invest Enterprises Ltd.	Montague Sterling Centre, East Bay Street, 3rd Floor Nassau, Bahamas Bahamas		14.3	
Athyrium Opportunities II Acquisition LP	530 Fifth Avenue, 25th Floor New York, NY 10036		11.6	
Other Minority Investors			2.7	
Finchley Investments Inc.	6111 Royalmount Ave. Suite 100 Montreal, Quebec, H4P2J4 Canada		28.6	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Venkatachalam Krishnan		President and CEO	No
Gaurav Mehrotra		Treasurer & CFO & EVP Commercial Operations	No
Lavesh Lakhi Samtani		Secretary & General Counsel & EVP Business Development	No
Phanindranath Punji		EVP - Supply Chain & Projects	No

REGISTERED AGENT IN ALL APPLICABLE STATES
Name

Corporation Service
 Company (CSC)

3PLS
Name

Address

Title

**Prescribing
 Authority**

R & S Solutions, LLC 96 American Drive
 Suite 100 A
 Jackson , TN 38301

Direct Customer Solutions, LLC 4277 Highway 412 S
 Bells, TN 38006

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIONPHARMA 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 SIXTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIONPHARMA INC." WAS INCORPORATED ON THE SIXTH DAY OF OCTOBER, A.D. 2014.



5615865 8300

SR# 20233428463

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204108640

Date: 09-06-23



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

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

0750116

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:

400 ALEXANDER PARK, STE 2-4B PRINCETON, NJ 08540-

Reg. No. BIONPHARMA INC
5004729 400 ALEXANDER PARK, STE 2-4B
PRINCETON, NJ 08540-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/28/2024

Registration Number: 5004729 **Registered as:** Manufacturer and Wholesale
Name: BIONPHARMA INC
DBA:
Address: 400 ALEXANDER PARK, STE 2-4B, PRINCETON, NJ 08540
Original Issue Date: 03/10/2015 **Expiration Date:** 01/31/2025
Current Issue Date: 12/11/2023
Disciplines: No

Registrant Verification For R&S SOLUTIONS LLC

DEA Number: RR0519934

Expiration Date: 04/30/2025

Additional Company Info:

Registered Address: 96 AMERICAN DR STE 100A

City: JACKSON

State: TN

Zip Code: 38301

Business Activity: DISTRIBUTOR

DEA Schedules: 3 3N 4 5

Payment Indicator: Paid

Registration Status: ACTIVE

Date of Verification: 05/13/2024

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrisette Dr, Springfield, VA 22152

VERIFICATION CERTIFICATE

BOND #: 1081728

DATED EFFECTIVE: 09/29/2020

ON BEHALF OF: BIONPHARMA, INC.

(PRINCIPAL)

AND IN FAVOR OF: THE NEVADA STATE BOARD OF PHARMACY

(OBLIGEE)

AMOUNT OF BOND: \$ 25,000.00

DESCRIPTION OF BOND: Wholesaler Distributor Surety Bond

Does hereby verify said bond to be in force for the further period

Beginning on September 29, 2023

(MONTH-DAY-YEAR)

And ending on September 29, 2024

(MONTH-DAY-YEAR)

And that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on: 05/09/2024

(MONTH-DAY-YEAR)

THE HANOVER INSURANCE COMPANY

BY: 

Christopher P. Troha,

ATTORNEY-IN-FACT

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

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.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint:

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Michelle D. Krebs, Sandra M. Nowak, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Aerie Walton, Bartlomiej Siepierski, Barbara Pannier, Rachel Fore, Kristin L. Hannigan, Jennifer Williams, Nicholas Kertesz, Corinne Chapman, Jean Torres, Roger Parolson, Samantha Chierici and/or Christopher T. Moser

Of AON Risk Services of Chicago, IL each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Fifty Million and No/100 (\$50,000,000) in any single instance

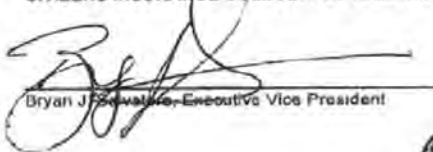
That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company, Adopted April 14, 1982 – Massachusetts Bay Insurance Company, Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

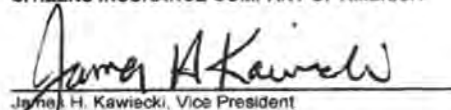
IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 14th day of January, 2022.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA


Bryan J. Sandoval, Executive Vice President



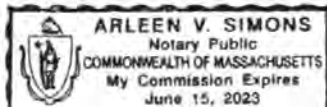
THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

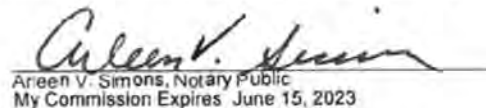

James H. Kawiecki, Vice President



THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 14th day of January, 2022 before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.




Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 9th day of May, 2024

CERTIFIED COPY

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

John A. Rowedder, Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bionpharma Inc.

Pharmacy/Wholesaler License # (if applicable) WH02661

Physical Address 400 Alexander Park, Suite 2-4B

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.bionpharma.com

Licensing Company Email BION@slsny.com

Section 2: Personal Information

First Phanindranath Middle _____ Last Punji

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED]

City Plainsboro State NJ Zip 08536

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Designated Representative Application

Applicant's Initials



2 of 9

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Birla Institute of Technology and Science, Pilani		From - To (MM/YY - MM/YY) 01/83 - 12/86	
Address 9H6V+C68, Nuttan Market Rd, BITS, Vidyavihar,	City Pilani	State Rajasthan	Zip 333031
Diploma/Degree obtained, if any Master of Pharmacy			
School Name Birla Institute of Technology and Science, Pilani		From - To (MM/YY - MM/YY) 07/89 - 06/90	
Address 9H6V+C68, Nuttan Market Rd, BITS, Vidyavihar, Pilani	City Pilani	State Rajasthan	Zip 333031
Diploma/Degree obtained, if any Bachelor of Pharmacy			
School Name Sri Ramakrishna Junior College		From - To (MM/YY - MM/YY) 06/80 to 04/82	
Address Mochampet	City Cuddapah	State AP	Zip 516001
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/04 - Present	Address [REDACTED]	City Plainsboro	State NJ	Zip 08536
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip



Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Bionpharma Inc.		From - To (MM/YY - MM/YY) 11/01/2014 - Present	
Business Address 400 Alexander Park, Suite 2-4B		City Princeton	State NJ
Phone (609) 380-3310	Title EVP - Supply Chain & Projects	Zip 08540	
Description of Duties Responsible for management of all Projects related to new product development and filing with US FDA. Identification of contract research and manufacturing organizations Finalization of contracts with identified organizations. Monitoring of the project from product development to approval of product by USFDA followed by launch of product		Number of Employed Hours ~ 19,412 hrs	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.



Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)			✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?	N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?			✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)			✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?			✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?			✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?			✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.			✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).			✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest N/A	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Designated Representative Application

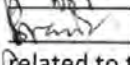
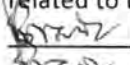
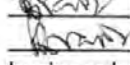
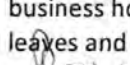
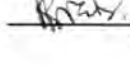
(Applicant's Initials)



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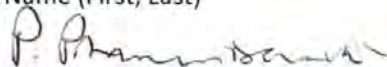
I, Phanindranath Punji, certify that as the designated representative for
Bionpharma Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1.  I am at least 21 years of age;
3.  I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4.  I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5.  I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6.  I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7.  I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phanindranath Punji

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

03/22/2024

Date

Designated Representative Application

(Applicant's Initials)



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I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phanindranath Punji

Print Name (First, Last)

P. Phanindranath

Original Signature (electronic, copies or stamps not accepted)

03/22/2024

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MERCER

I, PHANINDRANATH PUNJI, 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 the license, registration, permit, certificate or certification for which I am applying for.

P. Phanindranath

Original Signature

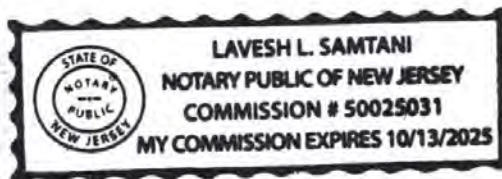
Phanindranath Punji

03/22/2024

Date

Subscribed and Sworn to before me this 22 day of MARCH 24*Laf*

Notary Public Signature



(Seal)

Designated Representative Application

Applicant's Initials

BP

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Employee Information Report

BIONPHARMA INC. - 3452400

Current Active Employees

Reported by Insperity on: 03/27/2024

Client Legal Name	Employee Name	Worksite City
BIONPHARMA INC.	BANERJEE, NANDINI	PRINCETON
BIONPHARMA INC.	BROUSARD, TRACY	MORRISVILLE
BIONPHARMA INC.	CALIMAG, ANASTACIA	PRINCETON
BIONPHARMA INC.	HASAN, ILTIFAT	PRINCETON
BIONPHARMA INC.	HASELTON, JAMES A	PRINCETON
BIONPHARMA INC.	HAYWOOD, ROBERT	MORRISVILLE
BIONPHARMA INC.	HIERAS, GENALYN CRUZAT	PRINCETON
BIONPHARMA INC.	HOBAN, AUGUSTINE J	MILLTOWN
BIONPHARMA INC.	HOOPER, TERESA ANN	MORRISVILLE
BIONPHARMA INC.	KAPADIA, SEJAL	PRINCETON
BIONPHARMA INC.	KERR, JONATHAN H	PRINCETON
BIONPHARMA INC.	KILLEEN, HEATHER ROSE	PRINCETON
BIONPHARMA INC.	KRISHNAN, VENKATACHALAM	PRINCETON
BIONPHARMA INC.	LISTON, TIMOTHY R	MORRISVILLE
BIONPHARMA INC.	LONG, JASON TIMOTHY	MORRISVILLE
BIONPHARMA INC.	LOPEZ, ALEXANDRA M	PRINCETON
BIONPHARMA INC.	LUBKE, JERRI CHRISTINE	MORRISVILLE
BIONPHARMA INC.	MANIKYARAO, VARUN RAO	PRINCETON
BIONPHARMA INC.	MEHROTRA, GAURAV	PRINCETON
BIONPHARMA INC.	MURTHY, NITHYA	PRINCETON
BIONPHARMA INC.	PANICKER, SREELATHA	PRINCETON
BIONPHARMA INC.	PASHA, ISHRAT	PRINCETON
BIONPHARMA INC.	PLIAS, NICK	PRINCETON
BIONPHARMA INC.	PUNJI, PHANINDRANATH	PRINCETON
BIONPHARMA INC.	RESTAINO, MATTHEW	PRINCETON
BIONPHARMA INC.	RHEN, MEGHAN L	PRINCETON
BIONPHARMA INC.	RICHMOND, SALLY ANNE	MORRISVILLE
BIONPHARMA INC.	SAMTANI, LAVESH L	PRINCETON
BIONPHARMA INC.	SANKARAN, USHA	PRINCETON
BIONPHARMA INC.	SETHI, MONA	PRINCETON
BIONPHARMA INC.	SHAH, ROSHNI DIPESH	PRINCETON
BIONPHARMA INC.	SIRIKONDA, PRAVEEN	PRINCETON
BIONPHARMA INC.	WILCOX, JULIE MILES	MORRISVILLE
BIONPHARMA INC.	WILK, DIANA	PRINCETON

VIA ELECTRONIC MAIL

December 21, 2022

Bionpharma Inc.
600 Alexander Road, Suite 2-4B
Princeton, NJ 08540
Attention: Lavesht Samtani, Esq.
lavesht@bionpharma.com

cc:

Sheppard, Mullin, Richter & Hampton LLP
30 Rockefeller Plaza
New York, NY 10112-0015
Attention: Shon Glusky
Sglusky@sheppardmullin.com

LOF Bion Partnership, LP
Attention: James Gale
c/o Signet Healthcare Partners
152 W. 57th Street
19th Floor
New York, NY 10019
James.gale@signethp.com

Pharmainvest Enterprises Ltd.
Attention: Mario Lemme
3rd Floor Montague Sterling Centre, East
Bay Street, Nassau, Bahamas
mario.lemme@waylock.com
aogan@waylock.com

Athyrium Opportunities II Acquisition LP
Attention: Laurence
530 Fifth Avenue, 25th Floor
New York, NY 10036
lhermouet@athyrium.com

PHARMASCIENCE INC.

Head Office - 514.340.9800 - Customer Service 514.340.9735 - pharmascience.com
6111 Royalmount Avenue, Montreal, Quebec H4P 2T4

Re: Notice of Assignment to Affiliate

Reference is hereby made to that certain Right of First Refusal and Co-Sale Agreement dated November 3, 2014, by and among, Bionpharma Inc. (the "Company") and certain Investors listed on Schedule A thereto and Key Holders listed on Schedule B thereto (as amended, the "ROFR Agreement"). Capitalized terms used herein but not defined herein have the meaning assigned to the term in the ROFR Agreement.

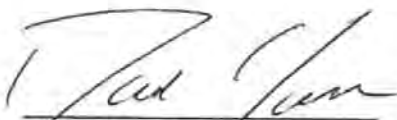
Pursuant to Section 6.9 of the ROFR Agreement, Pharmascience Inc. ("PSC") hereby provides notice to the Investors and Key Holders of its assignment of all its rights under the ROFR Agreement as of February 17th 2021, the Purchase Agreement and all other investment documents related to PSC investment in the Company's Common Stock to an affiliate of PSC, Finchley Investments Inc. Finchley Investment is located in Montreal, with a mailing address of 6111 av Royalmount, suite 450, Montreal, Quebec, H4P 2T4 and has four directors. David Goodman is authorized to act as representative of Finchley Investments and will continue to serve on the Company's Board as Finchley's representative. Notices may be sent to: mail@finchleyinvestments.com.

Pursuant to Section 6.9 of the ROFR Agreement, Finchley Investments hereby provides a counterpart signature page to the ROFR Agreement and agrees to be bound by all provisions set forth in the ROFR Agreement as applicable to PSC as predecessor and assignor.

Please update your shareholder records with the new Shareholder's name as follows:

Sincerely,

Pharmascience Inc.



Name: David Goodman

Title: President

AGREED AND ACCEPTED BY:

Finchley Investments Inc.



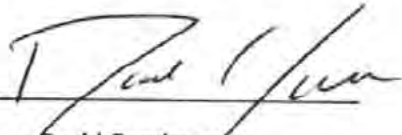
Name: David Goodman

Title: Vice President

IN WITNESS HEREOF, Finchley Investments Inc (the "Assignee") has executed this Right of First Refusal and Co-Sale Agreement dated as of November 3, 2014, by and among Bionpharma Inc (the "Company") and certain Investors listed on Schedule A thereto and Key Holder listed on Schedule B thereto (as amended, the "ROFR Agreement"), as of the date first written below, as a permitted assignee of Pharmascience Inc. (the "Assignee") pursuant to Section 6.9 of the ROFR Agreement and agrees to be bound by all the provisions set forth all conditions of the ROFR Agreement and the Purchase Agreement (including any other transaction documents related thereto, as amended from time to time) in the same capacity as the Assignor, Pharmascience Inc. and agrees to be bound to all conditions thereto as a permitted successor and Assignee. Capitalized terms used herein but not defined herein have the meaning assigned to the term in the ROFR Agreement.

INVESTOR, Assignor

Pharmascience Inc.

By: 

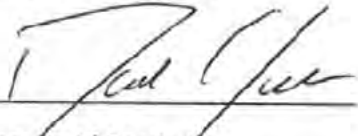
Name: David Goodman

Title: President

Date: Dec. 21, 2022

INVESTOR, Assignee

Finchley Investments Inc

By: 

Name: David Goodman

Title: Vice President

Date: Dec 21, 2022

Address and Telephone for Notices: 


SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

COMMON STOCK PURCHASE AGREEMENT

COMMON STOCK PURCHASE AGREEMENT

THIS COMMON STOCK PURCHASE AGREEMENT (this "**Agreement**"), is made as of the 3rd day of November, 2014 by and among Bion Pharmaceuticals Inc., a Delaware corporation (the "**Company**"), and the investors listed on Exhibit A attached to this Agreement (each a "**Purchaser**" and together the "**Purchasers**").

The parties hereby agree as follows:

1. Purchase and Sale of Common Stock.

1.1 Purchase and Sale of Common Stock.

(a) The Company shall adopt and file with the Secretary of State of the State of Delaware on or before the Initial Closing (as defined below) the Certificate of Incorporation in the form of Exhibit B attached to this Agreement (the "**Certificate**").

(b) Subject to the terms and conditions of this Agreement, each Purchaser agrees to purchase at each Closing, and the Company agrees to sell and issue to each Purchaser at each Closing, that number of shares of Common Stock, \$0.0001 par value per share (the "**Common Stock**"), set forth opposite each Purchaser's name on Exhibit A, at a purchase price of \$10.00 per share. The shares of Common Stock issued to the Purchasers pursuant to this Agreement (including any shares issued at the Initial Closing and any Additional Shares, as defined below) shall be referred to in this Agreement as the "**Shares**."

1.2 Closing; Delivery.

(a) The initial purchase and sale of the Shares shall take place remotely via the exchange of documents and signatures, at 10:00 a.m., on November 3, 2014, or at such other time and place as the Company and the Purchasers mutually agree upon, orally or in writing (which time and place are designated as the "**Initial Closing**"). In the event there is more than one closing, the term "**Closing**" shall apply to each such closing unless otherwise specified.

(b) At each Closing, the Company shall deliver to each Purchaser a certificate representing the Shares being purchased by such Purchaser at such Closing against payment of the purchase price therefor by check payable to the Company, by wire transfer to a bank account designated by the Company, by cancellation or conversion of indebtedness of the Company to Purchaser, or by any combination of such methods.

1.3 Sale of Additional Shares of Common Stock. After the Initial Closing, the Company may sell, on the same terms and conditions as those contained in this Agreement, up to a number of additional shares equal to the difference, if positive, of 3,000,000 over the number of Shares sold at the Initial Closing (subject to appropriate adjustment in the event of any stock dividend, stock split, combination or similar recapitalization affecting such shares) of Common Stock (the "**Additional Shares**"), to one or more purchasers approved by each of Pharmascience Inc. and LOF Bion Partnership, LP, which approval shall not be unreasonably withheld (the "**Additional Purchasers**"), provided that such subsequent sale is consummated prior to sixty

(60) days after the Initial Closing. Exhibit A to this Agreement shall be updated to reflect the number of Additional Shares purchased at each such Closing and the parties purchasing such Additional Shares. For the avoidance of doubt, the aggregate amount raised collectively in all Closings under this Agreement shall not exceed \$30,000,000.

1.4 Use of Proceeds. In accordance with the directions of the Company's Board of Directors, as it shall be constituted in accordance with the Voting Agreement, the Company will use the proceeds from the sale of the Shares to develop for the U.S. market products licensed under the License Agreement (as defined below), general Company overhead costs, working capital and general corporate purposes and other business opportunities approved by the Board of Directors.

1.5 Defined Terms Used in this Agreement. In addition to the terms defined above, the following terms used in this Agreement shall be construed to have the meanings set forth or referenced below.

(a) **"Company Covered Person"** means, with respect to the Company as an "issuer" for purposes of Rule 506 promulgated under the Securities Act, any Person listed in the first paragraph of Rule 506(d)(1).

(b) **"Indemnification Agreement"** means the agreement between the Company and the directors and officers set forth on Schedule A hereto, dated as of the date of the Initial Closing, in the form of Exhibit D attached to this Agreement.

(c) **"Investors' Rights Agreement"** means the agreement among the Company and the Purchasers dated as of the date of the Initial Closing, in the form of Exhibit E attached to this Agreement.

(d) **"License Agreement"** means that certain license agreement by and between the Company and Pharmascience Inc. dated as of the date hereof.

(e) **"Material Adverse Effect"** means a material adverse effect on the business, assets (including intangible assets), liabilities, financial condition, property, prospects or results of operations of the Company.

(f) **"Person"** means any individual, corporation, partnership, trust, limited liability company, association or other entity.

(g) **"Purchaser"** means each of the Purchasers who is initially a party to this Agreement and any Additional Purchaser who becomes a party to this Agreement at a subsequent Closing under Subsection 1.3.

(h) **"Securities Act"** means the Securities Act of 1933, as amended, and the rules and regulations promulgated thereunder.

(i) **"Shares"** means the shares of Common Stock issued at the Initial Closing and any Additional Shares issued at a subsequent Closing under Subsection 1.3.

(j) **“Transaction Agreements”** means this Agreement, the Investors’ Rights Agreement, the Right of First Refusal and Co-Sale Agreement and the Voting Agreement.

(k) **“Right of First Refusal and Co-Sale Agreement”** means the agreement among the Company, the Purchasers, and certain other parties listed therein, dated as of the date of the Initial Closing, in the form of Exhibit F attached to this Agreement.

(l) **“Voting Agreement”** means the agreement among the Company, the Purchasers and certain other stockholders of the Company, dated as of the date of the Initial Closing, in the form of Exhibit G attached to this Agreement.

2. Representations and Warranties of the Company. The Company hereby represents and warrants to each Purchaser that, except as set forth on the Disclosure Schedule attached as Exhibit C to this Agreement, which exceptions shall be deemed to be part of the representations and warranties made hereunder, the following representations are true and complete as of the date of each Closing, except as otherwise indicated. The Disclosure Schedule shall be arranged in sections corresponding to the numbered and lettered sections and subsections contained in this Section 2, and the disclosures in any section or subsection of the Disclosure Schedule shall qualify other sections and subsections in this Section 2 only to the extent it is readily apparent from a reading of the disclosure that such disclosure is applicable to such other sections and subsections.

For purposes of these representations and warranties (other than those in Subsections 2.2, 2.3, 2.4, 2.5, and 2.6), the term the **“Company”** shall include any subsidiaries of the Company, unless otherwise noted herein.

2.1 Organization, Good Standing, Corporate Power and Qualification. The Company is a corporation duly organized, validly existing and in good standing under the laws of the State of Delaware and has all requisite corporate power and authority to carry on its business as presently conducted and as proposed to be conducted. The Company is duly qualified to transact business and is in good standing in each jurisdiction in which the failure to so qualify would have a Material Adverse Effect.

2.2 Capitalization.

(a) The authorized capital of the Company consists, immediately prior to the Initial Closing, of:

(i) 4,000,000 shares of common stock, \$0.0001 par value per share (the **“Common Stock”**), none of which are issued and outstanding immediately prior to the Initial Closing. The Company holds no Common Stock in its treasury.

(ii) The Company has no authorized shares of Preferred Stock and holds no Preferred Stock in its treasury.

(b) The Company has reserved 529,400 shares of Common Stock for issuance to officers, directors, employees and consultants of the Company pursuant to its 2014 Equity Incentive Plan duly adopted by the Board of Directors and approved by the Company

stockholders (the "**Stock Plan**"). Of such reserved shares of Common Stock, no shares have been issued pursuant to restricted stock purchase agreements, options to purchase no shares have been granted and are currently outstanding, and 529,400 shares of Common Stock remain available for issuance to officers, directors, employees and consultants pursuant to the Stock Plan. The Company has furnished to the Purchasers complete and accurate copies of the Stock Plan and forms of agreements used thereunder.

(c) Subsection 2.2(c) of the Disclosure Schedule sets forth the capitalization of the Company immediately following the Initial Closing including the number of shares of the following: (i) issued and outstanding Common Stock, including, with respect to restricted Common Stock, vesting schedule and repurchase price; (ii) granted stock options, including vesting schedule and exercise price (if any); (iii) shares of Common Stock reserved for future award grants under the Stock Plan; and (iv) warrants or stock purchase rights, if any. Except for (A) the rights provided in Section 3 of the Investors' Rights Agreement, and (B) the securities and rights described in Subsection 2.2(a) of this Agreement and Subsection 2.2(c) of the Disclosure Schedule, there are no outstanding options, warrants, rights (including conversion or preemptive rights and rights of first refusal or similar rights) or agreements, orally or in writing, to purchase or acquire from the Company any shares of Common Stock, or any securities convertible into or exchangeable for shares of Common Stock. All outstanding shares of the Company's Common Stock and all shares of the Company's Common Stock underlying outstanding options are subject to (i) a right of first refusal in favor of the Company upon any proposed transfer (other than transfers for estate planning purposes); and (ii) a lock-up or market standoff agreement of not less than one hundred eighty (180) days following the Company's initial public offering pursuant to a registration statement filed with the Securities and Exchange Commission under the Securities Act.

(d) Except as set forth on Schedule 2.2(d), none of the Company's stock purchase agreements or stock option documents contain a provision for acceleration of vesting (or lapse of a repurchase right) or other changes in the vesting provisions or other terms of such agreement or understanding upon the occurrence of any event or combination of events, including without limitation in the case where the Company's Stock Plan is not assumed in an acquisition. The Company has never adjusted or amended the exercise price of any stock options previously awarded, whether through amendment, cancellation, replacement grant, repricing, or any other means. Except as set forth in the Certificate, the Company has no obligation (contingent or otherwise) to purchase or redeem any of its capital stock.

(e) The Company has obtained valid waivers of any rights by other parties to purchase any of the Shares covered by this Agreement.

2.3 Subsidiaries. The Company does not currently own or control, directly or indirectly, any interest in any other corporation, partnership, trust, joint venture, limited liability company, association, or other business entity. The Company is not a participant in any joint venture, partnership or similar arrangement.

2.4 Authorization. All corporate action required to be taken by the Company's Board of Directors and stockholders in order to authorize the Company to enter into the Transaction Agreements, and to issue the Shares at the Closing has been taken or will be

taken prior to the Closing. All action on the part of the officers of the Company necessary for the execution and delivery of the Transaction Agreements, the performance of all obligations of the Company under the Transaction Agreements to be performed as of the Closing, and the issuance and delivery of the Shares has been taken or will be taken prior to the Closing. The Transaction Agreements, when executed and delivered by the Company, shall constitute valid and legally binding obligations of the Company, enforceable against the Company in accordance with their respective terms except (i) as limited by applicable bankruptcy, insolvency, reorganization, moratorium, fraudulent conveyance, or other laws of general application relating to or affecting the enforcement of creditors' rights generally, (ii) as limited by laws relating to the availability of specific performance, injunctive relief, or other equitable remedies, or (iii) to the extent the indemnification provisions contained in the Investors' Rights Agreement and the Indemnification Agreement may be limited by applicable federal or state securities laws.

2.5 Valid Issuance of Shares.

(a) The Shares, when issued, sold and delivered in accordance with the terms and for the consideration set forth in this Agreement, will be validly issued, fully paid and nonassessable and free of restrictions on transfer other than restrictions on transfer under the Transaction Agreements, applicable state and federal securities laws and liens or encumbrances created by or imposed by a Purchaser. Assuming the accuracy of the representations of the Purchasers in Section 3 of this Agreement and subject to Subsection 2.5(b) below, the Shares will be issued in compliance with all applicable federal and state securities laws.

(b) No "bad actor" disqualifying event described in Rule 506(d)(1)(i)-(viii) of the Securities Act (a "**Disqualification Event**") is applicable to the Company or, to the Company's knowledge, any Company Covered Person, except for a Disqualification Event as to which Rule 506(d)(2)(ii-iv) or (d)(3), is applicable.

2.6 Governmental Consents and Filings. Assuming the accuracy of the representations made by the Purchasers in Section 3 of this Agreement, no consent, approval, order or authorization of, or registration, qualification, designation, declaration or filing with, any federal, state or local governmental authority is required on the part of the Company in connection with the consummation of the transactions contemplated by this Agreement, except for (i) the filing of the Certificate, which will have been filed as of the Initial Closing, and (ii) filings pursuant to Regulation D of the Securities Act, and applicable state securities laws, which have been made or will be made in a timely manner.

2.7 Compliance with Other Instruments. The Company is not in violation or default (i) of any provisions of its Certificate or Bylaws, (ii) of any instrument, judgment, order, writ or decree, (iii) under any note, indenture or mortgage, or (iv) under any lease, agreement, contract or purchase order to which it is a party or by which it is bound that is required to be listed on the Disclosure Schedule, or (v) of any provision of federal or state statute, rule or regulation applicable to the Company, the violation of which would have a Material Adverse Effect. The execution, delivery and performance of the Transaction Agreements and the consummation of the transactions contemplated by the Transaction Agreements will not result in any such violation or be in conflict with or constitute, with or without the passage of time and giving of notice, either (i) a default under any such provision, instrument, judgment, order, writ,

decree, contract or agreement; or (ii) an event which results in the creation of any lien, charge or encumbrance upon any assets of the Company or the suspension, revocation, forfeiture, or nonrenewal of any material permit or license applicable to the Company.

2.8 Rights of Registration and Voting Rights. The Company is not under any obligation to register under the Securities Act any of its currently outstanding securities or any securities issuable upon exercise of its currently outstanding securities. To the Company's knowledge, except as contemplated in the Voting Agreement, no stockholder of the Company has entered into any agreements with respect to the voting of capital shares of the Company.

2.9 Material Liabilities. The Company has no liability or obligation, absolute or contingent (individually or in the aggregate), except obligations and liabilities incurred after the date of incorporation in connection with the transaction contemplated by this Agreement.

2.10 Changes. Since the date of the Company's incorporation, there have been no events or circumstances of any kind that have had or could reasonably be expected to result in a Material Adverse Effect. Since the date of the Company's incorporation, the Company has had no operations.

2.11 Tax Returns and Payments. There are no federal, state, county, local or foreign taxes due and payable by the Company which have not been timely paid. There are no accrued and unpaid federal, state, county, local or foreign taxes of the Company which are due, whether or not assessed or disputed. There have been no examinations or audits of any tax returns or reports by any applicable federal, state, local or foreign governmental agency. The Company has duly and timely filed all federal, state, county, local and foreign tax returns required to have been filed by it and there are in effect no waivers of applicable statutes of limitations with respect to taxes for any year.

2.12 Corporate Documents. The Certificate and Bylaws of the Company are in the form provided to the Purchasers. The copy of the minute books of the Company provided to the Purchasers contains minutes of all meetings of directors and stockholders and all actions by written consent without a meeting by the directors and stockholders since the date of incorporation and accurately reflects in all material respects all actions by the directors (and any committee of directors) and stockholders with respect to all transactions referred to in such minutes.

3. Representations and Warranties of the Purchasers. Each Purchaser hereby represents and warrants to the Company, severally and not jointly, that:

3.1 Authorization. The Purchaser has full power and authority to enter into the Transaction Agreements. The Transaction Agreements to which the Purchaser is a party, when executed and delivered by the Purchaser, will constitute valid and legally binding obligations of the Purchaser, enforceable in accordance with their terms, except (a) as limited by applicable bankruptcy, insolvency, reorganization, moratorium, fraudulent conveyance and any other laws of general application affecting enforcement of creditors' rights generally, and as limited by laws relating to the availability of specific performance, injunctive relief or other equitable remedies, or (b) to the extent the indemnification provisions contained in the Investors'

Rights Agreement may be limited by applicable federal or state securities laws.

3.2 Purchase Entirely for Own Account. This Agreement is made with the Purchaser in reliance upon the Purchaser's representation to the Company, which by the Purchaser's execution of this Agreement, the Purchaser hereby confirms, that the Shares to be acquired by the Purchaser will be acquired for investment for the Purchaser's own account, not as a nominee or agent, and not with a view to the resale or distribution of any part thereof, and that the Purchaser has no present intention of selling, granting any participation in, or otherwise distributing the same. By executing this Agreement, the Purchaser further represents that the Purchaser does not presently have any contract, undertaking, agreement or arrangement with any Person to sell, transfer or grant participations to such Person or to any third Person, with respect to any of the Shares.

3.3 Disclosure of Information. The Purchaser has had an opportunity to discuss the Company's business, management, financial affairs and the terms and conditions of the offering of the Shares with the Company's management and has had an opportunity to review the Company's facilities (if applicable). The foregoing, however, does not limit or modify the representations and warranties of the Company in Section 2 of this Agreement or the right of the Purchasers to rely thereon.

3.4 Restricted Securities. The Purchaser understands that the Shares have not been, and will not be, registered under the Securities Act, by reason of a specific exemption from the registration provisions of the Securities Act which depends upon, among other things, the bona fide nature of the investment intent and the accuracy of the Purchaser's representations as expressed herein. The Purchaser understands that the Shares are "restricted securities" under applicable U.S. federal and state securities laws and that, pursuant to these laws, the Purchaser must hold the Shares indefinitely unless they are registered with the Securities and Exchange Commission and qualified by state authorities, or an exemption from such registration and qualification requirements is available. The Purchaser acknowledges that the Company has no obligation to register or qualify the Shares for resale. The Purchaser further acknowledges that if an exemption from registration or qualification is available, it may be conditioned on various requirements including, but not limited to, the time and manner of sale, the holding period for the Shares, and on requirements relating to the Company which are outside of the Purchaser's control, and which the Company is under no obligation and may not be able to satisfy.

3.5 No Public Market. The Purchaser understands that no public market now exists for the Shares, and that the Company has made no assurances that a public market will ever exist for the Shares.

3.6 Legends. The Purchaser understands that the Shares and any securities issued in respect of or exchange for the Shares, may be notated with one or all of the following legends:

"THE SHARES REPRESENTED HEREBY HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AND HAVE BEEN ACQUIRED FOR INVESTMENT AND NOT WITH A VIEW TO, OR IN CONNECTION WITH, THE SALE OR DISTRIBUTION THEREOF. NO SUCH TRANSFER MAY BE EFFECTED WITHOUT AN EFFECTIVE

REGISTRATION STATEMENT RELATED THERETO OR AN OPINION OF COUNSEL IN A FORM SATISFACTORY TO THE COMPANY THAT SUCH REGISTRATION IS NOT REQUIRED UNDER THE SECURITIES ACT OF 1933."

(a) Any legend set forth in, or required by, the other Transaction Agreements.

(b) Any legend required by the securities laws of any state to the extent such laws are applicable to the Shares represented by the certificate, instrument, or book entry so legended.

3.7 Accredited Investor. The Purchaser is an accredited investor as defined in Rule 501(a) of Regulation D promulgated under the Securities Act.

3.8 No General Solicitation. Neither the Purchaser, nor any of its officers, directors, employees, agents, stockholders or partners has either directly or indirectly, including, through a broker or finder (a) engaged in any general solicitation, or (b) published any advertisement in connection with the offer and sale of the Shares.

3.9 Exculpation Among Purchasers. The Purchaser acknowledges that it is not relying upon any Person, other than the Company and its officers and directors, in making its investment or decision to invest in the Company. The Purchaser agrees that neither any Purchaser nor the respective controlling Persons, officers, directors, partners, agents, or employees of any Purchaser shall be liable to any other Purchaser for any action heretofore taken or omitted to be taken by any of them in connection with the purchase of the Shares.

3.10 Residence. If the Purchaser is an individual, then the Purchaser resides in the state or province identified in the address of the Purchaser set forth on Exhibit A; if the Purchaser is a partnership, corporation, limited liability company or other entity, then the office or offices of the Purchaser in which its principal place of business is identified in the address or addresses of the Purchaser set forth on Exhibit A.

3.11 Disqualification. Each Purchaser represents that no Disqualification Event is applicable to such Purchaser, or to any person or entity with whom such Purchaser shares beneficial ownership of Company securities.

4. Conditions to the Purchasers' Obligations at Closing. The obligations of each Purchaser to purchase Shares at the Initial Closing or any subsequent Closing are subject to the fulfillment, on or before such Closing, of each of the following conditions, unless otherwise waived:

4.1 Representations and Warranties. The representations and warranties of the Company contained in Section 2 shall be true and correct in all respects as of such Closing.

4.2 Performance. The Company shall have performed and complied with all covenants, agreements, obligations and conditions contained in this Agreement that are required to be performed or complied with by the Company on or before such Closing.

4.3 Compliance Certificate. The Vice-President of the Company shall deliver to the Purchasers at the Closing a certificate certifying that the conditions specified in Subsections 4.1 and 4.2 have been fulfilled.

4.4 Qualifications. All authorizations, approvals or permits, if any, of any governmental authority or regulatory body of the United States or of any state and any necessary third party consents that are required in connection with the lawful issuance and sale of the Shares pursuant to this Agreement shall be obtained and effective as of the Closing.

4.5 Board of Directors. As of the Initial Closing, the authorized size of the Board shall be five (5), and the Board shall be comprised of James Gale, Venkatachalam Krishnan, David W. Goodman and two vacancies.

4.6 Indemnification Agreement. The Company shall have executed and delivered the Indemnification Agreements.

4.7 Investors' Rights Agreement. The Company and each Purchaser (other than the Purchaser relying upon this condition to excuse such Purchaser's performance hereunder) shall have executed and delivered the Investors' Rights Agreement.

4.8 Right of First Refusal and Co-Sale Agreement. The Company, each Purchaser (other than the Purchaser relying upon this condition to excuse such Purchaser's performance hereunder), and the other stockholders of the Company named as parties thereto shall have executed and delivered the Right of First Refusal and Co-Sale Agreement.

4.9 Voting Agreement. The Company, each Purchaser (other than the Purchaser relying upon this condition to excuse such Purchaser's performance hereunder), and the other stockholders of the Company named as parties thereto shall have executed and delivered the Voting Agreement.

4.10 Certificate. The Company shall have filed the Certificate with the Secretary of State of Delaware on or prior to the Initial Closing, which shall continue to be in full force and effect as of the Closing.

4.11 Officer's Certificate. The Vice-President of the Company shall have delivered to the Purchasers at the Closing a certificate certifying (i) the Bylaws of the Company, (ii) resolutions of the Board of Directors of the Company approving the Transaction Agreements and the transactions contemplated under the Transaction Agreements.

4.12 Non-Disclosure and Proprietary Information Agreements. The Company shall have made available to LOF Bion Partnership, LP and Pharmascience Inc. at or prior to the Closing, Non-Disclosure and Proprietary Information Agreements or Employment Agreements executed by each employee and each current and former consultant of the Company in a form satisfactory to LOF Bion Partnership, LP and Pharmascience Inc.

4.13 License Agreement. The Company and Pharmascience Inc. shall have entered into that certain License Agreement.

4.14 Business Plan. The Company shall have delivered to the Purchasers its five (5) year business plan, which includes at least a pro-forma five (5) year forecast of the Company's revenues and expenses, statements of cash flow, income statements, balance sheets and an organizational staffing plan.

4.15 Proceedings and Documents. All corporate and other proceedings in connection with the transactions contemplated at the Closing and all documents incident thereto shall be reasonably satisfactory in form and substance to each Purchaser, and each Purchaser (or its counsel) shall have received all such counterpart original and certified or other copies of such documents as reasonably requested. Such documents may include good standing certificates.

4.16 Employment Agreements and Stock Option Agreements. The Company shall have entered into employment agreements and stock option agreements with Venkatachalam Krishnan, Gaurav Mehrotra, Phanindranath Punji, Lavesh Samtani and William Winter and each of such agreements shall be effective the date of each such executive's first day of employment with the Company.

5. Conditions of the Company's Obligations at Closing. The obligations of the Company to sell Shares to the Purchasers at the Initial Closing or any subsequent Closing are subject to the fulfillment, on or before the Closing, of each of the following conditions, unless otherwise waived:

5.1 Representations and Warranties. The representations and warranties of each Purchaser contained in Section 3 shall be true and correct in all respects as of such Closing.

5.2 Performance. The Purchasers shall have performed and complied with all covenants, agreements, obligations and conditions contained in this Agreement that are required to be performed or complied with by them on or before such Closing.

5.3 Qualifications. All authorizations, approvals or permits, if any, of any governmental authority or regulatory body of the United States or of any state that are required in connection with the lawful issuance and sale of the Shares pursuant to this Agreement shall be obtained and effective as of the Closing.

5.4 Investors' Rights Agreement. Each Purchaser shall have executed and delivered the Investors' Rights Agreement.

5.5 Right of First Refusal and Co-Sale Agreement. Each Purchaser and the other stockholders of the Company named as parties thereto shall have executed and delivered the Right of First Refusal and Co-Sale Agreement.

5.6 Voting Agreement. Each Purchaser and the other stockholders of the Company named as parties thereto shall have executed and delivered the Voting Agreement.

6 Miscellaneous.

6.1 Survival of Warranties. Unless otherwise set forth in this Agreement, the representations and warranties of the Company and the Purchasers contained in or made pursuant

to this Agreement shall survive the execution and delivery of this Agreement and the Closings and shall in no way be affected by any investigation or knowledge of the subject matter thereof made by or on behalf of the Purchasers or the Company.

6.2 Successors and Assigns. The terms and conditions of this Agreement shall inure to the benefit of and be binding upon the respective successors and assigns of the parties. Nothing in this Agreement, express or implied, is intended to confer upon any party other than the parties hereto or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement, except as expressly provided in this Agreement.

6.3 Governing Law. This Agreement shall be governed by the internal law of the State of Delaware.

6.4 Counterparts. This Agreement may be executed in two (2) or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., www.docusign.com) or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

6.5 Titles and Subtitles. The titles and subtitles used in this Agreement are used for convenience only and are not to be considered in construing or interpreting this Agreement.

6.6 Notices. All notices and other communications given or made pursuant to this Agreement shall be in writing and shall be deemed effectively given upon the earlier of actual receipt, or (a) personal delivery to the party to be notified, (b) when sent, if sent by electronic mail or facsimile during normal business hours of the recipient, and if not sent during normal business hours, then on the recipient's next business day, (c) five (5) days after having been sent by registered or certified mail, return receipt requested, postage prepaid, or (d) one (1) business day after deposit with a nationally recognized overnight courier, freight prepaid, specifying next business day delivery, with written verification of receipt. All communications shall be sent to the respective parties at their address as set forth on the signature page or Exhibit A, or to such e-mail address, facsimile number or address as subsequently modified by written notice given in accordance with this Subsection 6.6. If notice is given to the Company, a copy (which shall not constitute notice) shall also be given to Sheppard, Mullin, Richter & Hampton LLP, 30 Rockefeller Plaza, New York, NY 10112-0015, Attention: Shon E. Glusky, Esq.

6.7 No Finder's Fees. Each party represents that it neither is nor will be obligated for any finder's fee or commission in connection with this transaction. Each Purchaser agrees to indemnify and to hold harmless the Company from any liability for any commission or compensation in the nature of a finder's or broker's fee arising out of this transaction (and the costs and expenses of defending against such liability or asserted liability) for which each Purchaser or any of its officers, employees or representatives is responsible. The Company agrees to indemnify and hold harmless each Purchaser from any liability for any commission or

compensation in the nature of a finder's or broker's fee arising out of this transaction (and the costs and expenses of defending against such liability or asserted liability) for which the Company or any of its officers, employees or representatives is responsible.

6.8 Fees and Expenses. Each party shall be responsible for its own fees and expenses, including any fees and expenses of counsel in connection with the transactions contemplated herein.

6.9 Attorneys' Fees. If any action at law or in equity (including, arbitration) is necessary to enforce or interpret the terms of any of the Transaction Agreements, the prevailing party shall be entitled to reasonable attorneys' fees, costs and necessary disbursements in addition to any other relief to which such party may be entitled.

6.10 Amendments and Waivers. Any term of this Agreement may be amended, terminated or waived only with the written consent of the Company, and (i) the holders of at least two-thirds (2/3rds) of the then-outstanding Shares, which shall include LOF Bion Partnership, LP and Pharmascience Inc. or (ii) for an amendment, termination or waiver effected prior to the Closing, Purchasers obligated to purchase at least a majority of the Shares to be issued at the Closing. Any amendment or waiver effected in accordance with this Subsection 6.10 shall be binding upon the Purchasers and each transferee of the Shares, each future holder of all such securities, and the Company.

6.11 Severability. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision.

6.12 Delays or Omissions. No delay or omission to exercise any right, power or remedy accruing to any party under this Agreement, upon any breach or default of any other party under this Agreement, shall impair any such right, power or remedy of such non-breaching or non-defaulting party nor shall it be construed to be a waiver of any such breach or default, or an acquiescence therein, or of or in any similar breach or default thereafter occurring; nor shall any waiver of any single breach or default be deemed a waiver of any other breach or default theretofore or thereafter occurring. Any waiver, permit, consent or approval of any kind or character on the part of any party of any breach or default under this Agreement, or any waiver on the part of any party of any provisions or conditions of this Agreement, must be in writing and shall be effective only to the extent specifically set forth in such writing. All remedies, either under this Agreement or by law or otherwise afforded to any party, shall be cumulative and not alternative.

6.13 Entire Agreement. This Agreement (including the Exhibits hereto), the Certificate and the other Transaction Agreements constitute the full and entire understanding and agreement between the parties with respect to the subject matter hereof, and any other written or oral agreement relating to the subject matter hereof existing between the parties are expressly canceled.

6.14 Dispute Resolution. The parties (a) hereby irrevocably and unconditionally submit to the jurisdiction of the state courts of Delaware and to the jurisdiction of the United States District Court for the Delaware Court of Chancery for the purpose of any

suit, action or other proceeding arising out of or based upon this Agreement, (b) agree not to commence any suit, action or other proceeding arising out of or based upon this Agreement except in the state courts of Delaware or the United States District Court for the Delaware Court of Chancery, and (c) hereby waive, and agree not to assert, by way of motion, as a defense, or otherwise, in any such suit, action or proceeding, any claim that it is not subject personally to the jurisdiction of the above-named courts, that its property is exempt or immune from attachment or execution, that the suit, action or proceeding is brought in an inconvenient forum, that the venue of the suit, action or proceeding is improper or that this Agreement or the subject matter hereof may not be enforced in or by such court.

WAIVER OF JURY TRIAL: EACH PARTY HEREBY WAIVES ITS RIGHTS TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF THIS AGREEMENT, THE OTHER TRANSACTION AGREEMENTS, THE SECURITIES OR THE SUBJECT MATTER HEREOF OR THEREOF. THE SCOPE OF THIS WAIVER IS INTENDED TO BE ALL-ENCOMPASSING OF ANY AND ALL DISPUTES THAT MAY BE FILED IN ANY COURT AND THAT RELATE TO THE SUBJECT MATTER OF THIS TRANSACTION, INCLUDING, WITHOUT LIMITATION, CONTRACT CLAIMS, TORT CLAIMS (INCLUDING NEGLIGENCE), BREACH OF DUTY CLAIMS, AND ALL OTHER COMMON LAW AND STATUTORY CLAIMS. THIS SECTION HAS BEEN FULLY DISCUSSED BY EACH OF THE PARTIES HERETO AND THESE PROVISIONS WILL NOT BE SUBJECT TO ANY EXCEPTIONS. EACH PARTY HERETO HEREBY FURTHER WARRANTS AND REPRESENTS THAT SUCH PARTY HAS REVIEWED THIS WAIVER WITH ITS LEGAL COUNSEL, AND THAT SUCH PARTY KNOWINGLY AND VOLUNTARILY WAIVES ITS JURY TRIAL RIGHTS FOLLOWING CONSULTATION WITH LEGAL COUNSEL.

The prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which such party may be entitled. Each of the parties to this Agreement consents to personal jurisdiction for any equitable action sought in the U.S. District Court for the Delaware Court of Chancery or any court of the State of Delaware having subject matter jurisdiction.

6.15 No Commitment for Additional Financing. The Company acknowledges and agrees that no Purchaser has made any representation, undertaking, commitment or agreement to provide or assist the Company in obtaining any financing, investment or other assistance, other than the purchase of the Shares as set forth herein and subject to the conditions set forth herein. In addition, the Company acknowledges and agrees that (i) no statements, whether written or oral, made by any Purchaser or its representatives on or after the date of this Agreement shall create an obligation, commitment or agreement to provide or assist the Company in obtaining any financing or investment, (ii) the Company shall not rely on any such statement by any Purchaser or its representatives, and (iii) an obligation, commitment or agreement to provide or assist the Company in obtaining any financing or investment may only be created by a written agreement, signed by such Purchaser and the Company, setting forth the terms and conditions of such financing or investment and stating that the parties intend for such writing to be a binding obligation or agreement. Each Purchaser shall have the right, in its sole and absolute discretion, to refuse or decline to participate in any other financing of or investment

in the Company, and shall have no obligation to assist or cooperate with the Company in obtaining any financing, investment or other assistance.

IN WITNESS WHEREOF, the parties have executed this Common Stock Purchase Agreement as of the date first written above.

COMPANY:

Bion Pharmaceuticals Inc.

By  _____

Name: James C. Gale
(print)

Title: VP

Address: 600 Alexander Road, Suite 2-4B

Princeton, NJ 08540

SIGNATURE PAGE TO COMMON STOCK PURCHASE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Common Stock Purchase Agreement as of the date first written above.

PURCHASER:

LOF Bion Partnership, LP

By: 

Name: JAMES GALT
(print)

Title: Manager

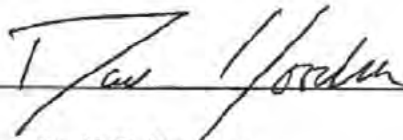
Address: 


SIGNATURE PAGE TO COMMON STOCK PURCHASE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Common Stock Purchase Agreement as of the date first written above.

PURCHASER:

Pharmascience Inc.

By: 

Name: David W. Goodman
(print)

Title: Chief Executive Officer

Address: 

SIGNATURE PAGE TO COMMON STOCK PURCHASE AGREEMENT

EXHIBITS

<u>Exhibit A</u> -	SCHEDULE OF PURCHASERS
<u>Exhibit B</u> -	FORM OF CERTIFICATE OF INCORPORATION
<u>Exhibit C</u> -	DISCLOSURE SCHEDULE
<u>Exhibit D</u> -	FORM OF INDEMNIFICATION AGREEMENT
<u>Exhibit E</u> -	FORM OF INVESTORS' RIGHTS AGREEMENT
<u>Exhibit F</u> -	FORM OF RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT
<u>Exhibit G</u> -	FORM OF VOTING AGREEMENT
 <u>Schedule A</u> -	 DIRECTORS AND OFFICERS

EXHIBIT A

SCHEDULE OF PURCHASERS

INITIAL CLOSING – November 3, 2014

<u>Investors</u>	<u>Shares</u>	<u>Purchase Price</u>
LOF Bion Partnership, LP Attention: James Gale c/o Signet Healthcare Partners 152 W. 57th Street 19th Floor New York, NY 10019 Email: [REDACTED]	1,127,500	\$11,275,000
Pharmascience Inc. 6111, Royalmount Avenue, Suite 100 Montreal, Quebec, H4P 2T4 Attention: David W. Goodman Fax No.: (514) 342-3654 Email: [REDACTED] With a copy to: General Counsel and Corporate Secretary Fax: (514) 342-3654	1,000,000	\$10,000,000
<i>TOTAL</i>	2,127,500	\$21,275,000

EXHIBIT B

**FORM OF
CERTIFICATE OF INCORPORATION**

(See Tab 1)

EXHIBIT C

DISCLOSURE SCHEDULE

(Attached)

**BION PHARMACEUTICALS INC.
COMMON STOCK PURCHASE AGREEMENT**

DISCLOSURE SCHEDULE

NOVEMBER 3, 2014

Reference is made to that certain Common Stock Purchase Agreement dated as of the date hereof, among Bion Pharmaceuticals Inc., a Delaware corporation (the "Company"), and the purchasers signatory thereto for the purchase of shares of Common Stock (as defined therein) (the "Purchase Agreement"). This is the "Disclosure Schedule" as defined in Section 2 of the Purchase Agreement. Capitalized terms not otherwise defined in this Disclosure Schedule shall have the meaning set forth in the Purchase Agreement.

To the extent that any representation or warranty contained in the Purchase Agreement is limited or qualified by the materiality of the matter to which the representation or warranty is given, the inclusion of any matter in this Disclosure Schedule does not constitute a determination by the Company that such matter is material. Nor in such cases where a representation or warranty is limited or qualified by the materiality of the matter to which the representation or warranty is given shall the disclosure of any matter in this Disclosure Schedule imply that any other undisclosed matter has a greater value or other significance.

The inclusion of any matter or document in this Disclosure Schedule shall be deemed to be included as an exception with respect to each other representation or warranty contained in the Purchase Agreement to which the relevance of such matter or document is applicable.

The inclusion in this Disclosure Schedule of any matter or document shall not imply any representation, warranty or undertaking that is not expressly given in the Purchase Agreement nor shall such disclosure be taken as extending the scope of any representation, warranty or undertaking given in the Purchase Agreement. Nothing in this Disclosure Schedule constitutes an admission of any liability or obligation of the Company to any third party, or an admission against the Company's interests.

The headings contained in this Disclosure Schedule are included for convenience only, and are not intended to limit the effect of the disclosures contained in this Disclosure Schedule or to expand the scope of the information required to be disclosed in this Disclosure Schedule. The section numbers in this Disclosure Schedule correspond to the section numbers in the Purchase Agreement.

**BION PHARMACEUTICALS INC.
COMMON STOCK PURCHASE AGREEMENT**

DISCLOSURE SCHEDULE

NOVEMBER 3, 2014

* * *

Section 2.1

The Company anticipates filing an application to qualify to do business in the state of New Jersey as a post-Closing matter.

Section 2.2(b)

On November 1, 2014, the Board of Directors approved option grants to purchase Common Stock of the Company in the aggregate amount of 529,397 shares to the Company's management team members (the "Grants"). Please see the first item under 2.2(c) below regarding adjustments to the Grants.

Section 2.2(c)

The Grants are subject to adjustments in the number of shares purchasable thereunder if subsequent closings do not occur under the Purchase Agreement within sixty (60) days of the date hereof.

See Exhibit A hereto for the capitalization of the Company immediately following the Closing. This Exhibit takes into account the issuance of Common Stock in connection herewith, all dated as of the date hereof.

Section 2.2(d)

The stock option agreements, which represent the Grants, for Venkatachalam Krishnan, Gaurav Mehrotra, Phanindranath Punji, Lavesh Samtani and William Winter provide for acceleration of vesting as set forth therein.

The Company's Stock Plan provides that in the event that a Change in Control (as defined therein) occurs and there is no assumption, substitution or continuation of Awards pursuant to Section 12(a) of the Stock Plan, the Committee (as defined therein) in its discretion may provide that all Awards (as defined therein) shall vest and become exercisable as of immediately before such Change in Control.

Section 2.9

The Company anticipates entering into an office lease agreement.

The Company entered into employment agreements with its five executive team members effective November 1, 2014.

**BION PHARMACEUTICALS INC.
COMMON STOCK PURCHASE AGREEMENT**

DISCLOSURE SCHEDULE

NOVEMBER 3, 2014

The Company owes legal fees to Sheppard, Mullin, Richter & Hampton LLP ("SMRH") in connection with the legal services SMRH provided for the formation of the Company and the transactions contemplated in and by the Purchase Agreement and certain related agreements.

The Company entered into the License Agreement.

Section 2.12

Copies of director and stockholder consents have been made available to the Purchasers. The Company is in the process of compiling a minute book.

Exhibit A

Capitalization of the Company

	<u>Options Issued</u>	<u>Shares Outstanding</u>	<u>Repurchase/ Exercise Price</u>	<u>Vesting Schedule</u>
<i>Common Stock</i>				
LOF Bion Partnership, LP	NA	1,127,500	NA	NA
Pharmascience Inc.	NA	1,000,000	NA	NA
<i>Options*</i>				
Venkatachalam Krishnan	141,173	NA	\$10/share	1
Gaurav Mehrotra	97,056	NA	\$10/share	1
Phanindranath Punji	97,056	NA	\$10/share	1
Lavesh Samtani	97,056	NA	\$10/share	1
William Winter	97,056	NA	\$10/share	1
<i>Remaining Option Shares Reserved under the 2014 Equity Incentive Plan</i>	3			
<i>Warrants</i>	NA	NA	NA	NA
<i>Total Outstanding</i>		2,127,500		
<i>Total Fully Diluted Capital</i>	2,656,900			

*These option grants were issued on the first date of employment of each of the individual's listed above. The foregoing option grants are subject to adjustments in the number of shares purchasable thereunder if subsequent closings do not occur under the Purchase Agreement within sixty (60) days of the date hereof.

1. 1/4th of the shares shall vest on the one-year anniversary of the vesting calculation date. Thereafter, 1/48th of the shares shall vest at the end of each full month of continuous service over a three-year period commencing on the one-year anniversary of the vesting calculation date. Notwithstanding the foregoing, the individual stock option agreements provide for acceleration terms as set forth therein.

EXHIBIT D

FORM OF INDEMNIFICATION AGREEMENT

(See Exhibit A Tab 6)

EXHIBIT E

FORM OF INVESTORS' RIGHTS AGREEMENT

(See Tab 9)

EXHIBIT F

FORM OF RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

(See Tab 10)

EXHIBIT G

FORM OF VOTING AGREEMENT

(See Tab 11)

SCHEDULE A
DIRECTORS AND OFFICERS

Directors:

James Gale

Venkatachalam Krishnan

David W. Goodman

Officers:

Name

Title

Venkatachalam Krishnan

President and Chief Executive Officer

Gaurav Mehrotra

Treasurer and Chief Financial Officer

Lavesh Samtani

Secretary

James Gale

Vice-President

RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

THIS RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT (this "**Agreement**"), is made as of the 3rd day of November, 2014 by and among Bion Pharmaceuticals Inc., a Delaware corporation (the "**Company**"), the Investors listed on Schedule A and the Key Holders listed on Schedule B.

RECITALS

WHEREAS, each Key Holder is the beneficial owner of the number of shares of Capital Stock, or of options to purchase Common Stock, set forth opposite the name of such Key Holder on Schedule B;

WHEREAS, the Company and the Investors are parties to the Common Stock Purchase Agreement, of even date herewith (the "**Purchase Agreement**"), pursuant to which the Investors have agreed to purchase shares of the Common Stock of the Company, par value \$0.0001 per share ("**Common Stock**"); and

WHEREAS, the Key Holders and the Company desire to further induce the Investors to purchase the Common Stock.

AGREEMENT

NOW, THEREFORE, the Company, the Key Holders and the Investors agree as follows:

1. Definitions.

1.1 "**Affiliate**" means, with respect to any specified Investor, any other Investor who directly or indirectly, controls, is controlled by or is under common control with such Investor, including, without limitation, any general partner, managing member, officer or director of such Investor, or any venture capital fund now or hereafter existing which is controlled by one or more general partners or managing members of, or shares the same management company with, such Investor.

1.2 "**Capital Stock**" means (a) shares of Common Stock (whether now outstanding or hereafter issued in any context), and (b) shares of Common Stock issued or issuable upon exercise or conversion, as applicable, of stock options, warrants or other convertible securities of the Company, in each case now owned or subsequently acquired by any Key Holder, any Investor, or their respective successors or permitted transferees or assigns.

1.3 "**Common Stock**" means shares of Common Stock of the Company, \$0.0001 par value per share.

1.4 "**Company Notice**" means written notice from the Company notifying the selling Holders that the Company intends to exercise its Secondary Refusal Right as to some or all of the Transfer Stock with respect to any Proposed Holder Transfer.

1.5 **"Holder"** means the Investors and the Key Holders.

1.6 **"Holder Notice"** means written notice from a Holder notifying the Company and the selling Holder that such Holder intends to exercise its Right of First Refusal as to a portion of the Transfer Stock with respect to any Proposed Holder Transfer.

1.7 **"Investors"** means the persons named on Schedule A hereto, each person to whom the rights of an Investor are assigned pursuant to Subsection 6.9, each person who hereafter becomes a signatory to this Agreement pursuant to Subsection 6.11 and any one of them, as the context may require.

1.8 **"Key Holders"** means the persons named on Schedule B hereto, each person to whom the rights of a Key Holder are assigned pursuant to Subsection 3.1, each person who hereafter becomes a signatory to this Agreement pursuant to Subsection 6.9 or 6.17 and any one of them, as the context may require.

1.9 **"Proposed Holder Transfer"** means any assignment, sale, offer to sell, pledge, mortgage, hypothecation, encumbrance, disposition of or any other like transfer or encumbering of any Transfer Stock (or any interest therein) proposed by any of the Holders.

1.10 **"Proposed Transfer Notice"** means written notice from a Holder setting forth the terms and conditions of a Proposed Holder Transfer.

1.11 **"Prospective Transferee"** means any person to whom a Holder proposes to make a Proposed Holder Transfer.

1.12 **"Qualified IPO"** means the sale by the Company of its Common Stock pursuant to a firm-commitment underwritten public offering pursuant to an effective registration statement under the Securities Act of 1933, as amended, whose managing underwriters comprise nationally-recognized investment banking firms, whose aggregate offer price to the public results in gross proceeds (prior to the underwriters commissions and discounts) of greater than \$60,000,000.

1.13 **"Right of Co-Sale"** means the right, but not an obligation, of a Holder to participate in a Proposed Holder Transfer on the terms and conditions specified in the Proposed Transfer Notice.

1.14 **"Right of First Refusal"** means the right, but not an obligation, of each Holder to purchase up to its pro rata portion (based upon the total number of shares of Capital Stock then held by all Holders) of any Transfer Stock with respect to a Proposed Holder Transfer, on the terms and conditions specified in the Proposed Transfer Notice.

1.15 **"Secondary Notice"** means written notice from the Holders notifying the Company and the selling Holder that the Holder does not intend to exercise its Right of First Refusal as to all such Holder's portion of the shares of Transfer Stock with respect to any Proposed Holder Transfer.

1.16 “**Secondary Refusal Right**” means the right, but not an obligation, of the Company, or its permitted transferees or assigns, to purchase some or all of the Transfer Stock not purchased pursuant to the Right of First Refusal or pursuant to Section 2.1(c), on the terms and conditions specified in the Proposed Transfer Notice.

1.17 “**Transfer Stock**” means shares of Capital Stock owned by a Holder, or issued to a Holder after the date hereof (including, without limitation, in connection with any stock split, stock dividend, recapitalization, reorganization, or the like).

1.18 “**Undersubscription Notice**” means written notice from a Holder notifying the Company and the selling Holder that such Holder intends to exercise its option to purchase all or any portion of the Transfer Stock not purchased pursuant to the Right of First Refusal or the Secondary Refusal Right.

2. Agreement Among the Company, the Investors and the Key Holders.

2.1 Right of First Refusal.

(a) Grant. Subject to the terms of Section 3 below, each Holder hereby unconditionally and irrevocably grants to the other Holders (except for such proposed Holder transferor), a Right of First Refusal to purchase such Holder's portion of the Transfer Stock that such Holder may propose to transfer in a Proposed Holder Transfer, at the same price and on the same terms and conditions as those offered to the Prospective Transferee.

(b) Notice. Each Holder proposing to make a Proposed Holder Transfer must deliver a Proposed Transfer Notice to the Company and each other Holder not later than forty-five (45) days prior to the consummation of such Proposed Holder Transfer. Such Proposed Transfer Notice shall contain the material terms and conditions (including price and form of consideration) of the Proposed Holder Transfer, the identity of the Prospective Transferee and the intended date of the Proposed Holder Transfer. To exercise its Right of First Refusal under this Section 2, each Holder must deliver a Holder Notice to the selling Holder within fifteen (15) days after delivery of the Proposed Transfer Notice (the “**Holder Notice Period**”). If a Holder does not intend to exercise its Right of First Refusal with respect to all of such Holder's portion of the Transfer Stock subject to a Proposed Holder Transfer, the Holder must deliver a Secondary Notice to the selling Holder and the Company to that effect no later than fifteen (15) days after the selling Holder delivers the Proposed Transfer Notice to the Holders. In the event of a conflict between this Agreement and any other agreement that may have been entered into by a Holder with the Company that contains a preexisting right of first refusal, the Company and the Holder acknowledge and agree that the terms of this Agreement shall control and the preexisting right of first refusal shall be deemed satisfied by compliance with Subsection 2.1(a) and this Subsection 2.1(b). In the event of a conflict between this Agreement and the Company's Bylaws containing a preexisting right of first refusal, the terms of this Agreement will control and compliance with this Agreement shall be deemed compliance with the Bylaws in full.

(c) Undersubscription of Transfer Stock. If options to purchase have been exercised by the Holders with respect to some but not all of the Transfer Stock by the end

of the Holder Notice Period, then the Company shall, immediately after the expiration of the Holder Notice Period, send written notice (the "**Company Undersubscription Notice**") to those Holders who fully exercised their Right of First Refusal within the Holder Notice Period (the "**Exercising Holders**"). Each Exercising Holder shall, subject to the provisions of this Subsection 2.1(b), have an additional option to purchase all or any part of the balance of any such remaining unsubscribed shares of Transfer Stock on the terms and conditions set forth in the Proposed Transfer Notice. To exercise such option, an Exercising Holder must deliver an Undersubscription Notice to the selling Holder and the Company within ten (10) days after the expiration of the Holder Notice Period. In the event there are two (2) or more such Exercising Holders that choose to exercise the last-mentioned option for a total number of remaining shares in excess of the number available, the remaining shares available for purchase under this Subsection 2.1(b) shall be allocated to such Exercising Holders pro rata based on the number of shares of Transfer Stock such Exercising Holders have elected to purchase pursuant to the Right of First Refusal (without giving effect to any shares of Transfer Stock that any such Exercising Holder has elected to purchase pursuant to the Company Undersubscription Notice). If the options to purchase the remaining shares are exercised in full by the Exercising Holders, the Company shall immediately notify all of the Exercising Holders and the selling Holder of that fact.

(d) Grant of Secondary Refusal Right to Company. Subject to the terms of Section 3 below, each Holder hereby unconditionally and irrevocably grants to the Company a Secondary Refusal Right to purchase all or any portion of the Transfer Stock not purchased by the Holders pursuant to the Right of First Refusal or pursuant to Subsection 2.1(c), as provided in this Subsection 2.1(d). To exercise its Secondary Refusal Right, the Company must deliver the Company Notice to the selling Holder within ten (10) days after the Holders' deadline for its delivery of the Secondary Notice as provided in the preceding sentence.

(e) Forfeiture of Rights. Notwithstanding the foregoing, if the total number of shares of Transfer Stock that the Company and the Holders have agreed to purchase in the Company Notice, Holder Notices and Undersubscription Notices is less than the total number of shares of Transfer Stock, then the Company and the Holders shall be deemed to have forfeited any right to purchase such Transfer Stock, and the selling Holder shall be free to sell all, but not less than all, of the Transfer Stock to the Prospective Transferee on terms and conditions substantially similar to (and in no event more favorable than) the terms and conditions set forth in the Proposed Transfer Notice, it being understood and agreed that (i) any such sale or transfer shall be subject to the other terms and restrictions of this Agreement, including, without limitation, the terms and restrictions set forth in Subsections 2.2 and 6.9(b); (ii) any future Proposed Holder Transfer shall remain subject to the terms and conditions of this Agreement, including this Section 2; and (iii) such sale shall be consummated within forty-five (45) days after receipt of the Proposed Transfer Notice by the Company and the Holders and, if such sale is not consummated within such forty-five (45) day period, such sale shall again become subject to the Right of First Refusal and Secondary Refusal Right on the terms set forth herein.

(f) Consideration; Closing. If the consideration proposed to be paid for the Transfer Stock is in property, services or other non-cash consideration, the fair market value of the consideration shall be as determined in good faith by the Company's Board of Directors and as set forth in the Company Notice or any other notice that is sent by the Company

with this information. If the Company or any Holder cannot for any reason pay for the Transfer Stock in the same form of non-cash consideration, the Company or such Holder may pay the cash value equivalent thereof, as determined in good faith by the Board of Directors and as set forth in the Company Notice or any other notice that is sent by the Company with this information. The closing of the purchase of Transfer Stock by the Company and the Holders shall take place, and all payments from the Company and the Holders shall have been delivered to the selling Holder, by the later of (i) the date specified in the Proposed Transfer Notice as the intended date of the Proposed Holder Transfer; and (ii) forty-five (45) days after delivery of the Proposed Transfer Notice.

2.2 Right of Co-Sale.

(a) Exercise of Right. If any Transfer Stock subject to a Proposed Holder Transfer is not purchased pursuant to Subsection 2.1 above and thereafter is to be sold to a Prospective Transferee, each respective Holder that is not an Exercising Holder may elect to exercise its Right of Co-Sale and participate on a pro rata basis in the Proposed Holder Transfer as set forth in Subsection 2.2(b) below and, subject to Subsection 2.2(d), otherwise on the same terms and conditions specified in the Proposed Transfer Notice. Each eligible Holder who desires to exercise its Right of Co-Sale (each, a **"Participating Holder"**) must give the selling Holder written notice to that effect within fifteen (15) days after the deadline for delivery of the Secondary Notice described above, and upon giving such notice such Participating Holder shall be deemed to have effectively exercised the Right of Co-Sale.

(b) Shares Includable. Each Participating Holder may include in the Proposed Holder Transfer all or any part of such Participating Holder's Capital Stock equal to the product obtained by multiplying (i) the aggregate number of shares of Transfer Stock subject to the Proposed Holder Transfer (excluding shares purchased by the Holders and the Company pursuant to the Right of First Refusal or the Secondary Refusal Right) by (ii) a fraction, the numerator of which is the number of shares of Capital Stock owned by such Participating Holder immediately before consummation of the Proposed Holder Transfer and the denominator of which is the total number of shares of Capital Stock owned, in the aggregate, by all Participating Holders immediately prior to the consummation of the Proposed Holder Transfer, plus the number of shares of Transfer Stock held by the selling Holder. To the extent one (1) or more of the Participating Holders exercise such right of participation in accordance with the terms and conditions set forth herein, the number of shares of Transfer Stock that the selling Holder may sell in the Proposed Holder Transfer shall be correspondingly reduced.

(c) Purchase and Sale Agreement. The Participating Holders and the selling Holder agree that the terms and conditions of any Proposed Holder Transfer in accordance with Subsection 2.2 will be memorialized in, and governed by, a written purchase and sale agreement with the Prospective Transferee (the **"Purchase and Sale Agreement"**) with customary terms and provisions for such a transaction, and the Participating Holders and the selling Holder further covenant and agree to enter into such Purchase and Sale Agreement as a condition precedent to any sale or other transfer in accordance with this Subsection 2.2.

(d) Allocation of Consideration. The aggregate consideration payable to the Participating Holders and the selling Holder shall be allocated based on the number of

shares of Capital Stock sold to the Prospective Transferee by each Participating Holder and the selling Holder as provided in Subsection 2.2(b).

(e) Purchase by Selling Holder; Deliveries. Notwithstanding Subsection 2.2(c) above, if any Prospective Transferee or Transferees refuse(s) to purchase securities subject to the Right of Co-Sale from any Participating Holder or Holders or upon the failure to negotiate in good faith a Purchase and Sale Agreement reasonably satisfactory to the Participating Holders, no Holder may sell any Transfer Stock to such Prospective Transferee or Transferees unless and until, simultaneously with such sale, such Holder purchases all securities subject to the Right of Co-Sale from such Participating Holder or Holders on the same terms and conditions (including the proposed purchase price) as set forth in the Proposed Transfer Notice and as provided in Subsection 2.2(d). In connection with such purchase by the selling Holder, such Participating Holder or Holders shall deliver to the selling Holder any stock certificate or certificates, properly endorsed for transfer, representing the Capital Stock being purchased by the selling Holder (or request that the Company effect such transfer in the name of the selling Holder). Any such shares transferred to the selling Holder will be transferred to the Prospective Transferee against payment therefor in consummation of the sale of the Transfer Stock pursuant to the terms and conditions specified in the Proposed Transfer Notice, and the selling Holder shall concurrently therewith remit or direct payment to each such Participating Holder the portion of the aggregate consideration to which each such Participating Holder is entitled by reason of its participation in such sale as provided in this Subsection 2.2(e).

(f) Additional Compliance. If any Proposed Holder Transfer is not consummated within forty-five (45) days after receipt of the Proposed Transfer Notice by the Company and the Holders, the Holders proposing the Proposed Holder Transfer may not sell any Transfer Stock unless they first comply in full with each provision of this Section 2. The exercise or election not to exercise any right by any Holder hereunder shall not adversely affect its right to participate in any other sales of Transfer Stock subject to this Subsection 2.2.

2.3 Effect of Failure to Comply.

(a) Transfer Void; Equitable Relief. Any Proposed Holder Transfer not made in compliance with the requirements of this Agreement shall be null and void ab initio, shall not be recorded on the books of the Company or its transfer agent and shall not be recognized by the Company. Each party hereto acknowledges and agrees that any breach of this Agreement would result in substantial harm to the other parties hereto for which monetary damages alone could not adequately compensate. Therefore, the parties hereto unconditionally and irrevocably agree that any non-breaching party hereto shall be entitled to seek protective orders, injunctive relief and other remedies available at law or in equity (including, without limitation, seeking specific performance or the rescission of purchases, sales and other transfers of Transfer Stock not made in strict compliance with this Agreement).

(b) Violation of First Refusal Right. If any Holder becomes obligated to sell any Transfer Stock to the Company or any Holder under this Agreement and fails to deliver such Transfer Stock in accordance with the terms of this Agreement, the Company and/or such Holder may, at its option, in addition to all other remedies it may have, send to such Holder the purchase price for such Transfer Stock as is herein specified and transfer to the name of the

Company or such Holder (or request that the Company effect such transfer in the name of a Holder) on the Company's books any certificates, instruments, or book entry representing the Transfer Stock to be sold.

(c) Violation of Co-Sale Right. If any Holder purports to sell any Transfer Stock in contravention of the Right of Co-Sale (a "**Prohibited Transfer**"), each of the other Holders who desires to exercise its Right of Co-Sale under Subsection 2.2 may, in addition to such remedies as may be available by law, in equity or hereunder, require such Holder to purchase from such Holder the type and number of shares of Capital Stock that such Holder would have been entitled to sell to the Prospective Transferee had the Prohibited Transfer been effected in compliance with the terms of Subsection 2.2. The sale will be made on the same terms, including, without limitation, as provided in Subsection 2.2(d) and subject to the same conditions as would have applied had the Holder not made the Prohibited Transfer, except that the sale (including, without limitation, the delivery of the purchase price) must be made within ninety (90) days after the Holder learns of the Prohibited Transfer, as opposed to the timeframe proscribed in Subsection 2.2. Such Holder shall also reimburse each other Holder for any and all reasonable and documented out-of-pocket fees and expenses, including reasonable legal fees and expenses, incurred pursuant to the exercise or the attempted exercise of the Holder's rights under Subsection 2.2.

3. Exempt Transfers.

3.1 Exempted Transfers. Notwithstanding the foregoing or anything to the contrary herein, the provisions of Subsections 2.1 and 2.2 shall not apply (a) in the case of a Holder that is an entity, upon a transfer by such Holder to its stockholders, members, partners or other equity holders or transfers by and among such stockholders, members, partners or other equity holders to each other, (b) to a repurchase of Transfer Stock from a Holder by the Company at a price no greater than that originally paid by such Holder for such Transfer Stock and pursuant to an agreement containing vesting and/or repurchase provisions approved by a majority of the Board of Directors, or (c) in the case of a Holder that is a natural person, upon a transfer of Transfer Stock by such Holder made for bona fide estate planning purposes, either during his or her lifetime or on death by will or intestacy to his or her spouse, child (natural or adopted), or any other direct lineal descendant of such Holder (or his or her spouse) (all of the foregoing collectively referred to as "family members"), or any other relative/person approved by the Board of Directors of the Company, or any custodian or trustee of any trust, partnership or limited liability company for the benefit of, or the ownership interests of which are owned wholly by such Holder or any such family members; provided that in the case of clause(s) (a) or (c), the Holder shall deliver prior written notice to the other Holders of such gift or transfer and such shares of Transfer Stock shall at all times remain subject to the terms and restrictions set forth in this Agreement and such transferee shall, as a condition to such issuance, deliver a counterpart signature page to this Agreement as confirmation that such transferee shall be bound by all the terms and conditions of this Agreement as a Holder (but only with respect to the securities so transferred to the transferee), including the obligations of a Holder with respect to Proposed Holder Transfers of such Transfer Stock pursuant to Section 2; and provided further in the case of any transfer pursuant to clause (a) or (c) above, that such transfer is made pursuant to a transaction in which there is no consideration actually paid for such transfer.

3.2 Exempted Offerings. Notwithstanding the foregoing or anything to the contrary herein, the provisions of Section 2 shall not apply to the sale of any Transfer Stock to the public in an offering pursuant to an effective registration statement under the Securities Act of 1933, as amended.

3.3 Prohibited Transferees. Notwithstanding the foregoing, no Holder shall transfer any Transfer Stock to (a) any entity which, in the determination of the Company's Board of Directors, directly or indirectly competes with the Company; or (b) any customer, distributor or supplier of the Company, if the Company's Board of Directors should determine that such transfer would result in such customer, distributor or supplier receiving information that would place the Company at a competitive disadvantage with respect to such customer, distributor or supplier.

4. Legend. Each certificate, instrument, or book entry representing shares of Transfer Stock held by the Holders or issued to any permitted transferee in connection with a transfer permitted by Subsection 3.1 hereof shall be notated with the following legend:

THE SALE, PLEDGE, HYPOTHECATION, OR TRANSFER OF THE SECURITIES REPRESENTED HEREBY IS SUBJECT TO, AND IN CERTAIN CASES PROHIBITED BY, THE TERMS AND CONDITIONS OF A CERTAIN RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT BY AND AMONG THE STOCKHOLDER, THE CORPORATION AND CERTAIN OTHER HOLDERS OF STOCK OF THE CORPORATION. COPIES OF SUCH AGREEMENT MAY BE OBTAINED UPON WRITTEN REQUEST TO THE SECRETARY OF THE CORPORATION.

Each Holder agrees that the Company may instruct its transfer agent to impose transfer restrictions on the shares notated with the legend referred to in this Section 4 above to enforce the provisions of this Agreement, and the Company agrees to promptly do so. The legend shall be removed upon termination of this Agreement at the request of the holder.

5. Lock-Up.

5.1 Agreement to Lock-Up. Each Key Holder hereby agrees that it will not, without the prior written consent of the managing underwriter, during the period commencing on the date of the final prospectus relating to the Company's initial public offering (the "IPO") and ending on the date specified by the Company and the managing underwriter (such period not to exceed one hundred eighty (180) days), or such other period as may be requested by the Company or an underwriter to accommodate regulatory restrictions on (1) the publication or other distribution of research reports; and (2) analyst recommendations and opinions, including, but not limited to, the restrictions contained in FINRA Rule 2711(f)(4) or NYSE Rule 472(f)(4), or any successor provisions or amendments thereto), (a) lend, offer, pledge, sell, contract to sell, sell any option or contract to purchase, purchase any option or contract to sell, grant any option, right or warrant to purchase, or otherwise transfer or dispose of, directly or indirectly, any shares of Capital Stock held immediately prior to the effectiveness of the registration statement for the IPO; or (b) enter into any swap or other arrangement that transfers to another, in whole or in part, any of the economic consequences of ownership of the Capital Stock, whether any such

transaction described in clause (a) or (b) above is to be settled by delivery of Capital Stock or other securities, in cash or otherwise. The foregoing provisions of this Section 5 shall not apply to the sale of any shares to an underwriter pursuant to an underwriting agreement, and shall only be applicable to the Key Holders if all officers, directors and holders of more than one percent (1%) of the outstanding Common Stock enter into similar agreements. The underwriters in connection with the IPO are intended third-party beneficiaries of this Section 5 and shall have the right, power and authority to enforce the provisions hereof as though they were a party hereto. Each Key Holder further agrees to execute such agreements as may be reasonably requested by the underwriters in the IPO that are consistent with this Section 5 or that are necessary to give further effect thereto.

5.2 Stop Transfer Instructions. In order to enforce the foregoing covenant, the Company may impose stop-transfer instructions with respect to the shares of Capital Stock of each Key Holder (and transferees and assignees thereof) until the end of such restricted period.

6. Miscellaneous.

6.1 Term. This Agreement shall automatically terminate upon the consummation of a Qualified IPO.

6.2 Stock Split. All references to numbers of shares in this Agreement shall be appropriately adjusted to reflect any stock dividend, split, combination or other recapitalization affecting the Capital Stock occurring after the date of this Agreement.

6.3 Ownership. Each Holder represents and warrants that such Holder is the sole legal and beneficial owner of the shares of Transfer Stock subject to this Agreement and that no other person or entity has any interest in such shares (other than a community property interest as to which the holder thereof has acknowledged and agreed in writing to the restrictions and obligations hereunder).

6.4 Dispute Resolution. The parties (a) hereby irrevocably and unconditionally submit to the jurisdiction of the state courts of Delaware and to the jurisdiction of the United States District Court for the Delaware Court of Chancery for the purpose of any suit, action or other proceeding arising out of or based upon this Agreement, (b) agree not to commence any suit, action or other proceeding arising out of or based upon this Agreement except in the state courts of Delaware or United States District Court for the Delaware Court of Chancery, and (c) hereby waive, and agree not to assert, by way of motion, as a defense, or otherwise, in any such suit, action or proceeding, any claim that it is not subject personally to the jurisdiction of the above-named courts, that its property is exempt or immune from attachment or execution, that the suit, action or proceeding is brought in an inconvenient forum, that the venue of the suit, action or proceeding is improper or that this Agreement or the subject matter hereof may not be enforced in or by such court.

WAIVER OF JURY TRIAL: EACH PARTY HEREBY WAIVES ITS RIGHTS TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF THIS AGREEMENT, THE OTHER TRANSACTION DOCUMENTS, THE SECURITIES OR THE SUBJECT MATTER HEREOF OR THEREOF. THE SCOPE OF THIS WAIVER IS

INTENDED TO BE ALL-ENCOMPASSING OF ANY AND ALL DISPUTES THAT MAY BE FILED IN ANY COURT AND THAT RELATE TO THE SUBJECT MATTER OF THIS TRANSACTION, INCLUDING, WITHOUT LIMITATION, CONTRACT CLAIMS, TORT CLAIMS (INCLUDING NEGLIGENCE), BREACH OF DUTY CLAIMS, AND ALL OTHER COMMON LAW AND STATUTORY CLAIMS. THIS SECTION HAS BEEN FULLY DISCUSSED BY EACH OF THE PARTIES HERETO AND THESE PROVISIONS WILL NOT BE SUBJECT TO ANY EXCEPTIONS. EACH PARTY HERETO HEREBY FURTHER WARRANTS AND REPRESENTS THAT SUCH PARTY HAS REVIEWED THIS WAIVER WITH ITS LEGAL COUNSEL, AND THAT SUCH PARTY KNOWINGLY AND VOLUNTARILY WAIVES ITS JURY TRIAL RIGHTS FOLLOWING CONSULTATION WITH LEGAL COUNSEL.

6.5 Notices. All notices and other communications given or made pursuant to this Agreement shall be in writing and shall be deemed effectively given upon the earlier of actual receipt or (a) personal delivery to the party to be notified, (b) when sent, if sent by electronic mail or facsimile during normal business hours of the recipient, and if not sent during normal business hours, then on the recipient's next business day, (c) five (5) days after having been sent by registered or certified mail, return receipt requested, postage prepaid, or (d) one (1) business day after deposit with a nationally recognized overnight courier, freight prepaid, specifying next business day delivery, with written verification of receipt. All communications shall be sent to the respective parties at their address as set forth on Schedule A or Schedule B hereof, as the case may be, or to such email address, facsimile number or address as subsequently modified by written notice given in accordance with this Section 6.5. If notice is given to the Company, it shall be sent to 600 Alexander Road, Suite 2-4B, Princeton, NJ 08540; and a copy (which shall not constitute notice) shall also be sent to Sheppard, Mullin, Richter & Hampton LLP, 30 Rockefeller Plaza, New York, NY 10112-0015, Attention: Shon E. Glusky, Esq.

6.6 Entire Agreement. This Agreement (including, the Exhibits and Schedules hereto) constitutes the full and entire understanding and agreement between the parties with respect to the subject matter hereof, and any other written or oral agreement relating to the subject matter hereof existing between the parties are expressly canceled.

6.7 Delays or Omissions. No delay or omission to exercise any right, power or remedy accruing to any party under this Agreement, upon any breach or default of any other party under this Agreement, shall impair any such right, power or remedy of such non-breaching or non-defaulting party nor shall it be construed to be a waiver of any such breach or default, or an acquiescence therein, or of or in any similar breach or default thereafter occurring; nor shall any waiver of any single breach or default be deemed a waiver of any other breach or default theretofore or thereafter occurring. Any waiver, permit, consent or approval of any kind or character on the part of any party of any breach or default under this Agreement, or any waiver on the part of any party of any provisions or conditions of this Agreement, must be in writing and shall be effective only to the extent specifically set forth in such writing. All remedies, either under this Agreement or by law or otherwise afforded to any party, shall be cumulative and not alternative.

6.8 Amendment, Waiver and Termination. This Agreement may be amended, modified or terminated (other than pursuant to Section 6.1 above) and the observance of any term hereof may be waived (either generally or in a particular instance and either retroactively or prospectively) only by a written instrument executed by (a) the Company and (b) the Holders who are the holders of at least two-thirds (2/3rds) of the shares of Common Stock then held by all the Holders, which shall include LOF Bion Partnership, LP (for so long as such Investor and its Affiliates continue to own beneficially at least five hundred thousand (500,000) shares of Common Stock of the Company, which number is subject to appropriate adjustment for all stock splits, dividends, combinations, recapitalizations and the like) and Pharmascience Inc. (for so long as such Investor and its Affiliates continue to own beneficially at least five hundred thousand (500,000) shares of Common Stock of the Company, which number is subject to appropriate adjustment for all stock splits, dividends, combinations, recapitalizations and the like). Any amendment, modification, termination or waiver so effected shall be binding upon the Company, the Investors, the Key Holders and all of their respective successors and permitted assigns whether or not such party, assignee or other stockholder entered into or approved such amendment, modification, termination or waiver. Notwithstanding the foregoing, (i) this Agreement may not be amended, modified or terminated and the observance of any term hereunder may not be waived with respect to any Investor or Key Holder without the written consent of such Investor or Key Holder unless such amendment, modification, termination or waiver applies to all Investors and Key Holders, respectively, in the same fashion, and (ii) the consent of the Key Holders shall not be required to be included in the calculation of 6.8(b) for any amendment, modification, termination or waiver if such amendment, modification, termination or waiver does not apply to the Key Holders, and (iii) Schedule A hereto may be amended by the Company from time to time in accordance with the Purchase Agreement to add information regarding Additional Purchasers (as defined in the Purchase Agreement) without the consent of the other parties hereto. The Company shall give prompt written notice of any amendment, modification or termination hereof or waiver hereunder to any party hereto that did not consent in writing to such amendment, modification, termination or waiver. No waivers of or exceptions to any term, condition or provision of this Agreement, in any one or more instances, shall be deemed to be, or construed as, a further or continuing waiver of any such term, condition or provision.

6.9 Assignment of Rights.

(a) The terms and conditions of this Agreement shall inure to the benefit of and be binding upon the respective successors and permitted assigns of the parties. Nothing in this Agreement, express or implied, is intended to confer upon any party other than the parties hereto or their respective successors and permitted assigns any rights, remedies, obligations, or liabilities under or by reason of this Agreement, except as expressly provided in this Agreement.

(b) Any successor or permitted assignee of any Holder, including any Prospective Transferee who purchases shares of Transfer Stock in accordance with the terms hereof, shall deliver to the Company and the Investors, as a condition to any transfer or assignment, a counterpart signature page hereto pursuant to which such successor or permitted assignee shall confirm their agreement to be subject to and bound by all of the provisions set

forth in this Agreement that were applicable to the predecessor or assignor of such successor or permitted assignee.

(c) The rights of the Investors hereunder are not assignable without the Company's written consent (which shall not be unreasonably withheld, delayed or conditioned), except (i) by an Investor to any Affiliate, (ii) LOF Bion Partnership, LP to its limited partners and such limited partners transfer of their rights between and among themselves or (iii) to an assignee or transferee who acquires at least 20,000 shares of Capital Stock (as adjusted for any stock combination, stock split, stock dividend, recapitalization or other similar transaction), it being acknowledged and agreed that any such assignment, including an assignment contemplated by the preceding clauses (i) or (ii) shall be subject to and conditioned upon any such assignee's delivery to the Company and the other Investors of a counterpart signature page hereto pursuant to which such assignee shall confirm their agreement to be subject to and bound by all of the provisions set forth in this Agreement that were applicable to the assignor of such assignee.

(d) Except in connection with an assignment by the Company by operation of law to the acquirer of the Company, the rights and obligations of the Company hereunder may not be assigned under any circumstances.

6.10 Severability. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision.

6.11 Additional Investors. Notwithstanding anything to the contrary contained herein, if the Company issues additional shares of the Company's Common Stock after the date hereof pursuant to the terms of Purchase Agreement, any purchaser of such shares of Common Stock may become a party to this Agreement by executing and delivering an additional counterpart signature page to this Agreement and thereafter shall be deemed an "Investor" for all purposes hereunder.

6.12 Governing Law. This Agreement shall be governed by the internal law of the State of Delaware.

6.13 Titles and Subtitles. The titles and subtitles used in this Agreement are used for convenience only and are not to be considered in construing or interpreting this Agreement.

6.14 Counterparts. This Agreement may be executed in two (2) or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., www.docusign.com) or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

6.15 Aggregation of Stock. All shares of Capital Stock held or acquired by Affiliated entities or persons shall be aggregated together for the purpose of determining the availability of any rights under this Agreement and such Affiliated persons may apportion such rights as among themselves in any manner they deem appropriate.

6.16 Specific Performance. In addition to any and all other remedies that may be available at law in the event of any breach of this Agreement, each Investor shall be entitled to specific performance of the agreements and obligations of the Company and the Holders hereunder and to such other injunction or other equitable relief as may be granted by a court of competent jurisdiction.

6.17 Additional Key Holders. In the event that after the date of this Agreement, the Company issues shares of Common Stock, or options to purchase Common Stock, to any employee or consultant, the Company shall, as a condition to such issuance, cause such employee or consultant to execute a counterpart signature page hereto as a Key Holder, and such person shall thereby be bound by, and subject to, all the terms and provisions of this Agreement applicable to a Key Holder.

6.18 Consent of Spouse. If any Holder is married on the date of this Agreement, such Holder's spouse shall execute and deliver to the Company a Consent of Spouse in the form of Exhibit A hereto ("**Consent of Spouse**"), effective on the date hereof. Notwithstanding the execution and delivery thereof, such consent shall not be deemed to confer or convey to the spouse any rights in such Holder's shares of Transfer Stock that do not otherwise exist by operation of law or the agreement of the parties. If any Holder should marry or remarry subsequent to the date of this Agreement, such Holder shall within thirty (30) days thereafter obtain his/her new spouse's acknowledgement of and consent to the existence and binding effect of all restrictions contained in this Agreement by causing such spouse to execute and deliver a Consent of Spouse acknowledging the restrictions and obligations contained in this Agreement and agreeing and consenting to the same.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

COMPANY:

Bion Pharmaceuticals Inc.

By:



Name:

James Gale

Title:

VP

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

INVESTOR:

LOF Bion Partnership, LP

By: 

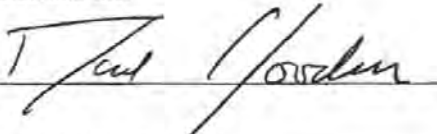
Name: James Gale

Title: Manager

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

INVESTOR:

Pharmascience Inc.

By: 

Name: David W. Goodman

Title: Chief Executive Officer

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

KEY HOLDER:

Signature: _____



Name: Venkatachalam Krishnan

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

KEY HOLDER:

Signature: _____

Name: Gaurav Mehrotra

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

KEY HOLDER:

Signature: P. Phanindranath

Name: Phanindranath Punji

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

KEY HOLDER:

Signature: L. Samtani

Name: Lavesh Samtani

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

IN WITNESS WHEREOF, the parties have executed this Right of First Refusal and Co-Sale Agreement as of the date first written above.

KEY HOLDER:

Signature: William Winter

Name: William Winter

SIGNATURE PAGE TO RIGHT OF FIRST REFUSAL AND CO-SALE AGREEMENT

SCHEDULE A

INVESTORS

Name and Address

Number of Shares Held

LOF Bion Partnership, LP

1,127,500

Attention: James Gale
c/o Signet Healthcare Partners
152 W. 57th Street
19th Floor
New York, NY 10019
Email: [REDACTED]

Pharmascience Inc.

1,000,000

6111, Royalmount Avenue, Suite 100
Montreal, Quebec, H4P 2T4
Attention: David W. Goodman
Fax No.: (514) 342-3654
Email: [REDACTED]

With a copy to:

General Counsel and Corporate Secretary
Fax: (514) 342-3654

SCHEDULE B
KEY HOLDERS

<u>Name and Address</u>	<u>Number of Shares Held</u>
Venkatachalam Krishnan [REDACTED] Princeton, New Jersey 08540	Option to purchase up to 141,173 shares of Common Stock
Gaurav Mehrotra [REDACTED] Princeton, New Jersey 08540	Option to purchase up to 97,056 shares of Common Stock
Phanindranath Punji [REDACTED] Plainsboro, New Jersey 08536	Option to purchase up to 97,056 shares of Common Stock
Lavesh Samtani [REDACTED] East Brunswick, New Jersey 08816	Option to purchase up to 97,056 shares of Common Stock
William Winter [REDACTED] Ponte Vedra Beach, Florida 32082	Option to purchase up to 97,056 shares of Common Stock

EXHIBIT A
CONSENT OF SPOUSE

I, JATSHREE RAJACHANDRAN spouse of VENKATACHARI K. P. SESHU acknowledge that I have read the Right of First Refusal and Co-Sale Agreement, dated as of November 3, 2014, to which this Consent is attached as Exhibit A (the "Agreement"), and that I know the contents of the Agreement. I am aware that the Agreement contains provisions regarding certain rights to certain other holders of Capital Stock of the Company upon a Proposed Holder Transfer of shares of Transfer Stock of the Company which my spouse may own including any interest I might have therein.

I hereby agree that my interest, if any, in any shares of Transfer Stock of the Company subject to the Agreement shall be irrevocably bound by the Agreement and further understand and agree that any community property interest I may have in such shares of Transfer Stock of the Company shall be similarly bound by the Agreement.

I am aware that the legal, financial and related matters contained in the Agreement are complex and that I am free to seek independent professional guidance or counsel with respect to this Consent. I have either sought such guidance or counsel or determined after reviewing the Agreement carefully that I will waive such right.

Dated as of the 3rd day of November, 2014.

Signature

JATSHREE RAJACHANDRAN
Print Name

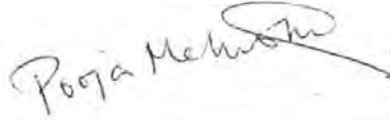
EXHIBIT A
CONSENT OF SPOUSE

I, POOJA MEHROTRA, spouse of GAURAV MEHROTRA, acknowledge that I have read the Right of First Refusal and Co-Sale Agreement, dated as of November 3, 2014, to which this Consent is attached as Exhibit A (the "Agreement"), and that I know the contents of the Agreement. I am aware that the Agreement contains provisions regarding certain rights to certain other holders of Capital Stock of the Company upon a Proposed Holder Transfer of shares of Transfer Stock of the Company which my spouse may own including any interest I might have therein.

I hereby agree that my interest, if any, in any shares of Transfer Stock of the Company subject to the Agreement shall be irrevocably bound by the Agreement and further understand and agree that any community property interest I may have in such shares of Transfer Stock of the Company shall be similarly bound by the Agreement.

I am aware that the legal, financial and related matters contained in the Agreement are complex and that I am free to seek independent professional guidance or counsel with respect to this Consent. I have either sought such guidance or counsel or determined after reviewing the Agreement carefully that I will waive such right.

Dated as of the 3rd day of November, 2014.



Signature

POOJA MEHROTRA

Print Name

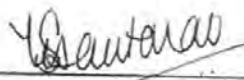
EXHIBIT A
CONSENT OF SPOUSE

I, SEETA Y PUNJI, spouse of PHANINDRANATH PUNJI, acknowledge that I have read the Right of First Refusal and Co-Sale Agreement, dated as of November 3, 2014, to which this Consent is attached as Exhibit A (the "**Agreement**"), and that I know the contents of the Agreement. I am aware that the Agreement contains provisions regarding certain rights to certain other holders of Capital Stock of the Company upon a Proposed Holder Transfer of shares of Transfer Stock of the Company which my spouse may own including any interest I might have therein.

I hereby agree that my interest, if any, in any shares of Transfer Stock of the Company subject to the Agreement shall be irrevocably bound by the Agreement and further understand and agree that any community property interest I may have in such shares of Transfer Stock of the Company shall be similarly bound by the Agreement.

I am aware that the legal, financial and related matters contained in the Agreement are complex and that I am free to seek independent professional guidance or counsel with respect to this Consent. I have either sought such guidance or counsel or determined after reviewing the Agreement carefully that I will waive such right.

Dated as of the 3rd day of November, 2014.



Signature

SEETA Y PUNJI

Print Name

EXHIBIT A
CONSENT OF SPOUSE

I, SHALINI H-SANTANI, spouse of LAVESH SANTANI, acknowledge that I have read the Right of First Refusal and Co-Sale Agreement, dated as of November 3, 2014, to which this Consent is attached as Exhibit A (the "**Agreement**"), and that I know the contents of the Agreement. I am aware that the Agreement contains provisions regarding certain rights to certain other holders of Capital Stock of the Company upon a Proposed Holder Transfer of shares of Transfer Stock of the Company which my spouse may own including any interest I might have therein.

I hereby agree that my interest, if any, in any shares of Transfer Stock of the Company subject to the Agreement shall be irrevocably bound by the Agreement and further understand and agree that any community property interest I may have in such shares of Transfer Stock of the Company shall be similarly bound by the Agreement.

I am aware that the legal, financial and related matters contained in the Agreement are complex and that I am free to seek independent professional guidance or counsel with respect to this Consent. I have either sought such guidance or counsel or determined after reviewing the Agreement carefully that I will waive such right.

Dated as of the 3rd day of November, 2014.



Signature

SHALINI MELWANI-SANTANI

Print Name

EXHIBIT A
CONSENT OF SPOUSE

I, TRACY WINTER, spouse of William Winter, acknowledge that I have read the Right of First Refusal and Co-Sale Agreement, dated as of November 3, 2014, to which this Consent is attached as Exhibit A (the "Agreement"), and that I know the contents of the Agreement. I am aware that the Agreement contains provisions regarding certain rights to certain other holders of Capital Stock of the Company upon a Proposed Holder Transfer of shares of Transfer Stock of the Company which my spouse may own including any interest I might have therein.

I hereby agree that my interest, if any, in any shares of Transfer Stock of the Company subject to the Agreement shall be irrevocably bound by the Agreement and further understand and agree that any community property interest I may have in such shares of Transfer Stock of the Company shall be similarly bound by the Agreement.

I am aware that the legal, financial and related matters contained in the Agreement are complex and that I am free to seek independent professional guidance or counsel with respect to this Consent. I have either sought such guidance or counsel or determined after reviewing the Agreement carefully that I will waive such right.

Dated as of the 3rd day of November, 2014.



Signature

TRACY WINTER

Print Name

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>N/A</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Hager Worldwide, Inc.</u>		
Physical Address: <u>441 19th St SE</u>		
City: <u>Hickory</u> State: <u>NC</u> Zip: <u>28602</u>		
Mailing Address (if different from physical address): <u>N/A</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>828-624-3300</u> Website: <u>N/A</u>		
Name of Designated Representative (DR): <u>Patrick Rouillard</u>		
Licensing Company Email: <u>sroberts@cdrresourcecenter.com</u> DR Email: <u>patrick.rouillard@hagerworldwide.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: Dental device dealers	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☒ Repacker ☐ Reverse Distributor ☒ Warehouse ☒ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?			✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

5/14/24
Date

Wholesaler Application 3 of 7

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A Manufacturer - devices sold are custom labeled using HIBCC labeler code D248

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Michael Hager Beteiligungs-GMBH

Corporation/Organization Name: Hager Worldwide, Inc.

Mailing Address: 441 19th St SE

City: Hickory State: NC Zip: 28602

Telephone: 828-624-3300 Email: patrick.rouillard@hagerworldwide.com

Contact Person Name: Patrick Rouillard

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each N/A Company Owned shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• "Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing "Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Hager Worldwide, Inc.

Facility Name

Patrick Rouillard

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

5/14/24
Date

Board Use Only	Date Received: _____	Amount: _____
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Wholesaler Application 6 of 7

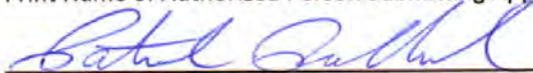
Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
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Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors. ☒	☒	☒		
• List the <u>top four</u> corporation shareholders and their percent ownership.	☒			
• List of <u>all</u> corporation shareholders and their percent ownership. ☒		☒		
• List of <u>all</u> partners and their percent ownership.			☒	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months. ☒	☒	☒	☒	☒
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ ☒		☒	☒	☒
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A Company Owned		☒	☒	☒
• Copy of DEA certificate if handling controlled substances N/A	☒	☒	☒	☒
• Copy of current SEC 10K or 8K (First 15 pages only)	☒			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. ☒	☒	☒	☒	☒
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		☒	☒	☒
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		☒	☒	☒

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Rouillard

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

4/29/2024
Date

Board Use Only	Date Received: 5/2/24	Amount: \$1000-check 2818
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[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

New Search

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Establishment:

HAGER WORLDWIDE, INC.

441 19th St SE

Hickory, NC 28602

Registration Number: 1044031

FEI Number*: 1044031

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

[HAGER WORLDWIDE, INC.](#)⁶

441 19th Street SE

Hickory, NC US 28602

Owner/Operator Number: [3022877](#)⁷

Official Correspondent:

Patrick Rouillard

441 19th Street SE

Hickory, NC 28602

Phone: 978-3172002

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

verified
MIT 5/15/24

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Page Last Updated: 05/13/2024

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=3022877&OwnerOperator

Hager Worldwide, Inc.

Owner & Officers

Owner

Michael Hager Beteiligungs-GMBH. - 100%

Address:



Officers

Name	Title	DOB	Social #	Phone & Email	Address
Patrick Hager	President				
Patrick Rouillard	Vice President				
Marla Harris	Secretary				

State of Florida

Department of State

I certify from the records of this office that HAGER WORLDWIDE, INC. is a corporation organized under the laws of the State of Florida, filed on November 18, 1975.

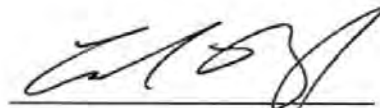
The document number of this corporation is 489736.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on February 13, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirteenth day of February,
2024*




Secretary of State

Tracking Number: 7276469448CC

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

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



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

HAGER WORLDWIDE, INC.

a corporation organized under the laws of Florida was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 17th day of March, 2011.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of April, 2024.

Elaine F. Marshall

Secretary of State

NC Department of Agriculture & Consumer Services
Home State License Not Needed

From: Evans, Jeremy <Jeremy.Evans@ncagr.gov>

Sent: Thursday, April 11, 2024 10:12 AM

To: Sroberts@cdrresourcecenter.com

Subject: FW: [External] medical device manufacturer/distributor

Good Morning,

Shannon Redd forwarded your inquiry below to me. Our present interpretation of our General Statutes does not require a license for the distribution of medical devices, unless that device contains an approved human prescription drug and does not have 510K FDA clearance. A medical device with an OTC drug would not require a license, and a device with a prescription drug would only require a license if it does not have the 510K FDA clearance.

If your product qualifies as Durable Medical Equipment (DME), then you will need to inquire about a DME permit with the NC Board of Pharmacy.

Regards,
Jeremy

Jeremy Evans, PharmD | Drug Administrator | NC Department of Agriculture & Consumer Services | Food & Drug Protection Division | jeremy.evans@ncagr.gov
| 984.236.4820

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
5/14/2024

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 12485 28th Street N 3rd Floor St Petersburg, FL 33716 727 823-5551		CONTACT NAME: Kim Bui PHONE (A/C, No, Ext): 727-471-6017 E-MAIL ADDRESS: Kim.Bui@mcgriff.com FAX (A/C, No): 888-632-8459															
INSURED Hager Worldwide Inc 441 19th Street SE Hickory, NC 28602		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER B : Technology Insurance Company</td> <td>42376</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Co of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER D : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E :</td> <td>19682</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Twin City Fire Insurance Company	29459	INSURER B : Technology Insurance Company	42376	INSURER C : Travelers Casualty & Surety Co of Amer	31194	INSURER D : Hartford Fire Insurance Company	19682	INSURER E :	19682	INSURER F :	
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INSURER E :	19682																
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 ☒ BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		21CESOF3584	07/21/2023	07/21/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					
A	☐ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$	☒ OCCUR ☐ CLAIMS-MADE	21XSSS3428	07/21/2023	07/21/2024	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N ☒ N N/A	TWC4301646	09/21/2023	09/21/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	EPLI		105898358	02/26/2024	02/26/2027	\$1,000,000/\$1,000 ded.
D	Property		21UUNAV8E27	07/21/2023	07/21/2024	See Description

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

Schedule of Property Coverage:

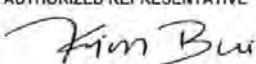
Location 1: 441 19th Street SE, Hickory, NC 28602

Special Form / Replacement Cost / \$2,500 Deductible

Contents: \$1,232,533

Business Income: \$1,750,000

(See Attached Descriptions)

CERTIFICATE HOLDER Nevada State Board of Pharmacy (NAC 639.6957)	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 
---	--

DESCRIPTIONS (Continued from Page 1)

Wind/Hail included

Location 2: 1025 Tate Blvd SE, Hickory, NC 28602

Special Form / Replacement Cost / \$2,500 Deductible

Contents: \$333,947

Wind/Hail included

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. 22BSBJF0584

Application/License No. _____

Hager Worldwide, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
4441 19th St SE, Hickory, NC 28602, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, 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 Hartford Plaza, Hartford, CT 06155 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 April 29, 2024
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
29th day of April, 2024.

APPLICANT/PRINCIPAL

Hager Worldwide, Inc.

[Signature]
 Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

[Signature]
 Surety Company's Representative

Gabriella Bozzano, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

[Signature]
 Witness

SIGNED and SEALED in the presence of:

[Signature]
 Witness

Witness

Witness

Countersigned by:

N/A
 Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

BondClaims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MCGRIFF INSURANCE SERVICES LLC

Agency Code: 22-271704

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Gabriella Bozzano

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument

Bond No. 22BSBJF0584

Naming Hager Worldwide, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligor,

in the amount of See Bond Form(s) on behalf of Company in its 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, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPier

Joelle L. LaPier, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPier, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida, that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument, that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President 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 is still in full force effective as of April 29, 2024.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois



Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Hager Worldwide, Inc. MDEG License # (if applicable) N/A
Physical Address 441 19th St SE
City Hickory State NC Zip 28602
Mailing Address (if different from physical address) N/A
City _____ State _____ Zip _____
Telephone 828-624-3300 Website hagerworldwide.com
Licensing Company Email patrick.rouillard@hagerworldwide.com

Section 2: Personal Information

First Patrick Middle _____ Last Rouillard
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 441 19th St SE
City Hickory State NC Zip 28602
Telephone 828-624-3300 Email patrick.rouillard@hagerworldwide.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Endicott College		01/09 - 12/11		
Address	City	State	Zip	
376 Hale Street	Beverly	MA	01915	
Diploma/Degree obtained, if any				
Master of Business Administration				
School Name		From - To (MM/YY - MM/YY)		
Saint Anselm College		09/00 - 05/04		
Address	City	State	Zip	
100 Saint Anselm Drive	Goffstown	NH	03102	
Diploma/Degree obtained, if any				
Bachelor of Business				
School Name		From - To (MM/YY - MM/YY)		
St. John's Prep School		09/96 - 05/00		
Address	City	State	Zip	
72 Spring Street	Danvers	MA	01923	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
09/11 - 06/15		Charlotte	NC	28202
From - To (MM/YY - MM/YY)		City	State	Zip
06/15 - 11/21		Charlotte	NC	28210
From - To (MM/YY - MM/YY)		City	State	Zip
11/21 - Present		Matthews	NC	28104
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)				
Business Name			From - To (MM/YY - MM/YY)	
Hager Worldwide, Inc.			04/22 - Present	
Business Address		City	State	Zip
441 19th St SE		Hickory	NC	28602
Phone	Title		Number of Employed Hours	
828-624-3310	Vice-President/General Manager		4160	
Description of Duties				
Oversee and manage entire operations of the company including finance, accounting, sales, distribution/shipping, regulatory affairs, and quality control related to the distribution of dental medical devices.				
Business Name			From - To (MM/YY - MM/YY)	
Hager Worldwide, Inc.			04/21 - 03/22	
Business Address		City	State	Zip
441 19th St SE		Hickory	NC	28602
Phone	Title		Number of Employed Hours	
828-624-3310	General Sales Manager		2080	
Description of Duties				
Oversee and manage the sales, distribution/shipping, regulatory affairs, and quality control related to the distribution of dental medical devices.				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY - MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Continue on next page if additional space is needed.				

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

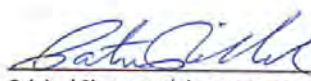
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, Licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

5/14/24
Date

I, Patrick Rouillard, certify that as the MDEG Administrator for
Hager Worldwide, Inc.

that I (initial that you have read and meet the following requirements):

1. PR Have a high school diploma or its equivalent;
2. PR Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. PR Will be employed by 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
4. PR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Rouillard
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

5/14/24
Date

Board Use Only	Date Received: _____
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Hager Worldwide, Inc.
 Pharmacy/Wholesaler License # (if applicable) N/A
 Physical Address 441 19th St SE
 City Hickory State NC Zip 28602
 Mailing Address (if different from physical address) N/A
 City _____ State _____ Zip _____
 Telephone 828-624-3300 Website www.hagerworldwide.com
 Licensing Company Email patrick.rouillard@hagerworldwide.com

Section 2: Personal Information

First Patrick Middle _____ Last Rouillard
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 441 19th St SE
 City Hickory State NC Zip 28602
 Telephone 828-624-3310 Email patrick.rouillard@hagerworldwide.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

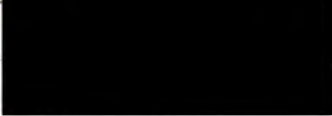
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Endicott College		From - To (MM/YY - MM/YY) 01/09 - 12/11	
Address 376 Hale Street	City Beverly	State MA	Zip 01915
Diploma/Degree obtained, if any Master of Business Administration			
School Name Saint Anselm College		From - To (MM/YY - MM/YY) 09/00 - 05/04	
Address 100 Saint Anselm Drive	City Goffstown	State NH	Zip 03102
Diploma/Degree obtained, if any Bachelor of Business			
School Name St. John's Prep School		From - To (MM/YY - MM/YY) 09/96 - 05/00	
Address 72 Spring Street	City Danvers	State MA	Zip 01923
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/11-06/15	Address 	City Charlotte	State NC	Zip 28202
From - To (MM/YY - MM/YY) 06/15 - 11/21		City Charlotte	State NC	Zip 28210
From - To (MM/YY - MM/YY) 11/21 - Present		City Matthews	State NC	Zip 28104
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Hager Worldwide, Inc		From - To (MM/YY - MM/YY) 04/22 - Present	
Business Address 441 19th St SE		City Hickory	State NC
Phone 828-624-3310	Title Vice-President/General Manager		Zip 28602
Number of Employed Hours 4,160			

Description of Duties

Oversee and manage entire operations of the company including finance, accounting, sales, distribution/shipping, and regulatory/quality control related to the distribution of dental medical devices.

Business Name Hager Worldwide, Inc		From - To (MM/YY - MM/YY) 04/21 - 03/22	
Business Address 441 19th St SE		City Hickory	State NC
Phone 828-624-3310	Title General Sales Manager		Zip 28602
Number of Employed Hours 2,080			

Description of Duties

Oversee and manage the sales, shipping/distribution, and regulatory/quality control related to the distribution of dental medical devices.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

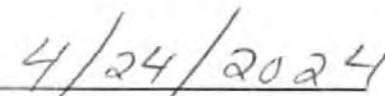
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)


Date

I, Patrick Rouillard, certify that as the designated representative for
Hager Worldwide, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PR I am at least 21 years of age;
3. PR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Patrick Rouillard

Print Name (First, Last)

Patrick Rouillard

Original Signature (electronic, copies or stamps not accepted)

4/24/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Rouillard

Print Name (First, Last)

Patrick Rouillard

Original Signature (electronic, copies or stamps not accepted)

4/24/2024
Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Catawba

I, Patrick Rouillard, 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 the license, registration, permit, certificate or certification for which I am applying for.

Patrick Rouillard

Original Signature

4/24/2024
Date

Subscribed and Sworn to before me this 24th day of April, 2024.

Marla Powell Harris

Notary Public Signature

My Commission Expires November 1, 2024





U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

DATE: 04-25-2024

PATRICK ROUILLARD


The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

Subject Name

PATRICK ROUILLARD

Search Completed Result

04-25-2024

E2024116000000174158

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at www.fbi.gov for further instructions.



Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

Hager Worldwide, Inc.

Employee and Contractor List

Name	Title/Role	Phone Number
Patrick Rouillard	Vice-President/General Manager	
Marla Harris	Controller / Office Admin	
David Price	National Sales Manager	
Joseph Russell	Production & Warehouse Operations	
Donna Pritchard	Purchasing Manager	
Bonnie Chung	Accounts Recievable	
Shannon Nichols	Customer Service	
Barry Leger	Shipping Assistant	
Craig Collette	IT Consultant Contractor	
Katrina Fielder	FDA Regulatory Consultant Contractor	
Sharon Roberts	State Compliance Consultant Contractor	

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Invenio Alternate Care Solutions, LLC</u>		
Physical Address: <u>3025 Northwoods Parkway</u>		
City: <u>Peachtree Corners</u> State: <u>GA</u> Zip: <u>30071</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>770-731-7888</u> Website: _____		
Name of Designated Representative (DR): <u>Hong (Carol) Chang</u>		
Licensing Company Email: _____ DR Email: <u>cchang@gri-alleset.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☒ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Becton Dickinson

Address: 21588 Network Place City: Chicago State: IL Zip: 60673

Name: 3M

Address: 3050 Corporate Drive City: DeKalb State: IL Zip: 60115

Name: McKesson

Address: 8741 Landmark Rd City: Richmond State: VA Zip: 23228

Name: Henry Schein

Address: 135 Duryea Rd City: Melville State: NY Zip: 11747

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Georgia

Parent Company (if any): Global Resource International

Corporation/Organization Name: Invenio Alternate Care Solutions, LLC

Mailing Address: 3025 Northwoods Parkway

City: Peachtree Corners State: GA Zip: 30071

Telephone: 770-731-7888 Email: cchang@gri-alleset.com

Contact Person Name: Hong (Carol) Chang

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner -ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

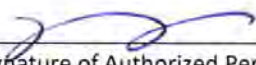
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Invenio Alternate Care Solutions, LLC

Facility Name

Hong (Carol) Chang

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

8/10/2023

Date

Board Use Only

Date Received: 11/9/24

Amount: \$1000-a



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing
New Search

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Establishment:

INVENIO ALTERNATE CARE SOLUTIONS, LLC
3025 Northwoods Pkwy
Peachtree Corners, GA 30071
Registration Number: 3026197444
FEI Number: 3026197444
Status: Active
Date Of Registration Status: 2023

Owner/Operator:

[Invenio Alternate Care Solutions, LLC](#)⁶
3025 Northwoods Pkwy
Peachtree Corners, GA US 30071
Owner/Operator Number: 10087239⁷

Official Correspondent:

Carol Chang
3025 Northwoods Pkwy
Peachtree Corners, GA 30071
Phone: 1-770-7317888

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

✓ Verified
5/26/24

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10087239&OwnerOperatorNumber=10087239
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Page Last Updated: 05/22/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



For Government For Press

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U.S. Department of Health & Human Services

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4. <https://www.fda.gov/Medical-Devices>
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10087239&OwnerOperatorNumber=10087239
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List of officer and director

James Michael Mabry

Richard K Setian

List of corporation shareholder

Shareholder	own %
Invenio Product Solution, LLC.	100%



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
BRAD
RAFFENSPERGER

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	Invenio Alternate Care Solutions, LLC	Control Number:	23000148
Business Type:	Domestic Limited Liability Company	Business Status:	Active/Compliance
NAICS Code:	Any legal purpose	NAICS Sub Code:	
Principal Office Address:	4142 Industry Way, Flowery Branch, GA, 30542, USA	Date of Formation / Registration Date:	12/29/2022
State of Formation:	Georgia	Last Annual Registration Year:	2023

REGISTERED AGENT INFORMATION

Registered Agent Name: **Tracey James**
Physical Address: **4142 Industry Way, Flowery Branch, GA, 30542, USA**
County: **Hall**

[Filing History](#)[Name History](#)



STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005631 Status: Active

Invenio Alternate Care Solutions LLC
3025 Northwoods Pkwy
Peachtree Corners GA 30071

Expires: 06/30/2025
Issued: 07/14/2023

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address.



STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005631 Status: Active
Invenio Alternate Care Solutions LLC
3025 Northwoods Pkwy
Peachtree Corners GA 30071

Expires: 06/30/2025
Issued: 07/14/2023

Real-time license verification is available at gadch.mylicense.com/verification

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. 1107047

Application/License No. _____

Invenio Alternate Care Solutions, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
3025 Northwoods Parkway, Peachtree Corners, GA 30024, as
Address of Applicant/Principal
PRINCIPAL, and The Hanover 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
440 Lincoln Street, Worcester, MA 01653-0002 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/14/2023.
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.

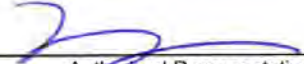
THIS BOND is subject to the following conditions:

- (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
14 day of November, 2023.

APPLICANT/PRINCIPAL



Authorized Representative

SURETY COMPANY



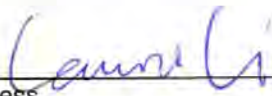
Surety Company's Representative

Amelia McShane, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

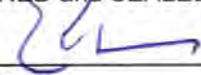


Witness



Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Countersigned by:

N/A

Nevada Resident Agent

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

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.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Jason Jenkins, Brian Nelson and/or Amelia McShane

Of Alpha Surety & Insurance Brokerage of Little Rock, AR each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, in any amount

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

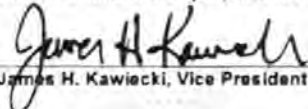
RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 27th day of September, 2023



The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

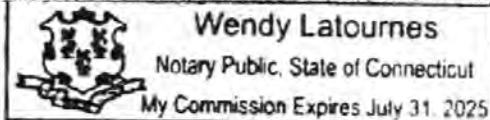

James H. Kawiecki, Vice President

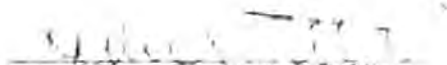
The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America


Joellen M. Mendoza, Vice President

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) ss.

On this 27th day of September, 2023, before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.



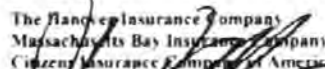

Wendy Latournes, Notary Public
My commission expires July 31, 2025

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 14th day of November, 2023.

CERTIFIED COPY

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America


John Rowedder, Vice President

ALPHA SURETY

A Gallagher Company

Surety Solutions. Fast. Simple.

To: Invenio Alternate Care Solutions, LLC
From: Alpha Surety Service Team
Date: 11/14/2023
Re: Bond for the Nevada State Board of Pharmacy

We are pleased to provide the bond you requested from our agency for the Nevada State Board of Pharmacy. The bond is written with The Hanover Insurance Company. This is an excellent company rated A or better by A. M. Best, the third party company that evaluates all surety and insurance companies.

Please sign and complete the original bond form as indicated by the instruction flags. Once completed, please send it to the appropriate party at the Nevada State Board of Pharmacy. We have also provided a copy for your records.

Please remit the invoice amount within 30 days to the following address:

Alpha Surety, a Gallagher Company
One Financial Centre
650 S. Shackleford Rd., Suite 325
Little Rock, AR 72211-3546

If you have any questions about this invoice or the servicing of the bond, please call our Little Rock office at (501) 537-4568.

Thank you for your business and the opportunity to serve you!

Your Alpha Surety Service Team
650 South Shackleford Road, Suite 325
Little Rock, Arkansas 72211-3546
501-537-4568
501-537-7778 fax
service@alphasurety.com

Please visit our new website at www.alphasurety.com where you now have a complete bond management tool accessible 24/7 from anywhere in the world. You can view and update your existing bonds, order new bonds, view your payment history, receive reminders about your renewals and more...all at the click of a mouse. Our new tool helps streamline our services so that you don't experience the confusion you may have at other agencies with problems like lost paperwork and runaround on the phone looking for answers to simple questions about your bond. All you need is an email address to access your information online! Please email or call your Alpha Surety Service Team to get started today!

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Invenio Alternate Care Solutions, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3025 Northwoods ParkwayCity Peachtree CornersState GAZip 30071

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 770-731-7888

Website _____

Licensing Company Email _____

Section 2: Personal InformationFirst Hong

Middle _____

Last ChangAlias(es, nicknames, name changes, etc.) Carol Chang

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex

☐ M☒ F☐ X

Mailing Address [REDACTED]

City Peachtree CornersState GAZip 30071Telephone 770-731-7888

Ema [REDACTED]

Are you a citizen of the United States?

☒ Yes☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

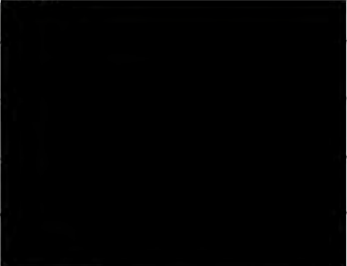
✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Shenyang University Of Chemical Technology		From - To (MM/YY - MM/YY) 09/2001-07/2005	
Address Tiexi 11th Street	City Shenyang	State Liaoning	Zip 110142
Diploma/Degree obtained, if any Applied Chemistry			
School Name Xingcheng high school		From - To (MM/YY - MM/YY) 09/1998-07/2001	
Address Shoushan Rd	City Xingcheng	State Liaoning	Zip 125101
Diploma/Degree obtained, if any High school			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/2020 - now	Address 	City Suwanee	State GA	Zip 30024
From - To (MM/YY - MM/YY) 06/2019 - 09/2020		City Sugar Hill	State GA	Zip 30518
From - To (MM/YY - MM/YY) 12/2018 - 06/2019		City Sugar Hill	State GA	Zip 30518
From - To (MM/YY - MM/YY) 05/2016-12/2018		City Liburn	State GA	Zip 30047
From - To (MM/YY - MM/YY) 04/2014 - 05/2016		City Liburn	State GA	Zip 30044
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name GRI-Alleeset, Inc.		From - To (MM/YY - MM/YY) 01/2017- 12/2022	
Business Address 1142 Industry Way		City Flowery Branch	State GA
Phone 678-866-0550	Title America Epicenter QA Manager		Zip 30542
Description of Duties Overall manage GRI America Epicenter quality management process. GRI-Alleeset, Inc has been carry State of Georgia wholesaler pharmacy license since 6/25/2019. But I'm not the representative.		Number of Employed Hours Total 12,480hrs	

Business Name Invenio Alternate Care Solutions, LLC		From - To (MM/YY - MM/YY) 01/2023 - resent	
Business Address 3025 Northwoods Parkway		City Peachtree Corners	State GA
Phone 770-731-7888	Title QA Manager		Zip 30071
Description of Duties Manage quality management process on daily bases. I will be the designated representative for IACS - Invenio Alternate Care Solutions, LLC.		Number of Employed Hours 3,120hrs	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

(This is in response to Question # _____) Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Hong Chang, certify that as the designated representative for
Invenio Alternate Care Solutions, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Hong (Carol) Chang

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

8/11/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hong (Carol) Chang

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

8/11/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Douglas

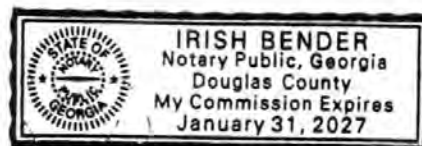
I, Irish Bender, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

8/11/2023
Date

Subscribed and Sworn to before me this 11th day of August.

[Signature]
Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site Invenio Alternate Care Solutions, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3025 Northwoods ParkwayCity Peachtree Corners State GA Zip 30071

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 770-731-7888 Website _____

Licensing Company Email _____

Section 2: Personal InformationFirst Richard Middle K Last Seljan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ XMailing Address [REDACTED]City Ponte Vedra Beach State FL Zip 32082Telephone [REDACTED] Email [REDACTED]Are you a citizen of the United States? ☒ Yes ☐ No

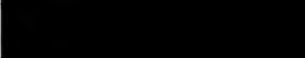
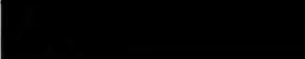
Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name DePauw University		From - To (MM/YY - MM/YY) 09/77-12/81	
Address 204 E Seminary	City Greencastle	State IN	Zip 46135
Diploma/Degree obtained, if any Bachelor of Arts			
School Name Barrington High School		From - To (MM/YY - MM/YY) 09/75-06/77	
Address 616 West Main	City Barrington	State IL	Zip 60010
Diploma/Degree obtained, if any High School Diploma			
School Name West Springfield High School		From - To (MM/YY - MM/YY) 09/74-06/75	
Address 6100 Rolling Road	City Springfield	State VA	Zip 22152
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 11/19-current	Address 	City Ponte Vedra Beach	State FL	Zip 32082
From - To (MM/YY - MM/YY) 09/17-08/20		City Brookhaven	State GA	Zip 30319
From - To (MM/YY - MM/YY) 05/07-04/16		City Williamsburg	State VA	Zip 23185
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Invenio		From - To (MM/YY - MM/YY) 01/16 - present	
Business Address 4142 Industry Way	City Flowery Branch	State GA	Zip 30542
Phone 678-866-0550	Title President		
Description of Duties Oversee Sales & Marketing efforts of Healthcare Products organization			
Business Name AVID Medical		From - To (MM/YY - MM/YY) 06/98-12/15	
Business Address 9000 Westmont Dr	City Toano	State VA	Zip 23168
Phone 757-566-3510	Title President & Chief Operating Officer		
Description of Duties Day to Day Responsibility for Healthcare Sales, Marketing and Manufacturing Organization			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Personal History Application

(Applicant's Initials RKS RKS)

6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Setian

Print Name (First, Last)
Richard Setian

Original Signature (electronic, copies or stamps not accepted)

08-10-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Douglas

I, Rich Bender, 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 the license, registration, permit, certificate or certification for which I am applying for.

Richard Setian

Original Signature

8/10/2023

Date

Subscribed and Sworn to before me this 10th day of August.
Rich Bender

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Invenio Alternate Care Solutions, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 3025 Northwoods Parkway
City Peachtree Corners State GA Zip 30071
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 770-731-7888 Website _____
Licensing Company Email _____

Section 2: Personal Information

First James Middle Michael Last Mabry
Alias(es, nicknames, name changes, etc.) Mike
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Alpharetta State GA Zip 30009
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

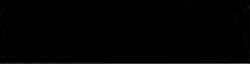
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Tennessee		From - To (MM/YY - MM/YY) 09/82 - 12/85	
Address Park Drive	City Knoxville	State TN	Zip 37996
Diploma/Degree obtained, if any Bachelor of Arts in Computer Science			
School Name Madison High School		From - To (MM/YY - MM/YY)	
Address Old Hickory Blvd	City Madison	State TN	Zip 37115
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/19 - 08/23	Address 	City Alpharetta	State GA	Zip 30009
From - To (MM/YY - MM/YY) 01/96 - 06/18		City Cumming	State GA	Zip 30041
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Global Resources International		From - To (MM/YY – MM/YY) 01/10 - 08/23	
Business Address 4141 Industry Way	City Flowery Branch	State GA	Zip 30542
Phone 678-866-0551	Title CEO		
Description of Duties Executive Management			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # . Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Mabry

Print Name (First, Last)

James Mabry
Original Signature (electronic, copies or stamps not accepted)

8-4-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Douglas

I, James Mabry, 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 the license, registration, permit, certificate or certification for which I am applying for.

James Mabry
Original Signature

8-4-2023
Date

Subscribed and Sworn to before me this 23 day of August.

Irish Bender
Notary Public Signature



(Seal)

Invenio Alternate Care Solutions
Employee List
As of 8.30.23

Employee	Position
Alvarado, Erick Oswaldo	Packer
Alzate Giraldo, Yenny Maria	Material Handler
Barrelle, Patti	Warehouse Lead
Brumbelow, Margaret Mary	Material Handler II
Cancel, Tatiana Marie	Warehouse Lead
Chang, Carol	QA Manager
Daniel, Travis	Order Picker
Granados, Anayancy	Order Picker
Hernandez Ramirez, Helen	Labeling Technician
Linares, Carolina	Order Picker
Lopez, Oscar Daniel	Warehouse Lead
Montanez, Emmanuel	Material Handler
Olvera Sanchez, Maria	Material Handler II
Smith, Eric T	Warehouse Supervisor
Smith, Timothy Wayne	Warehouse Lead
Su, Zhenming	Material Handler
Viera, Aileen	Order Picker
Viera, Ana	Order Picker
Wang, Daosheng	Material Handler II
Hsu, Yu Chun	Quality Control Inspector
Sun, Yang	Quality Control Inspector
Agambilla, Veronica	Assembler
Bermudez, Carmen	Assembler
Carrizo Borges, Rohana Carolin	Assembler
Castillo, Rafaela	Assembler
Davis, Melko	Assembler
Gutierrez, Grace Margarita	APS Assembler
Hernandez Morataya, Iris Ivette	Assembler
Holguin, Angelica Maria	Assembler
Li, Yingzi	Assembler II
Marquez, Yelkys Luz	Assembler
Martinez, Maria A	Assembler
Mata Flores, Maria	Assembler
McCoy, Leigh	Assembler
Medina Perdomo, Sergia	Assembler
Mendoza -Moran, Leidy Elizabe	Assembler
Mendoza, Flora	Assembler
Nguyen, Hoa	Assembler
Ojeda, Irama	Assembler
Orozco, Laura	Assembler
PINA MOLINA, EYDIMAR DEL C	Assembler
Patzan, Maria	Assembler

Perdomo, Rosa	Assembler
Perez, Irma E	Assembler
Ramirez Vasquez, Nancy	Assembler
Rodriguez Puchetty, Marisol B	Assembler
Sosa, Jessica	Assembler
Suazo Garcia, Lilian	Assembler
Sunamite Blessed, Elisabeth	Assembler
Torres, Maria	Assembler
Vasquez, Felipa Consuelo	Assembler
Vicuna Finol, Oraidia	Assembler
Bryson, Vickie	Quality Control Associate
Clark, Kamaria	Quality Control Associate
Flores, Raquel	Quality Control Associate
Callahan, Dana	National Account Manager
Chiu, Tyler	Sales Operations Representative
Knable, William Butler	Sales Operations Representative
Le, Trisha	Strategic Account Executive
Smith, Kristoffer John	Sr. Manager, Sales Operations
Alonzo, Maria	Accounts Payable Specialist
Andrews, Jeremy	Production Supervisor
Crowder, Joan	Administrative Operations Manager
Curtas, Meghan	Senior Buyer
McLean, Shaun Maria	Customer Service Representative
Milton, Shanice	Customer Service Representative
Ramirez de Alonzo, Ligia E.	Production Supervisor
Shackelford, Betty Mae	Quoting Specialist
Vandeford, Kelsey Leigh	Production Scheduler

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Legacy Pharma USA, Inc.</u>		
Physical Address: <u>15169 N Scottsdale Rd., Suite 4000</u>		
City: <u>Scottsdale</u> State: <u>AZ</u> Zip: <u>85254</u>		
Mailing Address (if different from physical address): <u>Same</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>289-259-7909</u> Website: <u>www.legacypharmainc.com</u>		
Name of Designated Representative (DR): <u>Mark L. Thompson</u>		
Licensing Company Email: <u>statelicensess@legacypharmainc.com</u> DR Email: <u>statelicensess@legacypharmainc.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer Virtual ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health (3PL)

Address: 501 Mason Road, Suite 200

City: La Vergne

State: TN

Zip: 37086

Name: Patheon - Greenville

Address: 5900 Martin Luther King Jr Hwy

City: Greenville

State: NC

Zip: 27834

Name: Patheon - Whitby

Address: 111 Consumers Dr

City: Whitby

State: ON

Zip: L1N5Z5

Name: Skyepharma

Address: 55 Rue du Montmurier

City: Saint-Quentin-Fallavier, France

State: _____

Zip: 38070

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Legacy Pharma, Inc.

Corporation/Organization Name: Legacy Pharma USA, Inc.

Mailing Address: 15169 N Scottsdale Rd., Suite 4000

City: Scottsdale

State: AZ

Zip: 85254

Telephone: 289-259-7909

Email: statelicense@legacypharmainc.com

Contact Person Name: Mark Thompson

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

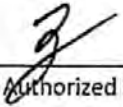
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Legacy Pharma USA, Inc.

Facility Name

Mark L. Thompson

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

11 / 30 / 2023
Date

Board Use Only

Date Received: _____

Amount: _____

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
GREENVILLE DIVISION**

CONCORDIA PHARMACEUTICALS INC.
S.À.R.L., ADVANZ PHARMA CORP. (f/k/a
CONCORDIA INTERNATIONAL CORP.),
and CONCORDIA PHARMACEUTICALS
(US), INC.,

Plaintiffs,

v.

LAZARUS PHARMACEUTICALS, INC.,
MARK THOMPSON, and JEAN PAUL
LAURIN.

Defendants.

Lead Case No. 6:18-cv-1658-JD

CONCORDIA PHARMACEUTICALS INC.,
and CONCORDIA PHARMACEUTICALS
(US), INC.,

Plaintiffs,

v.

CHRISTOPHER BLAKE KELLEY.

Defendant.

Case No. 6:18-cv-704-JD

ORDER OF DISMISSAL WITH PREJUDICE

THIS MATTER is before the Court upon the Stipulation for Dismissal with Prejudice. The Court having carefully reviewed said Stipulation and after due consideration, it is ORDERED AND ADJUDGED as follows:

1. The above-styled causes are hereby DISMISSED with prejudice, and all parties shall bear their own fees and costs;

2. The Court retains jurisdiction of the above-styled causes solely for the purpose of enforcing the Settlement Agreement; and
3. To the extent not otherwise disposed of herein, all pending Motions are hereby DENIED as moot.

DONE AND ORDERED on this 13 day of April, 2021.

A handwritten signature in black ink, reading "Joseph Dawson III". The signature is written in a cursive, flowing style. The "J" is large and loops around the "D". The "III" is written as three distinct vertical strokes at the end of the name.

UNITED STATES DISTRICT JUDGE

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Thursday, November 10, 2022 12:03:30 PM
To: Mark Thompson <mthompson@legacypharmainc.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 10-NOV-2022
Labeler DUNS: 118831776
Labeler Name: Legacy Pharma USA, Inc.
Labeler Code Assigned: 83107

*Verified
4/15/24
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.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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).

National Drug Code Directory

Current through January 23, 2024

You have searched Finished drug products

Search Results: 'Legacy Pharma USA, Inc.'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)[CSV](#) [Excel](#)Display 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 Class
+ BETAPACE	83107-005-10	80 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-005	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	100 TABLET in 1 BOTTLE (83107-005-10)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]
+ BETAPACE	83107-006-10	120 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-006	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	100 TABLET in 1 BOTTLE (83107-006-10)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]
+ BETAPACE	83107-007-10	160 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-007	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	100 TABLET in 1 BOTTLE (83107-007-10)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]
+ BETAPACE AF	83107-008-60	80 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-008	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	60 TABLET in 1 BOTTLE (83107-008-60)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]

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
+ BETAPACE AF	83107-009-60	120 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-009	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	60 TABLET in 1 BOTTLE (83107-009-60)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]
+ BETAPACE AF	83107-010-60	160 mg/1	TABLET	ORAL	NDA019865	Legacy Pharma USA, Inc.	83107-010	sotalol hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2016	N/A	NDA	60 TABLET in 1 BOTTLE (83107-010-60)	Adrenergic beta-Antagonists [MoA], Antiarrhythmic [EPC], Cardiac Rhythm Alteration [PE]

Showing 1 to 6 of 6 entries

Previous 1 Next

Background Information (<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>)

National Drug Code Directory Data Files (<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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY PHARMA USA, 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-FIFTH DAY OF MARCH, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY PHARMA USA, INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2022.

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



7069234 8300

SR# 20241160978

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203107651

Date: 03-25-24

0425



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: 01/05/2023
Receipt Number: 2023147092
Receipt Amount \$: 1000.00

Manufacturer - Virtual

PERMIT NO
M002155

EXPIRES
10/31/2024

Issued to :

Legacy Pharma USA, Inc.
Legacy Pharma, Inc.
15169 N SCOTTSDALE RD. SUITE 4000
SCOTTSDALE, AZ 85254

Legacy Pharma USA, Inc.
15169 N SCOTTSDALE RD. SUITE 4000
SCOTTSDALE, AZ 85254

Sam 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 : Legacy Pharma, Inc.
LICENSE NUMBER : M002155
EXPIRES : 10/31/2024

<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.

Attachment to Legacy Pharmaceuticals USA, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Parent Company (100% Ownership)

Legacy Pharma Inc.
15 Maxwell Main Road
Christ Church, Barbados
BB 15042

Legacy Pharma, Inc. is the sole shareholder of Legacy Pharmaceuticals USA, Inc.

Corporate Officers

Name	Title	Residence
Mark Thompson	President and CEO	
Alan Ridgeway	CFO and Secretary	

Employee List

Mark Thompson – CEO
Alan Ridgeway– CFO
Ryan Thompson– Trade Manager

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:

LEGACY PHARMA USA, INC

ACC file number: 23471443

a foreign corporation, was authorized to transact business or conduct affairs in the State of Arizona on 01/18/2023;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation 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: **02/21/2023**



A handwritten signature in cursive script, reading "Kim Battista".

Kim Battista, Interim Executive Director

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. 107832280

Application/License No. _____

Legacy Pharma USA Inc., doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

15169 N Scottsdale Rd, Suite 4000, Scottsdale, AZ, 85254, 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 May 16, 2023.

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
16th day of May, 2023.

APPLICANT/PRINCIPAL

SURETY

Travelers Casualty and Surety Company of America

COMPANY

Legacy Pharma USA Inc.

DocuSigned by:

A92A6D420467408 Authorized Representative

Surety Company's Representative

Kristin D. Thurber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness 1E7E4C3...

SIGNED and SEALED in the presence of:

Witness

DocuSigned by:

Witness C65D461...

Witness

Countersigned by:

N/A

Nevada Resident Agent

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 **Kristin D Thurber** of **KANSAS CITY, Missouri**, their true and lawful Attorney(s)-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 **21st** day of **April**, 2021.



State of Connecticut

City of Hartford ss.

By: _____

Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, 2021, 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**, 2026

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 **16th** day of **May**, 2023

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(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Legacy Pharma USA, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 15169 N Scottsdale Rd Ste 4000

City Scottsdale

State AZ

Zip 85254

Mailing Address (if different from physical address) 15169 N Scottsdale Rd Ste 205

City Scottsdale

State AZ

Zip 85254

Telephone _____ Website https://legacypharmainc.com/

Licensing Company Email statelicensess@legacypharmainc.com

Section 2: Personal Information

First Mark

Middle Laurence

Last Thompson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN N/A

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED]

City Scottsdale

State AZ

Zip 85252

Telephone [REDACTED]

Email statelicensess@legacypharmainc.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Ottawa		From - To (MM/YY - MM/YY) 1995-1997	
Address 75 Laurier Ave	City Ottawa	State ON	Zip K1N 6N5
Diploma/Degree obtained, if any Bachelor of Law			
School Name York University		From - To (MM/YY - MM/YY) 1993-1994	
Address 4700 Keele St	City Toronto	State ON	Zip M3J 1P3
Diploma/Degree obtained, if any Masters of Arts			
School Name York University		From - To (MM/YY - MM/YY) 1989-1992	
Address 4700 Keele St	City Toronto	State ON	Zip M3J 1P3
Diploma/Degree obtained, if any Bachelor of Arts			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 10/22 - Present	Address [REDACTED]	City Scottsdale	State AZ	Zip 85252
From - To (MM/YY - MM/YY) 07/12 - Present	Address [REDACTED]	City Oakville	State ON	Zip L6J 3Y6
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Legacy Pharma USA, Inc.		From - To (MM/YY - MM/YY) 08/22 - Present	
Business Address 15169 N Scottsdale Rd Ste 4000		City Scottsdale	State AZ
		Zip 85254	
Phone 289-259-7909	Title President	Number of Employed Hours 1500	

Description of Duties
Oversight of Supply Chain

Business Name Lazarus Pharma		From - To (MM/YY - MM/YY) 07/17 - 05/21	
Business Address 254 Donessle		City Oakville	State ON
		Zip L6J 3Y6	
Phone 289-259-7909	Title President	Number of Employed Hours 7500	

Description of Duties
Supply Chain and Business Development

Business Name Concordia Pharma		From - To (MM/YY - MM/YY) 12/12 - 11/16	
Business Address 277 Lakeshore Rd #302		City Oakville	State ON
		Zip L6J 6Y6	
Phone 416-407-3535	Title CEO	Number of Employed Hours 7500	

Description of Duties
Supply Chain and Business Development

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
		Zip	
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
		Zip	
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Designated Representative Application (Applicant's Initials 26) 7 of 9

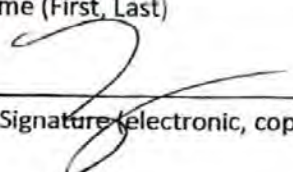
I, MARK THOMPSON, certify that as the designated representative for
Legacy Pharma USA, Inc

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ☒ I am at least 21 years of age;
3. ☒ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ☒ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ☒ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ☒ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ☒ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark L Thompson

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

Date

June 10/24

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark L Thompson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 10, 2024
Date

Please have this section completed in the presence of a Notary Public.

Province of ONTARIO, ss. TOWN County of OAKVILLE
State of

I, MARK L. THOMPSON, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

June 10, 2024
Date

Subscribed and Sworn to before me this 10th day of June, 2024

Notary Public Signature

LINA LORETTA LIVIA SERAFINI



4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH00909	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: Metro Park Warehouses, LLC		
Physical Address: 6901 Stilwell St.		
City: Kansas City State: MO Zip: 64120		
Mailing Address (if different from physical address): Same as Physical Address		
City: State: Zip:		
Telephone: 816-300-2301 Website: www.mpwus.com		
Name of Designated Representative (DR): James Sageser		
Licensing Company Email: jsageser@mpwus.com DR Email: jsageser@mpwus.com		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Physicians ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Veterinarians ☒ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others: Vet Rx, OTC	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: 3PL

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/ Arrest 1/1/2023	Disposition Date	State AL	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy			
Reason/Charge Outstanding reporting time for Change of Ownership				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy Civil Fine/ Disciplinary Action	
Name of Business/Industry/Entity Metro Park Warehouses, LLC				

Provide explanation below:

Please see the attached supplemental documents regarding the AL BOP violation issued.


Original Signature (electronic, copies or stamps not accepted)

1/9/2024
Date

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
METRO PARK WAREHOUSES, LLC	)	
	)	CASE NO.: 23-L-0018
Third Party Logistics	)	
Permit No. 192188	)	

NOTICE OF HEARING

TO: Metro Park Warehouses, LLC
6901 Stillwell
Kansas City, MO 64120

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on October 24, 2023 at 8:00 a.m., at the State Board of Pharmacy Hearing Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your permit should not be revoked, suspended or otherwise disciplined in that it is alleged that you have failed to comply with all applicable state laws and regulations. Disciplinary action may include administrative fines not to exceed \$1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Alabama State Board of Pharmacy ("the Board"), charges Respondent Metro Park Warehouses, LLC as follows:

First offense: Your application for change of ownership states that the change took place on June 3, 2022. However, you did not submit a change of ownership application until December 21, 2022.

Second offense: Your application for change of ownership states that the change took place on January 1, 2023. However, you did not submit a change of ownership application until April 13, 2023.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), § 34-23-30(a): by failing to notify the board within 10 days of any change in control in ownership.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violation and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 1st day of August, 2023.

ALABAMA STATE BOARD OF PHARMACY


By: Donna C. Yeatman Executive Secretary

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
METRO PARK WAREHOUSES, LLC	)	
	)	CASE NO.: 23-L-0018
Third Party Logistics	)	
Permit No. 192188	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Metro Park Warehouses, LLC.

WHEREAS, Metro Park Warehouses, LLC was served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Metro Park Warehouses, LLC shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Metro Park Warehouses, LLC shall pay costs in the amount of seven thousand, five hundred dollars (\$7,500) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Metro Park Warehouses, LLC as defined below. This payment shall not be subject to discharge in bankruptcy nor shall Metro Park Warehouses, LLC attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Metro Park Warehouses, LLC during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Metro Park Warehouses, LLC during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

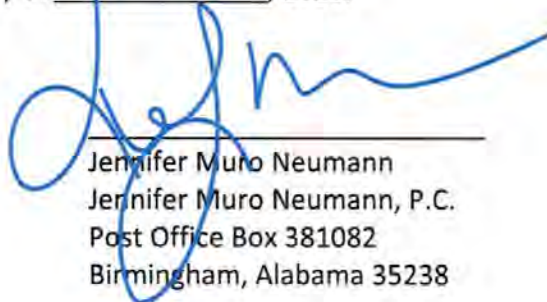
5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Metro Park Warehouses, LLC complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Metro Park Warehouses, LLC expressly waives its right pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Metro Park Warehouses, LLC further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Metro Park Warehouses, LLC hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Metro Park Warehouses, LLC acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. Metro Park Warehouses, LLC acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and acknowledges and agrees that it is signing this Deferral Agreement on the advice of its attorney.

DONE this the 14th day of September, 2023.

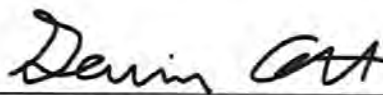


Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238



Robert M. Colburn, Jr., R. Ph.,
President
State Board of Pharmacy

DONE this the _____ day of _____, 2023.



Metro Park Warehouses, LLC

By: Gavin Ott

Its: Chief Financial Officer

Gavin Ott

Counsel for Metro Park Warehouses, LLC

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Parnell
Address: 9401 Indian Creek Pkwy City: Overland Park State: KS Zip: 66208
Name: Manukamed Ltd.
Address: 718 Thompson Lane, Suite 108-227 City: Nashville State: TN Zip: 37204
Name: ICare
Address: 809 Faulkner Place City: Raleigh State: NC Zip: 27609
Name: ICU Medical Sales, Inc.
Address: Multiple Locations City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Missouri
Parent Company (if any): Metro Park Operations LLC
Corporation/Organization Name: Metro Park Warehouses, LLC
Mailing Address: 6901 Stilwell St.
City: Kansas City State: MO Zip: 64120
Telephone: 816-300-2301 Email: jsageser@mpwus.com
Contact Person Name: James Sageser

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		☒
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019_Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

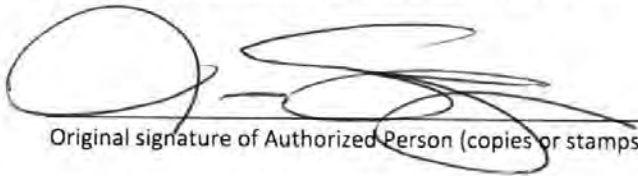
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Metro Park Warehouses, LLC

Facility Name

James Sageser

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

12/7/2023

Date

Board Use Only

Date Received: 2/14/24

Amount: \$1000-check 655270



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New Search

Back To Search Results

Establishment:
 METRO PARK WAREHOUSES, INC.
 6901 Stilwell St
 KANSAS CITY, MO 64120
Registration Number: 3003563511
FEI Number*: 3003563511
Status: Active
Initial Distributor/Importer: Yes
 *Note Firm May Have Additional Establishment Types.
 Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
METRO PARK WAREHOUSES LLC
 6901 STILLWELL ST
 Kansas City, MO US 64120
Owner/Operator Number: 9083574

Official Correspondent:
 Jennifer Cunningham
 6901 STILLWELL ST
 Kansas City, MO 64120
Phone: 816-2310777

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 03/11/2024

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English



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6920 Executive Drive, Kansas City, MO 64120
Telephone: 816-231-0777 Fax: 816-231-7797

New Ownership Information

Licensee: Metro Park Warehouses, LLC
Address: 6901 Stilwell, Kansas City, MO 64120
FEIN: 88-3225366

Parent Company: Metro Park Operations LLC
Address: 6920 Executive Drive, Kansas City, MO 64120
FEIN: 88-2567421
% of Ownership: 100%

Grandparent Company: Metro Park Holdings, LLC
Address: 6920 Executive Drive, Kansas City, MO 64120
FEIN: 88-2387920
% of Ownership: 100%

Ultimate Parent Company: NPD Management, LLC (NorthPoint Development)
Address: 3315 N Oak Trafficway, Kansas City, MO 64116
FEIN: 32-0530675
% of Ownership: 100%

Metro Park Warehouses, Inc. Officers:
Raymond Miller - Chief Operating Officer
James Sageser - Senior Vice President of Sales

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METRO PARK WAREHOUSES, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2024.



6789471 8300

SR# 20240165525

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: 202622424

Date: 01-18-24

0454

State of Missouri

Division of Professional Registration

Third-Party Logistics Provider

Third Party Logistics Provider

VALID THROUGH OCTOBER 31, 2025

ORIGINAL CERTIFICATE/LICENSE NO. 2023007536

METRO PARK WAREHOUSES, LLC

METRO PARK WAREHOUSES, LLC

JAMES SAGESER, MIC

6901 STILLWELL

KANSAS CITY MO 64120

USA

METRO PARK WAREHOUSES, LLC
METRO PARK WAREHOUSES, LLC
JAMES SAGESER, MIC
6901 STILLWELL
KANSAS CITY MO 64120
USA

State of Missouri

Missouri Department of Commerce and Insurance

Division of Professional Registration

Missouri Board of Pharmacy

Third-Party Logistics Provider

Third Party Logistics Provider

VALID THROUGH OCTOBER 31, 2025

ORIGINAL CERTIFICATE/LICENSE NO. 2023007536

METRO PARK WAREHOUSES, LLC

METRO PARK WAREHOUSES, LLC

JAMES SAGESER, MIC

6901 STILLWELL

KANSAS CITY MO 64120

USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/24

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 Kunkel & Associates, Inc. 401 Data Court Dubuque IA 52003	CONTACT NAME: Trent Stringer PHONE (A/C, No, Ext): 563-585-2310 E-MAIL ADDRESS: certs@kunkel-inc.com FAX (A/C, No): 563-557-7316
INSURED Metro Park Warehouses LLC 3315 N Oak Trafficway Kansas City MO 64116	INSURER(S) AFFORDING COVERAGE INSURER A: National Interstate Insurance Company INSURER B: Upland Specialty Insurance Company INSURER C: StarStone Specialty Insurance Company INSURER D: INSURER E: INSURER F:
	NAIC # 32620 16988 44776

COVERAGES**CERTIFICATE NUMBER:** 1330052627**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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		CAT 0011519-00	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		USXTL0602224	4/1/2024	4/1/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	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 \$
A C	Cargo Excess Umbrella		CGT 0011519-00 70AXS7000258#2	4/1/2024 4/1/2024	4/1/2025 4/1/2025	Limit Limit 200,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured on a primary and non-contributory basis as required by written contract or agreement limited to Automobile Liability Coverage. A Waiver of Subrogation applies on Auto Liability in favor of the Additional Insured as required by written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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. 800152395

Application/License No. WH00909

Metro Park Warehouses LLC, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

251 South 55th Street, Kansas City, KS 66106, as
Address of Applicant/Principal

PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company

corporation organized under the laws of the state of NY
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2023.

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 12th day of September, 2023.

APPLICANT/PRINCIPAL

Metro Park Warehouses LLC
COMPANY

By: 

Authorized Representative

SURETY

Atlantic Specialty Insurance Company

By: 

Surety Company's Representative

Jennifer L. Clampert, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

By: 

Witness

Witness

SIGNED and SEALED in the presence of:

By: 

Witness

Amy Coonts

Witness

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020



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: **Desiree E. Westmoreland, Myriah A. Valdivia, Todd Alan Rambo, Nicole L. McCollam, Brandi J. Tetley, Jennifer L. Clampert, Michael Lischer, Jr., Amy Coonts, Danielle Waring, David Dondlinger, Lindsey Minuttillo, Ashlea McCaughey**, 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:

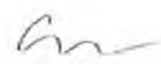
Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing 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 first day of January, 2023.

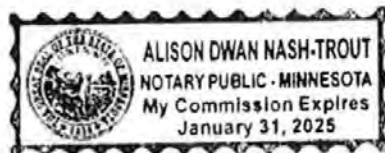


STATE OF MINNESOTA
HENNEPIN COUNTY

By


Sarah A. Kolar, Vice President and General Counsel

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she 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 12th day of September, 2023.



This Power of Attorney expires
January 31, 2025



Kara L.B. Barrow, Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (05/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Metro Park Warehouses, LLC MDEG License # (if applicable) _____
Physical Address 6901 Stilwell St.
City Kansas City State MO Zip 64120
Mailing Address (if different from physical address) Same as Physical Address
City _____ State _____ Zip _____
Telephone 816-300-2301 Website www.mpwus.com
Licensing Company Email jsageser@mpwus.com

Section 2: Personal Information

First James Middle _____ Last Sageser
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Kansas City State MO Zip 64157
Telephone [REDACTED] Email jsageser@mpwus.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Missouri Southern State University		09/1986 - 05/1990		
Address	City	State	Zip	
3950 E Newan Rd	Joplin	MO	64801	
Diploma/Degree obtained, if any				
3950 E Newan Rd				
School Name		From - To (MM/YY - MM/YY)		
Crowder College		09/1985 - 05/1986		
Address	City	State	Zip	
601 Laclede	Neosho	MO	64850	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Sarcoxie High School		09/1972- 05/1976		
Address	City	State	Zip	
101 S 17th St.	Sarcoxie	MO	64862	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/01 - Present		Kansas City	MO	64157
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Metro Park Warehouses, LLC		From - To (MM/YY – MM/YY) 01/2001- Present	
Business Address 6901 Stilwell St.	City Kansas City	State MO	Zip 64120
Phone 816-300-2301	Title Sr. VP - Sales	Number of Employed Hours (45,760)	
Description of Duties Responsible for the region's leading 3PL operations, providing service t over 150 customers on a daily bases.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.	✓	

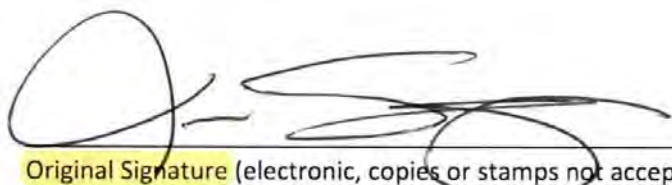
Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 1/1/2023	Disposition Date	State AL	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy			
Reason/Charge Outstanding reporting time for Change of Ownership				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy Civil Fine	
Name of Business/Industry/Entity Metro Park Warehouses, LLC				

Provide explanation below:

Please see the attached supplemental documents regarding the AL BOP violation issued.


Original Signature (electronic, copies or stamps not accepted)

12/7/2023
Date

I, James Sageser, certify that as the MDEG Administrator for
Metro Park Warehouses, LLC

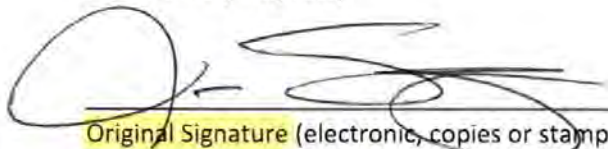
that I (initial that you have read and meet the following requirements):

1. JS Have a high school diploma or its equivalent;
2. JS Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. JS Will be employed by 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
4. JS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Sageser

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

12/7/2023

Date

Board Use Only

Date Received: 2/14/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Metro Park Warehouses, LLC
Pharmacy/Wholesaler License # (if applicable) WH00909
Physical Address 6901 Stilwell St.
City Kansas City State MO Zip 64120
Mailing Address (if different from physical address) Same as Physical Address
City _____ State _____ Zip _____
Telephone 816-300-2301 Website www.mpwus.com
Licensing Company Email jsageser@mpwus.com

Section 2: Personal Information

First James Middle _____ Last Sageser
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address 6901 Stilwell St.
City Kansas City State MO Zip 64120
Telephone _____ Email jsageser@mpwus.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Missouri Southern State University		09/1986 - 05/1990		
Address	City	State	Zip	
3950 E Newan Rd	Joplin	MO	64801	
Diploma/Degree obtained, if any				
3950 E Newan Rd				
School Name		From - To (MM/YY - MM/YY)		
Crowder College		09/1985 - 05/1986		
Address	City	State	Zip	
601 Laclede	Neosho	MO	64850	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Sarcoxie High School		09/1972 - 05/1976		
Address	City	State	Zip	
101 S 17th St.	Sarcoxie	MO	64862	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/01 - Present		Kansas City	MO	64157
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Metro Park Warehouses, LLC		From - To (MM/YY – MM/YY) 01/21- Present	
Business Address 6901 Stilwell St.	City Kansas City	State MO	Zip 64120
Phone 816-300-2301	Title Senior Vice President of Sales	Number of Employed Hours (45,760)	

Description of Duties
Responsible for the region's leading 3PL operations, providing service t over 150 customers on a daily bases.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

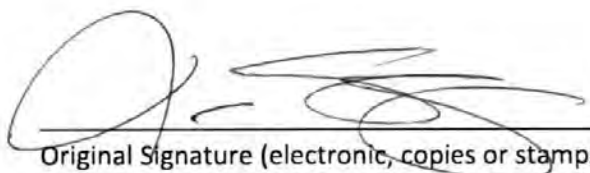
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 1/1/2023	Disposition Date	State AL	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy			
Reason/Charge Outstanding reporting time for Change of Ownership				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy Civil Fine/ Disciplinary Action	
Name of Business/Industry/Entity Metro Park Warehouses, LLC				

Provide explanation below:

Please see the attached supplemental documents regarding the AL BOP violation issued.


Original Signature (electronic, copies or stamps not accepted)

1/9/2024
Date

I, James Sageaser, certify that as the designated representative for

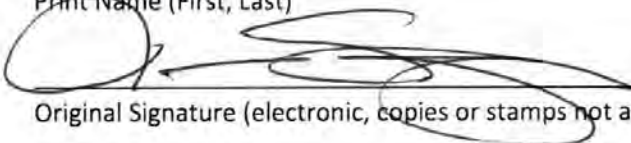
Metro Park Warehouses, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Sageaser

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

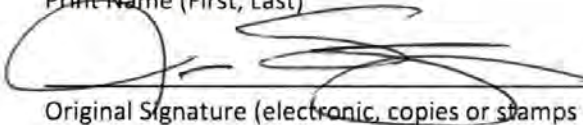
12/7/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Sageaser

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

12/7/2023
Date

Please have this section completed in the presence of a Notary Public.

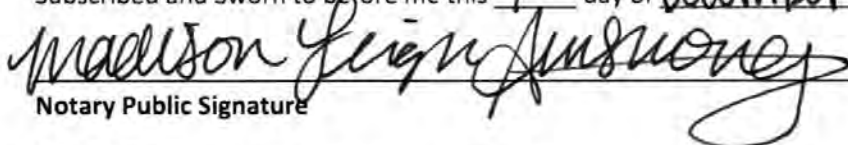
State of MISSOURI, ss. County of JACKSON

I, James Sageaser, 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 the license, registration, permit, certificate or certification for which I am applying for.


Original Signature

12/7/2023
Date

Subscribed and Sworn to before me this 7th day of December.


Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials JS) 9 of 9

Employee List

Gavin Ott, CFO

Robert Etchells, CEO

James Sageser, SVP of Sales **

Ray Miller, COO

Sean Harris, Operations Manager

Maddie Armstrong, Human Resources

John Darmstaetter, Operations Supervisor

Mike Wheeler, Quality Assurance

Matthew Keller, Operations Manager

Breanna White, Office Manager

Rebecca Fegers, Operations Manager

Linda Bardwell, Officer Manager

Cindy Harvill, Office Manager

Theresa Karnish, Customer Service Supervisor

Sandy Lee, Accounts Payable

Jennifer Cunningham, Safety & Compliance Manager

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>N/A</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Philips RS North America LLC</u>		
Physical Address: <u>1010 Murry Ridge Lane</u>		
City: <u>Murrysville</u> State: <u>PA</u> Zip: <u>15668</u>		
Mailing Address (if different from physical address): <u>Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road</u>		
City: <u>Andover</u> State: <u>MA</u> Zip: <u>01810</u>		
Telephone: <u>412-542-3300</u> Website: <u>www.philips.com</u>		
Name of Designated Representative (DR): <u>Tracy R. Hillegas</u>		
Licensing Company Email: <u>beth.c.rogers@philips.com</u> DR Email: <u>Tracy.Hillegas@philips.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer (Virtual) ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

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

Name: _____

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

Name: _____

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

Name: _____

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

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Philips RS North America Holding Corporation

Corporation/Organization Name: Philips RS North America LLC

Mailing Address: Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road

City: Andover State: MA Zip: 01810

Telephone: 978-659-4884 Email: beth.c.rogers@philips.com

Contact Person Name: Beth C. Rogers

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

N/A

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment C			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment D	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment D		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months. See Attachment E	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment F		✓	✓	✓
• Personal History Record Application must be completed by each company shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ . N/A - Wholly Owned by parent company		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment G	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable) See Attachment H	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ . Included with MDEG Application	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

N/A

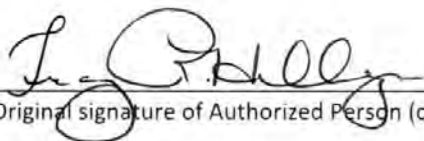
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Philips RS North America LLC

Facility Name

Tracy R. Hillegas

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

03/24

Date

Board Use Only

Date Received: 5/11/24

Amount: \$1000-check 1547 ✓

Attachment A

Nature of Business

Philips RS North America LLC (PRS) is a virtual manufacturer of prescription devices and durable medical equipment. PRS's corporate headquarters is located at 1010 Murry Ridge Lane, Murrysville, PA. This location is a business office with no manufacturing or distribution at this location. In the USA, PRS manufactures its products at its own facilities located in Pennsylvania. PRS's products are then stored and shipped from either its distribution facility located in Mt. Pleasant, PA or a licensed third party logistics provider to its customers (wholesalers, distributors, hospitals, sleep clinics, and physicians). Accordingly, the 1010 Murry Ridge Lane facility will never actually physically manufacture or distribute any products. This facility's hours of operation are Monday – Friday, from 8:00 a.m. – 5:00 p.m.

Provided below is the information for its manufacturing and distribution sites:

Manufacturing Locations:

Philips RS North America LLC
1001 Murry Ridge Lane, Murrysville, PA 15668

Philips RS North America LLC
312 Alvin Drive, New Kensington, PA 15068

Philips Healthcare, a division of Philips North America LLC
1001 Murry Ridge Lane, Suite A, Murrysville, PA 15668

Distributing Locations:

Philips RS North America LLC
174 Tech Center Drive, Suite 100, Mt. Pleasant, PA 15666

Respiroics Logistics Services, LLC
174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666

KSC Freight
c/o Transgroup
18850 8th Ave., Suite 100, Seattle, WA 98148



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

Establishment:

RESPIRONICS INC.

Business Trade Names:

(1) Philips (2) Philips Healthcare (3) Philips RS North America LLC (4) Pro-Tech Services, Inc. (5) RESPIRONICS, INC.

1001 Murry Ridge Lane
MURRYSVILLE, PA 15668

Registration Number: 2518422

FEI Number*: 2518422

Status: Active

Date Of Registration Status: 2024

Owner/Operator:

[Philips Medical Systems International BV](#)⁶

Veenpluis 6

Best, NL 5684PC

Owner/Operator Number: [2518422](#)⁷

Official Correspondent:

Tom Fallon

Philips

6501 Living Place

Pittsburgh, PA 15206

Phone: 978-9415572

Verified
m-h 5/14/24

* 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=fdomain>
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=&RegistrationNum](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNum)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNum](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNum)

Page Last Updated: 05/13/2024

Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).

Language Assistance Available: [Español](#) | [繁體中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl](#)

3/11/24, 2:16 PM

Establishment Registration & Device Listing

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?

start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2518422&OwnerOperator

Attachment D

LLC Information

Philips RS North America LLC

Philips RS North America LLC is wholly-owned by its parent company, Philips RS North America Holding Corporation.

LLC Officers:

Daniel Leonard

President, Chief Executive Officer, and Manager

Santosh Phatarpekar

Vice President, Treasurer, and Manager

Robert M. Blake

Vice President, Secretary, and Manager

Directors:

Daniel Leonard

Robert M. Blake

Andrei Lutai

Santosh Phatarpekar

Robert J. Rogalski

Andrew J. Stuart

Attachment E

Delaware Certificate of Good Standing

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHILIPS RS NORTH AMERICA 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 TWELFTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHILIPS RS NORTH AMERICA LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 1984.

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



2028915 8300

SR# 20234201966

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: 204793522

Date: 12-12-23

0486

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.

Certificate(s): **6000007344** issued: 2/19/2009 expires: 4/30/2025

Philips RS North America LLC 1010 Murry Ridge Lane; Murrysville, PA 15668

[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.

Attachment I

Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
CN101736188-GAUW-NI-23-24	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : National Union Fire Insurance Co Of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER B : Safety National Casualty Corp.</td><td>15105</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></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Insurance Co Of Pittsburgh	19445	INSURER B : Safety National Casualty Corp.	15105	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : National Union Fire Insurance Co Of Pittsburgh	19445														
INSURER B : Safety National Casualty Corp.	15105														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Philips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141															

COVERAGES **CERTIFICATE NUMBER:** NYC-011181383-18 **REVISION NUMBER:** 14

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:		536-18-48	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		CA6675481	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTIONS		041233782	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N / A	LDS4047559 (AOS) PS4047560 (WI)	12/31/2023 12/31/2023	12/31/2024 12/31/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	CYBER LIABILITY		03-932-59-76 'Subject to a policy deductible'	12/31/2023	12/31/2024	Occurrence Limit 10,000,000 Aggregate Limit 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Certificate Holder: Virginia Community College System Commonwealth of Virginia Virginia Community College System 147 Daleville Centre Drive Daleville, VA 24083.

Evidence of coverage.

CERTIFICATE HOLDER

Philips North America LLC 222 Jacobs Street, 3rd Floor Cambridge, MA 02141	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 <i>Marsh USA LLC</i>
--	--

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA, LLC.		NAMED INSURED Philips North America LLC (See additional page for other insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Includes:

370 West Trimble Road LLC
 AllParts Medical, LLC
 BioTelemetry, Inc.
 BioTel Holter Direct, LLC
 BioTel Research, LLC
 BioTelemetry Care Management, LLC
 Telcare Medical Supply, LLC
 Telcare, LLC
 Braemar Manufacturing, LLC
 Cardiac Monitoring Holding Company, LLC
 LifeWatch Corp.
 LifeWatch Services, Inc.
 Cardiology Technologies Inc.
 CardioNet, LLC
 BioTel INR, LLC
 Geneva Healthcare, LLC
 VirtualScopies, LLC
 Blue Willow Systems LLC
 Discus Holdings, LLC
 Discus Dental, LLC
 Discus International, LLC
 Discus Dental Canada, LLC
 Electrical Geodesics LLC
 Cerebral Data Systems, Inc. (CDS)
 Intact Vascular, Inc.
 Philips CS Corporation (formerly "Vita Topco, Inc." and "Philips Capsule Corporation")
 Capsule Technologies, Inc.
 CapsuleTech, Inc.
 Philips Healthcare Informatics, Inc.
 Philips Image Guided Therapy Corporation
 Cardioprolific Inc.
 Crux Biomedical, LLC
 Spectranetics LLC
 Angioscore LLC
 Volcano Atheromed, Inc.
 Philips Medical Systems (Cleveland), Inc.
 Philips Medical Systems MR, Inc.
 Philips DS North America LLC
 Philips North America, LLC
 Philips North America, LLC D/B/A Philips Healthcare
 Philips Oral Healthcare, LLC
 Philips RS North America Holding Corporation
 Philips RS North America LLC
 Respironics California, LLC
 Respironics Colorado, Inc.
 Respironics Logistics Services, LLC
 Respironics Novamatrix, LLC
 Philips Semiconductors Inc.

AGENCY CUSTOMER ID: CN101736188

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY MARSH USA, LLC.		NAMED INSURED Philips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Remote Diagnostics Technologies LLC
Respiratory Technologies, Inc.
Tomtec Corporation
TR Management Company, LLC
U.S. Philips Corporation
Vesper Medical, Inc.
VISICU, Inc.
VitalHealth Software Corp.
Wellcentive LLC (formerly "Wellcentive, Inc.")
Wellcentive QR, LLC
American Color & Chemical, L.L.C.
ATL Ultrasound, Inc.
Philips Ultrasound LLC (formerly "Philips Ultrasound, Inc.")
ATL International LLC
Philips Electronics North America Foundation
Philips Electronics Realty, LLC
Philips Medical Systems Export, Inc.
Philips MPEG Inc.
Philips Project Management, LLC

APPLICANT/PRINCIPALS:

AllParts Medical, LLC, 400 Brick Church Park Drive, Nashville, TN 37207
Discus Dental, LLC, 1700 A South Baker Ave., Ontario, CA 91761
Philips Healthcare Informatics, Inc., 4430 Rosewood Drive, Suite 200, Pleasanton, CA 94588
Philips Healthcare, a division of Philips North America LLC, 22100 Bothell Everett Hwy, Bothell, WA 98021
Philips Healthcare, a division of Philips North America LLC, 222 Jacobs Street, Cambridge, MA 02141
Philips Ultrasound LLC, 22100 Bothell Everett Highway, Bothell, WA 98021
Philips Image Guided Therapy Corporation, 3721 Valley Center Drive, Suite 500, San Diego, CA 92130
Philips Image Guided Therapy Corporation, 2451 Mercantile Drive, Rancho Cordova, CA 95742
Respironics Logistics Services, LLC, 174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666
Spectranetics LLC, 9965 Federal Drive, Colorado Springs, CO 80921
Visicu, Inc., 217 E. Redwood Street, Suite 1900, Baltimore, MD 21202

Paul Cavanaugh
Authorized Representative - ~~Discus Dental~~ Paul Cavanaugh
James D. Dineen
Witness
James D. Dineen
Witness

Philips RS North America LLC, 1010 Murry Ridge Lane, Murrysville, PA 15668
Philips RS North America LLC, 174 Tech Center Drive, Suite 100, Mt. Pleasant, PA 15666

Stuart Cashman
Authorized Representative - Stuart Cashman
Kimberly Pierce
Witness
Stuart Cashman
Witness



Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint Kristin S. Bender

, Individually

of Morristown, New Jersey, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond Number: 30185503

Principal: See attached list of principals

Obligee: State of Nevada and Nevada State Board of Pharmacy

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of February, 2021.

WESTERN SURETY COMPANY



Paul T. Bruflat

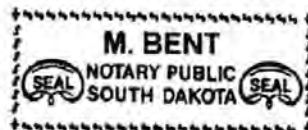
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 2nd day of February, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 21 day of April, 2023



WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Net Admitted Assets and Liabilities
December 31, 2021

ASSETS

Bonds	\$ 1,940,298,870
Stocks	19,721,943
Cash, cash equivalents, and short-term investments	32,146,891
Receivables for securities	140,000
Investment income due and accrued	17,433,547
Premiums and considerations	54,366,110
Amounts recoverable from reinsurers	3,204,634
Current federal and foreign income tax recoverable and interest thereon	-
Net deferred tax asset	14,565,007
Receivable from parent, subsidiaries, and affiliates	14,891,869
Other assets	1,037
Total Assets	\$ 2,096,769,908

LIABILITIES AND SURPLUS

Losses	\$ 214,859,103
Loss adjustment expense	48,667,258
Commissions payable, contingent commissions and other similar charges	10,885,216
Other expenses (excluding taxes, license and fees)	-
Taxes, License and fees (excluding federal and foreign income taxes)	2,781,662
Federal and foreign income taxes payable	300,285
Unearned premiums	263,317,295
Advance premiums	6,618,279
Ceded reinsurance premiums payable (net of ceding commissions)	5,081,348
Amounts withheld or retained by company for account of other	10,237,011
Provision for reinsurance	6,261,560
Payable to parent, subsidiaries and affiliates	7,170
Payable on security transactions	35,226
Other liabilities	155,189
Total Liabilities	\$ 569,206,602

Surplus Account:

Common stock	\$ 4,000,000
Gross paid in and contributed surplus	286,896,195
Unassigned funds	1,236,667,111
Surplus as regards policyholders	<u>\$ 1,527,563,306</u>
Total Liabilities and Capital	\$ 2,096,769,908

I, Julie Lee, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2021, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

WESTERN SURETY COMPANY

By *Julie Lee*

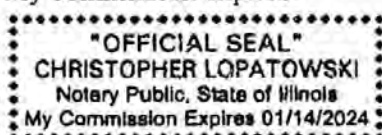
Assistant Vice President, External Reporting

Subscribed and sworn to me this 14th day of March, 2022.

My commission expires:

By *Christopher Lopatowski*

Notary Public



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. 30185503

Application/License No. _____

*See attached list of principal names _____, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
*See attached list of principal addresses _____, as

Address of Applicant/Principal
PRINCIPAL, and Western Surety Company, a
Surety Company
corporation organized under the laws of the state of South Dakota
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
151 N Franklin Street Chicago, IL 60606 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 April 21, 2023
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
21st day of April, 2023.

APPLICANT/PRINCIPAL

**See attached principal signature page

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Western Surety Company

Surety Company's Representative

Kristin S. Bender, Attorney-in-fact
print name
Nevada Non-Resident Producer License No. 829075

SIGNED and SEALED in the presence of:

Witness Jessica Iannotta

Witness April D. Perez

Countersigned by:

N/A

Nevada Resident Agent

Attachment F

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Philips RS North America LLC
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 1010 Murry Ridge Lane
City Murrysville State PA Zip 15668
Mailing Address (if different from physical address) Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road
City Andover State MA Zip 01810
Telephone 412-542-3300 Website www.philips.com
Licensing Company Email beth.c.rogers@philips.com

Section 2: Personal Information

First Tracy Middle Rae Last Hillegas
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Andover State MA Zip 01810
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Robert Morris University		08/16 - 12/18		
Address	City	State	Zip	
6001 University Blvd	Moon Township	PA	15108	
Diploma/Degree obtained, if any				
Masters Degree				
School Name		From - To (MM/YY - MM/YY)		
University of Pittsburgh		08/09 - 04/16		
Address	City	State	Zip	
4200 5th Ave	Pittsburgh	PA	15260	
Diploma/Degree obtained, if any				
Bachelors Degree				
School Name		From - To (MM/YY - MM/YY)		
North Star High School		08/80 - 05/83		
Address	City	State	Zip	
400 ONID ST.	Boswell	PA	15531	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
05/11 - Present	[REDACTED]	Stoystown	PA	15563
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Philips RS North America LLC		From - To (MM/YY - MM/YY) 06/2004 - Present	
Business Address 1010 Murry Ridge Lane	City Murrysville	State PA	Zip 15668
Phone 412-542-3300	Title Customer Solutions Leader	Number of Employed Hours 40 hours a week	
Description of Duties Sr. Manager of customer care, solutions, and oversight of facility relating to products sold from this site. Manager for complex customer relations, global enterprise, and national account activities. Responsible for strategic management, operations management, and continuous improvement/development. Leader across cross functional teams, audit support, and compliance/quality requirements.			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

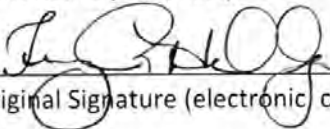
I, Tracy R. Hillegas, certify that as the designated representative for
Philips RS North America LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tracy R. Hillegas

Print Name (First, Last)



Original Signature (electronic) (copies or stamps not accepted)

03/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tracy R. Hillegas

Print Name (First, Last)

Tracy R. Hillegas
Original Signature (electronic, copies or stamps not accepted)

03/24
Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Somerset

I, Tracy R. Hillegas, 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 the license, registration, permit, certificate or certification for which I am applying for.

Tracy R. Hillegas
Original Signature

04/16/24
Date

Subscribed and Sworn to before me this 16 day of April 2024.

Cheryl Vasos
Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Cheryl Vasos, Notary Public
Somerset County
My commission expires November 11, 2024
Commission number 1372627
(Seal)
Member, Pennsylvania Association of Notaries

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Philips RS North America LLC MDEG License # (if applicable) Pending
Physical Address 1010 Murry Ridge Lane
City Murrysville State PA Zip 15668
Mailing Address (if different from physical address) Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road
City Andover State MA Zip 01810
Telephone 412-542-3300 Website www.philips.com
Licensing Company Email beth.c.rogers@philips.com

Section 2: Personal Information

First Tracy Middle _____ Last Hillegas
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Andover State MA Zip 01810
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Robert Morris University		From - To (MM/YY - MM/YY) 08/16 - 12/2018	
Address 6001 University Blvd	City Moon Township	State PA	Zip 15108
Diploma/Degree obtained, if any Masters Degree			
School Name University of Pittsburgh		From - To (MM/YY - MM/YY) 08/09 - 04/16	
Address 4200 5th Ave	City Pittsburgh	State PA	Zip 15260
Diploma/Degree obtained, if any Bachelors Degree			
School Name North Star High School		From - To (MM/YY - MM/YY) 08/80 - 05/83	
Address 400 Ohio St.	City Boswell	State PA	Zip 15531
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 5/11 - Present	Address [REDACTED]	City Stoystown	State PA	Zip 15563
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Philips RS North America LLC		From - To (MM/YY - MM/YY) 06/2004 - Present	
Business Address 1010 Murry Ridge Lane		City Murrysville	State PA
Phone 412-542-3300	Title Customer Solutions Leader	Zip 15668	
Description of Duties Sr. Manager of customer care, solutions, and oversight of facility relating to products sold from this site. Manager for complex customer relations, global enterprise, and national account activities. Responsible for strategic management, operations management, and continuous improvement/development. Leader across cross functional teams, audit support, and compliance/quality requirements.		Number of Employed Hours 40 hours a week	
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
 Original Signature (electronic, copies or stamps not accepted)

N/A
 Date

I, Tracy R. Hillegas, certify that as the MDEG Administrator for
Philips RS North America LLC,

that I (initial that you have read and meet the following requirements):

1. YH Have a high school diploma or its equivalent;
2. YH Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. YH Will be employed by 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
4. YH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tracy R. Hillegas
Print Name (First, Last)

Tracy R. Hillegas
Original Signature (electronic, copies or stamps not accepted)

03/24
Date

Board Use Only

Date Received: 5/1/24

Philips RS NA (1010) Employee List

Aaron Hodak
Adel Vyhnaneek
Alisha Fine
Alyssa Vincent
Amie Costabile
Amy Schwarz
Amy Thompson
Andrea Haas
Angela Mangino
Angela Murphy
April Morabito
April Reinke
Ashley Oshie
Austin Leonzio
Bailey Neale
Bradley Peterson
Bradley Sanner
Brandy Guthrie
Brenda Ciocco
Brittany Richard
Carissa English
Carl Henry
Carla Pence
Carole Pomager
Carolyn Stewart
Cary Loeffert
Catherine Mcandrews
Cathleen Neff
Chad Logero
Charity Ohler
Charles Halbrock
Chris Zelenak
Christina Randazzo
Cley Pujol
Cody King
Colleen Reichert
Corey Randall
Craig Bauerle
Cynthia Harris
Damien Keys
Daniel Mcanulty
Daniel Rambler
David Curry
David Ferency
David Glaser
David Glowark
David Slick
Dirk Smith
Duncan Scott
Edward Bredel
Edwin DeLancey
Elisha Bridges

Elizabeth Gilson
Emily Dietz
Emily Homer
Eric Simpson
Eric Spurlin
Evan Worthington
Gabrielle Goodfellow
Gary Eichner
Gbanah Passmore
Gregory Barton
Heather Knabenshue
Heather Riley
Isabella Jordan
James Rebstock
Jason North
Jennifer Mcnery
Jennifer Paliscak
Jessica Newill
Jessica Price
Jessica Wisseman
Jesus Pagoaga
Jill Carr
John O'Malley
Jon Anderson
Joseph Lewis
Joseph Munda
Joshua Bicking
Joshua McNeill
Joy Radaï
Kaitlyn Anna
Kalyn Polke
Kara O'Brien
Karen Bender
Karen Diclaudio
Kayla Curry
Kelle Haugh
Kelly Brown
Kevin Achtzehn
Kevin Morrow
Kevin Reed
Kristofer Schroeter
Lakisha Evans
Laura Bromley
Laurie Svehla
Liam Wnorowski-Santos
Lynda Sloan
Madyson Scarpelli
Mark Fries
Marlee Tomasits
Matthew Obertanec
Matthew Simons
Matthew Summers
Maurice Waters
Megan Diethorn
Melissa Caputa

Melissa Johnson
Melody Romano
Michael Comito
Michael Thompson
Minal Vyas
Mitchell Horrell
Monica Vogel
Nicholas Marrone
Norelle Hixson
Patricia Reabe
Peter Pomager
Peter Vitale
Phillip Wardoclip
Rachel Klazon
Randy Shaulis
Rebecca Clark
Rebecca McCutcheon
Rebecca Moyer
Rebecca Mumau
Rebecca Templin
Renee Roman
Robert Schade
Robert Wolfe
Rustin Casteel
Sara King
Sara Virostek
Shanade O'Connor
Sherri Siford
Staci Lockwood
Stephanie Rhodes
Stephen Bane
Steven Bailey
Susan Fanto
Susan Farr
Tamesia Vaughn
Tara Cellitti
Taylor Brown
Teresa Crossland
Thomas Baron
Thomas Beacon Jr
Thomas Haugh
Tom Truong
Tony Poole
Tracy Hillegas
Vamsi Yadavsadam
Vanessa DiClaudio
Vincent Santoro
Vithal Kulkarni
William Mckeown
WILLIAM PICCUTA
William Seeger
William Sellner
Zachary Mechling
Zachary Trexler

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>MDEG MP0316</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>ResMed Corp.</u>		
Physical Address: <u>24960 San Michele Road</u>		
City: <u>Moreno Valley</u> State: <u>CA</u> Zip: <u>92551</u>		
Mailing Address (if different from physical address): <u>9001 Spectrum Center Blvd.</u>		
City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92123</u>		
Telephone: <u>858-836-555</u> Website: <u>www.resmed.com</u>		
Name of Designated Representative (DR): <u>Rafael Perez</u>		
Licensing Company Email: <u>[REDACTED]</u> DR Email: <u>[REDACTED]</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: <u>HME providers</u>	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:
Section 2: History of Company		
	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 6/7/2011	Disposition Date 11/25/2013	State SC	City Duncan	County Spartanburg
Case # OIE 2012-31		Governing, licensing, Arresting Presiding Body/Agency/Court South Carolina Board of Pharmacy		
Reason/Charge *** see notation below				
Plaintiff/Defendant/Claimant/Respondent ResMed South Carolina, Respondent			Lawsuit/Arbitration/Bankruptcy Consent Agreement	
Name of Business/Industry/Entity ResMed Corp./wholesale home medical device equipment				

Provide explanation below:

ResMed Corp. had a facility in Duncan, South Carolina that was formerly licensed by the South Carolina Board of Pharmacy as a Non-Dispensing Drug Outlet. ResMed Corp. entered into a Consent Agreement with the South Carolina Board of Pharmacy on or about November 20, 2013 requiring ResMed to pay a \$100.00 fine for failure to timely notify the South Carolina Board of Pharmacy of ResMed's change of address in violation of S.C. Code Ann. §§ 40-43-83(D), 40-43-86(B)(3)(iii), and 40-43-90(E)(3)(Supp. 2010). ResMed complied with the provisions of the Consent Agreement and the matter is now closed.

Attached is a certified copy of the Consent Agreement and a copy of the December 11, 2013 letter from the South Carolina Board of Pharmacy confirming ResMed's compliance.


Original Signature (electronic, copies or stamps not accepted)

4-10-24
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 4/9/2014	Disposition Date 9/27/2014	State SC	City Duncan	County Spartanburg
Case # 53-14-131284		Governing, licensing, Arresting Presiding Body/Agency/Court Michigan Department of Licensing and Regulatory Affairs		
Reason/Charge see below				
Plaintiff/Defendant/Claimant/Respondent ResMed Corp. Respondent			Lawsuit/Arbitration/Bankruptcy n/a	
Name of Business/Industry/Entity ResMed Corp./wholesaler of medical device equipment				

Provide explanation below:

ResMed Corp.'s Duncan, South Carolina facility was licensed by the Michigan Board of Pharmacy as a wholesaler. Based on the \$100.00 fine assessed by the South Carolina Board (*noted above and attached), the Michigan Board imposed its own \$100.00 fine. According to the Michigan Board, the administrative penalty imposed by the South Carolina Board of Pharmacy constituted a violation of section 17768(2)(d) of the Michigan Public Health Code. ResMed Corp. entered into a Consent Order and Stipulation with the Michigan Board of Pharmacy effective on or about October 8, 2014.

Attached is certified copy of the Administrative Complaint dated April 9, 2014 and a copy of the Consent Order and Stipulation.



Original Signature (electronic, copies or stamps not accepted)

April 10, 2014

Date

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

RESMED SOUTH CAROLINA
Permit No. PY.13296

110 Hidden Lake Cr
Duncan, SC 29334

DONNA FREEMAN
Permit Holder

OIE # 2012-31

CONSENT AGREEMENT

Respondent

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below, agrees to waive the authorization, filing, and service of a Formal Complaint and formal hearing procedures.

FINDINGS OF FACT

1. Respondent was the permit holder of ResMed, a non dispensing drug outlet pharmacy at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent relocated in September of 2010. Respondent did not notify the Board of the relocation until May 2011.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-83(D); 40-43-86(B)(3)(iii) and 40-43-90(E)(3)(Supp. 2010).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and

40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

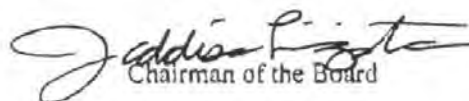
THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent shall pay a fine of one hundred (\$100) dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate administrative suspension of the Respondent's permit in this State until such amount is paid in full.
2. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
3. Respondent agrees to comply with all state and federal statutes and regulations governing the operation of his facility.
4. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
5. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

November 20, 2013
Date


Chairman of the Board

WE CONSENT:

Donna Freeman
DONNA FREEMAN
Permit Holder
ResMed Corp

4/10/13
Date

Julie Hutt
WITNESS OR ATTORNEY

4/10/13
Date

Patrick D. Hanks
PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

11/25/13
Date

CERTIFIED TRUE AND
CORRECT COPY
S. C. BOARD OF PHARMACY



Nikki R. Haley
Governor

Holly G. Pisarik
Director

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy



110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
(803) 896-4700
FAX: (803) 896-4596
www.llronline.com

December 11, 2013

RESMED SOUTH CAROLINA
110 HIDDEN LAKE CR
DUNCAN SC 29334

RE: Consent Agreement

Dear ResMed South Carolina:

Our records indicate that you have complied with all provisions of the 2013 Consent Agreement dated November 20, 2013. This matter is now closed, but the Consent Agreement will remain on file as part of your permanent record with the Board.

All public information is posted on LLR's website.

If you have any questions, please contact Stephanie Calhoun at [REDACTED]
Sincerely,

Lee Ann F. Bundrick, R.Ph
Board Administrator



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
ACTING DIRECTOR

October 10, 2014

Julie Hutt
[REDACTED]

RE: FOIA Request – ResMed Corp
License No. 53-06-002513, Expires 06/30/2015
BHCS FOIA Number: 14-1092

Dear Ms. Hutt:

In response to your request dated October 8, 2014, received October 9, 2014, and in accordance with the Freedom of Information Act (FOIA), 1976 P.A. 442, as amended, this is notice that your request is granted. Please find enclosed a certified copy of the following:

Consent Order and Stipulation dated September 8, 2014;
Administrative Complaint dated April 9, 2014 with attachments.

I certify that the attached documents are true copies taken from the master file maintained by the Michigan Department of Licensing & Regulatory Affairs, Bureau of Health Care Services.

Additionally enclosed are records responsive to your request for "ResMed's response."

Sincerely,

Katie H. Hoffman

Katie Hoffman, FOIA Coordinator
Administrative Support Division
Bureau of Health Care Services

Enclosures

KH:aa

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RESMED CORP
a/k/a ResMed South Carolina
License Number: 53-06-002513

File Number: 53-14-131284
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was executed on April 9, 2014, charging ResMed Corp, a/k/a ResMed South Carolina, hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Wholesaler has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint dated April 9, 2014, are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of \$100.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number 53-14-131284.

IT IS FURTHER ORDERED that in the event Respondent Wholesaler violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: September 8, 2014

MICHIGAN BOARD OF PHARMACY

By: Amela L Wyett
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated April 9, 2014, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Wholesaler understands and intends that by signing this Stipulation Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to the charges.

3. Respondent Wholesaler and the Department further agree that this matter is a public record required to be published and made available to the public

pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner's Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Factors taken into consideration in the formulation of the within Consent Order were as follows:

In the written response to the Complaint, Respondent Wholesaler provided satisfactory evidence of compliance with all terms of the Consent Agreement executed by the State Board of Pharmacy of South Carolina on November 20, 2013.

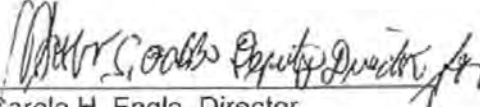
5. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

6. This Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

7. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

AGREED TO BY:


Donna Freeman
Authorized Representative
for Respondent Wholesaler

Dated:

July 21, 2014

Dated:

July 21, 2014

This is the final page of a Consent Order and Stipulation in the matter of ResMed Corp, a/k/a ResMed South Carolina, File Number 53-14-131284, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PMM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RESMED CORP
a/k/a ResMed South Carolina
License Number: 53-06-002513

File Number: 53-14-131284

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, files this Complaint against ResMed Corp, a/k/a ResMed South Carolina, hereafter Respondent Wholesaler, as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL-333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Wholesaler is currently licensed to practice as a manufacturer/wholesaler in the state of Michigan and has an address of record with Complainant of Duncan, South Carolina.

((

3. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if a pharmacy has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

4. On November 20, 2013, the State Board of Pharmacy of South Carolina, hereafter South Carolina Board, executed a Consent Agreement that ordered Respondent Wholesaler to pay a \$100.00 fine. The adverse action was based on Respondent Wholesaler's failure to timely notify the South Carolina Board of Respondent Wholesaler's relocation. A copy of the Consent Agreement, marked Exhibit A, is attached and incorporated.

COUNT I

The foregoing action in the state of South Carolina, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Wholesaler and that Respondent Wholesaler be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent Wholesaler has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Wholesaler's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 4/9/2014


Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of ResMed Corp, a/k/a ResMed South Carolina, File Number 53-14-131284, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

AS

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA

In the Matter of:

RESMED SOUTH CAROLINA
Permit No. PY.13296

110 Hidden Lake Cr
Duncan, SC 29334

DONNA FREEMAN
Permit Holder

OIE # 2012-31

Respondent

CONSENT AGREEMENT

RECEIVED

JAN 14 2014

DEPARTMENT OF LABOR, LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
ENFORCEMENT SECTION - ALLEGATION UNIT

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below, agrees to waive the authorization, filing, and service of a Formal Complaint and formal hearing procedures.

FINDINGS OF FACT

1. Respondent was the permit holder of ResMed, a non dispensing drug outlet pharmacy at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent relocated in September of 2010. Respondent did not notify the Board of the relocation until May 2011.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-83(D); 40-43-86(B)(3)(iii) and 40-43-90(E)(3)(Supp. 2010).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and

CERTIFIED TRUE COPY

BY: _____

TITLE: _____

Page 1 of 3

EXHIBIT

A

page

1

of

3

11-18-13
0533

40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent shall pay a fine of one hundred (\$100) dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate administrative suspension of the Respondent's permit in this State until such amount is paid in full.
2. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
3. Respondent agrees to comply with all state and federal statutes and regulations governing the operation of his facility.
4. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
5. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

November 20, 2013
Date

Jeddis R. Lister
Chairman of the Board

CERTIFIED TRUE COPY

BY: [Signature]

TITLE: Legal Asst

Page 2 of 3

EXHIBIT

A

page

2

of

3

0534

WE CONSENT:

Donna Freeman
DONNA FREEMAN
Permit Holder
ResMed Corp

4/10/13
Date

Julie Hutt
WITNESS OR ATTORNEY

4/10/13
Date

Patrick D. Hanks
PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

11/25/13
Date

CERTIFIED TRUE COPY

By: [Signature]

TITLE: Legal Asst

Page 3 of 3

EXHIBIT A page 3 of 3

11-18-13
[Signature]

0535



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 5, 2024

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

ResMed – Corporate Headquarters

9001 Spectrum Center Blvd.

San Diego, CA 92123

CEASE-AND-DESIST and CITATION-AND-FINE: Case No. 24-098-O – Unlicensed Wholesaling of Medical Devices in Nevada

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that ResMed has shipped prescription only medical devices into the state of Nevada without the proper licensure. Particularly, the Board has found evidence that ResMed shipped AirSense AutoSet 11 devices (CPAP Machines) into the state. Your company's AirSense 11 user guide states that the product is prescription only in the United States. Accordingly, the device at issue is a "prescription device" within the meaning of 21 CFR § 801.109. It appears that, while the facilities you use to ship your products into the state are licensed as Medical Products Providers, they are not licensed as wholesalers.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." See NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, including a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." See NRS 639.233(1) and (2); NAC 639.6942. The product(s) mentioned above are restricted by federal law to sale by or on the order of a physician and are sold to someone other than a patient or ultimate end user, therefore, ResMed needs to obtain a Nevada Wholesale license before shipping these products into the state. See NRS 639.016 and NRS 639.233.

Accordingly, the Board hereby orders ResMed to immediately **CEASE and DESIST** the wholesaling of prescription medical devices that are restricted by federal law to sale by or on the order of a physician, NRS 639.233. Additionally, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for unlicensed wholesaling. Based on the above evidentiary summary, the

Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars (\$5,000.00)**.

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check, or money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on an appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact the Board's Assistant General Counsel, Gustaf Vanderdonck, at [REDACTED] or via email at [REDACTED]

Sincerely,

Nevada State Board of Pharmacy

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:	ResMed Pty Ltd.						
Address:	1 Elizabeth MacArthur Dr.	City:	Bella Vista NSW	State:	AUS	Zip:	2153
Name:	ResMed Asia Pte Ltd.						
Address:	3 Tuas 2	City:	Singapore	State:		Zip:	639443
Name:							
Address:		City:		State:		Zip:	
Name:							
Address:		City:		State:		Zip:	

Section 4: Publicly Traded Corporation

State of Incorporation:					
Parent Company (if any):					
Corporation Name:					
Mailing Address:					
City:		State:		Zip:	
Telephone:		Email:			
Contact Person Name:					
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:			

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:	Minnesota corporation				
Parent Company (if any):	ResMed Inc.				
Corporation/Organization Name:	ResMed Corp.				
Mailing Address:	9001 Spectrum Center Blvd.				
City:	San Diego	State:	CA	Zip:	92123
Telephone:	858-752-4508	Email:			
Contact Person Name:	Julie Hutt				

Section 6: Partnership

Partnership Name:					
Mailing Address:					
City:		State:		Zip:	
Telephone:		Email:			
Contact Person Name:					

Section 7: Sole Owner

Owner's Name:					
Business Name:					
Business Address:					
City:		State:		Zip:	
Telephone:		Email:			

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ResMed Corp.

Facility Name

Michael Rider

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

04-10-24
Date

Board Use Only

Date Received: 4/15/24

Amount: \$1000.00



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

[Back To Search Results](#)

Establishment:

ResMed West Coast Warehouse
24960 San Michele Rd
Moreno Valley, CA 92551
Registration Number: 3007009701
FEI Number*: 3007009701

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

[RESMED CORP](#)⁶

9001 Spectrum Center Blvd
San Diego, CA US 92123

Owner/Operator Number: [9002319](#)⁷

Official Correspondent:

Sheila Bruschi
9001 Spectrum Center Blvd
San Diego, CA 92123
Phone: 858-8365934

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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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=9002319&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002319&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002319&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002319&OwnerOperator)

Page Last Updated: 04/08/2024

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
[Contact FDA](#)



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U.S. Department of Health & Human Services

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002319&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002319&OwnerOperator)

ResMed Corp. Directors and Officers

<u>Name</u>	<u>Office</u>
Lucile Blaise	Director, President
Michael Rider	Director, Secretary, Global General Counsel
Stephen Van Lyon	Treasurer
Dwayne Wheatley	Vice President, Global Distribution

ResMed Corp. Nevada Wholesaler License Application

List of all corporation shareholders and their percent ownership

ResMed Inc.	99.9%
ResMed Holdings Pty Ltd.	0.1%

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

ResMed Corp.
MORENO VALLEY, CALIFORNIA

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

Home/Durable Medical Equipment Services

FROM *August 30, 2021* THROUGH *August 29, 2024*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIRMAN OF THE BOARD OF COMMISSIONERS



**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	ResMed Corp.
Date Filed:	12/01/1989
File Number:	6M-562
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/10/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
MEDICAL DEVICE MANUFACTURING LICENSE

ResMed Corp.
24960 San Michele Road
Moreno Valley, Ca 92551

LICENSE NUMBER: 105539
EXPIRATION DATE: 8/28/2024

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186	CONTACT NAME: Dana Shaffer PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): 858-529-2662 E-MAIL ADDRESS: [REDACTED]
INSURED ResMed Corp. 24960 San Michele Road Moreno Valley, CA 92551-0000	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: Travelers Property Casualty Co of Amer INSURER C: INSURER D: INSURER E: INSURER F:

License#: 0H18131
RESMEINC

NAIC #
20281
25674

COVERAGES **CERTIFICATE NUMBER:** 1296323483 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	N N	35839057	12/1/2023	12/1/2024	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 - COMPI/OP AGG \$Excluded \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	N N	70211342	12/1/2023	12/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	UB7H516616	12/2/2023	12/2/2024	☒ PER STATUTE ☐ OTHER 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)
Evidence of coverage.

CERTIFICATE HOLDER ResMed Corp. 24960 San Michele Road Moreno Valley CA 92551-0000	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 [REDACTED]
--	---

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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. 0844760

Application/License No. _____

ResMed Corp., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
24960 San Michele Road, Moreno Valley, California 92551, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 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 4/10/2024
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
10th day of April, 2024.

APPLICANT/PRINCIPAL

ResMed Corp.

[Redacted Signature]

SURETY COMPANY

Harco National Insurance Company

[Redacted Signature]
Surety Company's Representative

Danielle Enriquez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Redacted Signature]
Witness

[Redacted Signature]
Witness

SIGNED and SEALED in the presence of:

[Redacted Signature]
Witness

[Redacted Signature]
Witness

Countersigned by:

N/A
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ResMed Corp. MDEG License # (if applicable) MP01315
Physical Address 24960 San Michele Road
City Moreno Valley State CA Zip 92551
Mailing Address (if different from physical address) 9001 Spectrum Center Blvd.
City San Diego State CA Zip 92123
Telephone 858-836-5000 Website www.resmed.com
Licensing Company Email [REDACTED]

Section 2: Personal Information

First Rafael Middle Estuardo Last Perez
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Corona State CA Zip 92881
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

NAC 639.694

1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. 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;
 - d. Be employed by 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
 - e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. 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 days after the beginning of the employment.
4. 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.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
 - a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
 - b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
 - a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Redlands		From - To (MM/YY – MM/YY) 06/10/23 - date	
Address 1950 3rd Street	City Redlands	State CA	Zip 92373
Diploma/Degree obtained, if any Pursuing an MBA degree			
School Name University of La Verne		From - To (MM/YY – MM/YY) 2010-2016	
Address 1950 3rd Street	City La Verne	State CA	Zip 91750
Diploma/Degree obtained, if any Bachelor of Science Organizational Management			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/11/15		City Corona	State CA	Zip 92881
From - To (MM/YY – MM/YY) 06/01/08 - 06/01/15		City Palmdale	State CA	Zip 93550
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name ResMed Corp.		From - To (MM/YY – MM/YY) 08/10/20 - to date	
Business Address 1717 Duncan Way		City Corona	State CA
Phone 661-992-3869	Title Sr. Distribution Manager		Zip 92881
Number of Employed Hours over 6000			
Description of Duties see attached job description			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

[Redacted Signature]

Original Signature (electronic, copies or stamps not accepted)

04/10/24
Date

I, Rafael Perez, certify that as the MDEG Administrator for
ResMed Corp.

that I (initial that you have read and meet the following requirements):

1. RP Have a high school diploma or its equivalent;
2. RP Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. RP Will be employed by 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
4. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rafael Perez

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

04/10/24

Date

Board Use Only

Date Received: 01/15/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ResMed Corp.
Pharmacy/Wholesaler License # (if applicable) n/a
Physical Address 24960 San Michele Road
City Moreno Valley State CA Zip 92551
Mailing Address (if different from physical address) 9001 Spectrum Center Blvd.
City San Diego State CA Zip 92123
Telephone 858-836-5555 Website www.resmed.com
Licensing Company Email [REDACTED]

Section 2: Personal Information

First Rafael Middle Estuardo Last Perez
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Corona State CA Zip 92881
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Designated Representative Application (Applicant's Initials RP) 2 of 9

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

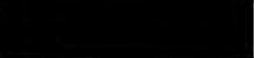
Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Redlands		From - To (MM/YY - MM/YY) 06/10/23 - date	
Address 1950 3rd Street	City Redlands	State CA	Zip 92373
Diploma/Degree obtained, if any Pursuing an MBA degree			
School Name University of La Verne		From - To (MM/YY - MM/YY) 2010-2016	
Address 1950 3rd Street	City La Verne	State CA	Zip 91750
Diploma/Degree obtained, if any Bachelor of Science Organizational Management			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/11/15	Address 	City Corona	State CA	Zip 92881
From - To (MM/YY - MM/YY) 06/01/08 - 06/01/15		City Palmdale	State Ca	Zip 93550
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ResMed Corp.		From - To (MM/YY – MM/YY) 08/10/20 - date	
Business Address 24960 San Michele Road		City Moreno Valley	State CA
Phone 661-992-3869	Title Sr. Distribution Manager	Number of Employed Hours over 6000	

Description of Duties
see attached job description

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

04/10/24
Date

Designated Representative Application (Applicant's Initials RP) 7 of 9

I, Rafael Perez, certify that as the designated representative for
ResMed Corp.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rafael Perez

Print Name (First, Last)

[REDACTED]

Original Signature (electronic, copies or stamps not accepted)

04/10/24
Date

Designated Representative Application (Applicant's Initials RP) 8 of 9

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rafael Perez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

04/10/24

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Riverside

I, Rafael Perez, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

04/10/24

Subscribed and Sworn to before me this 10 day of April 2024

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials RP) 9 of 9



Let's talk about the team and you:

The Senior Distribution Manager will be responsible for the management of all activities and personnel related to shipping, receiving, storing of materials and/or finished goods. You will contribute to the development of a workplace culture that reflects ResMed's organizational values, standards, core competencies and behaviors.

Four key areas that you'll always focus on are safety, quality, customer experience, and productivity for your department / area.

Let's talk about Responsibilities:

- Leads and manages the distribution team in the achievement of goals and objectives.
- Ensures materials are received from proper vendors, delivered to inventory and finished goods; packaged according to specification; and shipped in a timely manner.
- Manages receipt of all materials to ensure quality.
- Ensures quality objectives are met while operating within the allocated budget and meeting delivery deadlines while being flexible and working efficiently.
- Manages inventory control through cycle counting and physicals
- Analyzes current procedures and new ideas to improve current productivity and efficiencies.
- Maintains documentation and prepares reports which reflect the effectiveness and efficiency of department activities.
- Establishes KPIs in order to meet or exceed departmental objectives.
- Establish appropriate communications (content and frequency) with team required to align focus and efforts with organizational and customer needs.
- Interacts with peer group, senior management, and field personnel to problem solve and/or resolve issues among functional areas, other sites, or customers and the company.
- Manages the coordination of activities within the department with responsibility for costs, methods, and employees.
- Create and foster an environment that harbors continuous improvement and the elimination of non-value added steps.
- Manage and sustain product traceability systems, utilizing WMS/Oracle, to support customer and quality requirements.
- Ensure proactive involvement in, accountability for and demonstrated commitment to workplace safety, incident management and understanding of current laws and Company policies regarding workplace safety.
- Ensures health, safety and cleanliness of the work environment overseeing that inspection and maintenance of equipment is done on a standard basis.
- Carries out responsibility for the use of mechanized and computerized systems.
- Leads department in continual forward development through a thorough understanding of the business objectives and planned growth.
- Responsible for site maintenance through nominated contracted workers.

- Develop and implement plans for facility modification or expansion, such as equipment purchase or changes in space allocation/storage or structural design.
- Plan, develop and implement warehouse safety programs and activities. Ensure proactive involvement in, accountability for and demonstrated commitment to workplace safety, incident management and understanding of current laws and Company policies regarding workplace safety.
- Ensure compliance with quality systems, standard operating procedures, and current good manufacturing practices (GMP).
- Knowledge and understanding of federal and local OSHA safety regulations related to warehousing and shipping environments.
- Ensure the development and implementation of appropriate resource strategies to ensure that the work groups have the necessary capability to meet operational targets.
- Ensure training and staff development are current, relative and timely in accordance with established training standards and needs.

Let's talk about Qualifications and Experience:

- Requires a minimum of 10 years directly related experience in Distribution to include a minimum of 5 years of management experience in a similar environment.
- Must have demonstrated experience in implementing inventory control systems, distribution operations programs and continuous improvement programs.
- Oracle experience a plus.
- Prior WMS experience, Manhattan SCALE/similar system preferred.

Desirable:

- Bachelor's degree (B.A.) preferred or equivalent combination of education and experience.
- Experience with Oracle or comparable Supply Chain/Logistics systems
- Experience with a Warehouse Management System

Job Environment:

Warehouse environment. Incumbent will walk and may occasionally sit, kneel, crouch, crawl and lift up to 40lbs. The noise level in the work environment is usually moderate to high. Must be flexible to work varying schedules, hours, and overtime as needed. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.

Worker	Worker Type
Yvette Ortiz [C]	Contingent Worker
Luchana Arana [C]	Contingent Worker
Alondra Ruiz [C]	Contingent Worker
Jessica Martinez [C]	Contingent Worker
Joshua Cameron [C]	Contingent Worker
Joshua Dopp [C]	Contingent Worker
Rigoberto Nolasco [C]	Contingent Worker
Giovanni Becerra [C]	Contingent Worker
Juan Moreno [C]	Contingent Worker
Daniel Lopez [C]	Contingent Worker
Carlos Chacon [C]	Contingent Worker
Patrick Goldsberry [C]	Contingent Worker
Jose Fernandez [C]	Contingent Worker
Andres Hinostrroza [C]	Contingent Worker
Jessica Barrera [C]	Contingent Worker
Lisa Rocha [C]	Contingent Worker
Luis Montoya [C]	Contingent Worker
Yoshelin Valle [C]	Contingent Worker
Alexander Jackson-Dent [C]	Contingent Worker
Miguel Santillan [C]	Contingent Worker
Gabriel Espinoza [C]	Contingent Worker
Jesse Reynolds [C]	Contingent Worker
Kimberly Martinez [C]	Contingent Worker
Samantha Perez [C]	Contingent Worker
Faith Cornelius [C]	Contingent Worker
Elijah Saint Salas [C]	Contingent Worker
Michelle Murillo [C]	Contingent Worker
Austin Valencia [C]	Contingent Worker
Brittany Glidewell	Employee
JC Montes	Employee
Richard McSwain	Employee
Obon Sechang	Employee
Rafael Perez	Employee
Barry Free	Employee
Carlos Quiroz	Employee
VICTOR RAMOS	Employee
Juan Garcia	Employee
Juan Espinoza	Employee
Juan Saucedo	Employee
Robert Lozano	Employee
Rachel Sanchez	Employee
Leticia Espinosa	Employee
Joanna Villa	Employee
Ana Almaraz	Employee
Daivon parris	Employee
Estefani camargo	Employee
Jillian Venegas	Employee
Albert Bojorquez	Employee
Veronica Sanchez	Employee
Xavier Martinez	Employee
Maydeli Garcia	Employee

David Andrade	Employee
Raquel Cabrera	Employee
Ana Gonzalez	Employee
Sonia Alavez	Employee
Pepe Maya	Employee
Daisy Aguilar	Employee
Luz Cruz	Employee
Julie Santiago	Employee
Lucia Galvan	Employee
David White	Employee
Andrew Romero	Employee
Mario Alvarez	Employee
Ester Fernandez	Employee
Leticia Hill	Employee
Angel Alcaraz	Employee
Oscar Letran	Employee
Alejandro Rodriguez	Employee
Vanessa Mcmichael	Employee
Jasmine Cisneros	Employee
James Rogers	Employee
Gustavo Quintero	Employee
Roque Luisjuan	Employee
Nephtalie Valencia	Employee
Dorian Duenas	Employee
Charles Love	Employee
Byran Mosses	Employee
Alan Rios	Employee
Amor Manatad	Employee
Elisa Quintana	Employee
Max Ferrer	Employee
Jesse Vazquez	Employee
Alejandra Hernandez	Employee
Devin Breedlove	Employee
Melinda Tyler	Employee
Gustavo Perez Alonso	Employee
Miguel Martinez	Employee
Daniel Munguia	Employee
Ismael Castillo	Employee
Jesus Sandoval	Employee
Yesenia Alejo	Employee
Steele Aguirre	Employee
Justin Vance	Employee
Jovita Del Rio	Employee
Edgar Espinosa	Employee
Jerome Newson	Employee
Michael Soliz	Employee
Anthony Thomas	Employee
Ricardo Aguayo	Employee
Daniel Ornelas Rodriguez	Employee
Moises Zuniga	Employee
Cheryl Kirkpatrick	Employee
Genesee Quezada	Employee

Mario Esquivel	Employee
Okoia Murray	Employee
Alejandra Diaz	Employee
Arlene Diaz-Martinon	Employee
Corahima Erenas	Employee
Catalina Flores	Employee
Clara Carrion	Employee
Luvina Flores	Employee
Jason Tran	Employee
Daliana Hernandez	Employee
Lizbeth Resendiz	Employee
Irma Magana	Employee
Guadalupe Luna	Employee
Guadalupe Ramirez	Employee
Derek Helton	Employee
Jeffery Dixon III	Employee
Danian Fernandez	Employee
Julio Ferrer-Soto	Employee
Norman Sloane	Employee
Kerwin Young	Employee
Erik Marquez	Employee
Sarena Tate	Employee
Martin Stearns	Employee
John Ramirez	Employee
Julio Carrasco	Employee
Jeremy Brauner	Employee
Lydia Saldana	Employee
Jeffrey Marley	Employee
Jim Cruz Munar	Employee
Clarence Sellers	Employee
Mirwais Purmul	Employee
Enelita Karagdag	Employee
Robert Edwards	Employee
Navy Peng	Employee
Jose Loza	Employee
Roberto Mattei	Employee

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>MDEG MP0315</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>ResMed Corp.</u>		
Physical Address: <u>600 Riverside Parkway Suite 100</u>		
City: <u>Lithia Springs</u> State: <u>GA</u> Zip: <u>30122</u>		
Mailing Address (if different from physical address): <u>9001 Spectrum Center Blvd.</u>		
City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92123</u>		
Telephone: <u>858-836-555</u> Website: <u>www.resmed.com</u>		
Name of Designated Representative (DR): <u>Jessica Harris</u>		
Licensing Company Email: <u>[REDACTED]</u> DR Email: <u>[REDACTED]</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

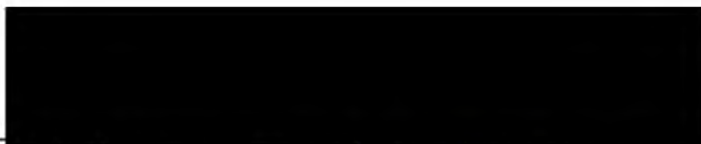
This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 6/7/2011	Disposition Date 11/25/2013	State SC	City Duncan	County Spartanburg
Case # OIE-2012-31		Governing, licensing, Arresting Presiding Body/Agency/Court South Carolina Board of Pharmacy		
Reason/Charge **see notation below				
Plaintiff/Defendant/Claimant/Respondent ResMed South Carolina, Respondent			Lawsuit/Arbitration/Bankruptcy Consent Agreement	
Name of Business/Industry/Entity ResMed Corp./wholesale home medical device equipment				

Provide explanation below:

ResMed Corp. had a facility in Duncan, South Carolina that was formerly licensed by the South Carolina Board of Pharmacy as a Non-Dispensing Drug Outlet. ResMed Corp. entered into a Consent Agreement with the South Carolina Board of Pharmacy on or about November 20, 2013 requiring ResMed to pay a \$100.00 fine for failure to timely notify the South Carolina Board of Pharmacy of ResMed's change of address in violation of S.C. Code Ann. §§ 40-43-83(D), 40-43-86(B)(3)(iii), and 40-43-90(E)(3)(Supp. 2010). ResMed complied with the provisions of the Consent Agreement and the matter is now closed.

Attached is a certified copy of the Consent Agreement and a copy of the December 11, 2013 letter from the South Carolina Board of Pharmacy confirming ResMed's compliance.



Original Signature (electronic, copies or stamps not accepted)

04-10-24
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 4/9/2014	Disposition Date 9/27/2014	State SC	City Duncan	County Spartanburg
Case # 53-14-131284		Governing, licensing, Arresting Presiding Body/Agency/Court Michigan Department of Licensing and Regulatory Affairs		
Reason/Charge see below				
Plaintiff/Defendant/Claimant/Respondent ResMed Corp. Respondent			Lawsuit/Arbitration/Bankruptcy n/a	
Name of Business/Industry/Entity ResMed Corp./wholesaler of medical device equipment				

Provide explanation below:

ResMed Corp.'s Duncan, South Carolina facility was licensed by the Michigan Board of Pharmacy as a wholesaler. Based on the \$100.00 fine assessed by the South Carolina Board (*noted above and attached), the Michigan Board imposed its own \$100.00 fine. According to the Michigan Board, the administrative penalty imposed by the South Carolina Board of Pharmacy constituted a violation of section 17768(2)(d) of the Michigan Public Health Code. ResMed Corp. entered into a Consent Order and Stipulation with the Michigan Board of Pharmacy effective on or about October 8, 2014.

Attached is certified copy of the Administrative Complaint dated April 9, 2014 and a copy of the Consent Order and Stipulation.

Original Signature (electronic, copies or stamps not accepted)



April 10, 2014
Date



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

Email: Pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 5, 2024

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

ResMed – Corporate Headquarters

9001 Spectrum Center Blvd.

San Diego, CA 92123

**CEASE-AND-DESIST and CITATION-AND-FINE: Case No. 24-098-O –
Unlicensed Wholesaling of Medical Devices in Nevada**

Greetings:

The Nevada State Board of Pharmacy (Board) has determined that ResMed has shipped prescription only medical devices into the state of Nevada without the proper licensure. Particularly, the Board has found evidence that ResMed shipped AirSense AutoSet 11 devices (CPAP Machines) into the state. Your company's AirSense 11 user guide states that the product is prescription only in the United States. Accordingly, the device at issue is a "prescription device" within the meaning of 21 CFR § 801.109. It appears that, while the facilities you use to ship your products into the state are licensed as Medical Products Providers, they are not licensed as wholesalers.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." See NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, including a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." See NRS 639.233(1) and (2); NAC 639.6942. The product(s) mentioned above are restricted by federal law to sale by or on the order of a physician and are sold to someone other than a patient or ultimate end user, therefore, ResMed needs to obtain a Nevada Wholesale license before shipping these products into the state. See NRS 639.016 and NRS 639.233.

Accordingly, the Board hereby orders ResMed to immediately **CEASE and DESIST** the wholesaling of prescription medical devices that are restricted by federal law to sale by or on the order of a physician. NRS 639.233. Additionally, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for unlicensed wholesaling. Based on the above evidentiary summary, the

Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars (\$5,000.00)**.

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check, or money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on an appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact the Board's Assistant General Counsel, Gustaf Vanderdonck, at [REDACTED] or via email at [REDACTED]

Sincerely,

Nevada State Board of Pharmacy

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

RESMED SOUTH CAROLINA
Permit No. PY.13296

110 Hidden Lake Cr
Duncan, SC 29334

DONNA FREEMAN
Permit Holder

OIE #2012-31

CONSENT AGREEMENT

Respondent

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below, agrees to waive the authorization, filing, and service of a Formal Complaint and formal hearing procedures.

FINDINGS OF FACT

1. Respondent was the permit holder of ResMed, a non dispensing drug outlet pharmacy at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent relocated in September of 2010. Respondent did not notify the Board of the relocation until May 2011.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-83(D); 40-43-86(B)(3)(iii) and 40-43-90(E)(3)(Supp. 2010).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and

40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

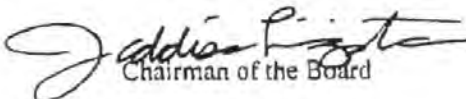
THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent shall pay a fine of one hundred (\$100) dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate administrative suspension of the Respondent's permit in this State until such amount is paid in full.
2. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
3. Respondent agrees to comply with all state and federal statutes and regulations governing the operation of his facility.
4. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
5. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

November 20, 2013
Date


Chairman of the Board

WE CONSENT:

Donna Freeman
DONNA FREEMAN
Permit Holder
ResMed Corp

4/10/13
Date

Julie Hutt
WITNESS OR ATTORNEY

4/10/13
Date

Patrick D. Hanks
PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

11/25/13
Date

CERTIFIED TRUE AND
CORRECT COPY
S. C. BOARD OF PHARMACY



Nikki R. Haley
Governor

Holly G. Pisarik
Director

South Carolina
Department of Labor, Licensing and Regulation
Board of Pharmacy



110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
(803) 896-4700
FAX: (803) 896-4596
www.llronline.com

December 11, 2013

RESMED SOUTH CAROLINA
110 HIDDEN LAKE CR
DUNCAN SC 29334

RE: Consent Agreement

Dear ResMed South Carolina:

Our records indicate that you have complied with all provisions of the 2013 Consent Agreement dated November 20, 2013. This matter is now closed, but the Consent Agreement will remain on file as part of your permanent record with the Board.

All public information is posted on LLR's website.

If you have any questions, please contact Stephanie Calhoun at [REDACTED]
Sincerely,

Lee Ann F. Bundrick, R.Ph
Board Administrator



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
ACTING DIRECTOR

October 10, 2014

Julie Hutt
[REDACTED]

RE: FOIA Request – ResMed Corp
License No. 53-06-002513, Expires 06/30/2015
BHCS FOIA Number: 14-1092

Dear Ms. Hutt:

In response to your request dated October 8, 2014, received October 9, 2014, and in accordance with the Freedom of Information Act (FOIA), 1976 P.A. 442, as amended, this is notice that your request is granted. Please find enclosed a certified copy of the following:

Consent Order and Stipulation dated September 8, 2014;
Administrative Complaint dated April 9, 2014 with attachments.

I certify that the attached documents are true copies taken from the master file maintained by the Michigan Department of Licensing & Regulatory Affairs, Bureau of Health Care Services.

Additionally enclosed are records responsive to your request for "ResMed's response."

Sincerely,

Katie H. Hoffman

Katie Hoffman, FOIA Coordinator
Administrative Support Division
Bureau of Health Care Services

Enclosures

KH:aa

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RESMED CORP
a/k/a ResMed South Carolina
License Number: 53-06-002513

File Number: 53-14-131284
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was executed on April 9, 2014, charging ResMed Corp, a/k/a ResMed South Carolina, hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Wholesaler has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint dated April 9, 2014, are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of \$100.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number 53-14-131284.

IT IS FURTHER ORDERED that in the event Respondent Wholesaler violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: September 8, 2014

MICHIGAN BOARD OF PHARMACY

By: Pamela L. Wyett
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated April 9, 2014, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Wholesaler understands and intends that by signing this Stipulation Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to the charges.

3. Respondent Wholesaler and the Department further agree that this matter is a public record required to be published and made available to the public

pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner's Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Factors taken into consideration in the formulation of the within Consent Order were as follows:

In the written response to the Complaint, Respondent Wholesaler provided satisfactory evidence of compliance with all terms of the Consent Agreement executed by the State Board of Pharmacy of South Carolina on November 20, 2013.

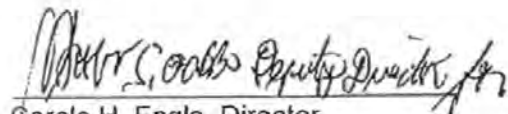
5. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

6. This Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

7. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: July 21, 2014

AGREED TO BY:


Donna Freeman
Authorized Representative
for Respondent Wholesaler

Dated: 7/22/14

This is the final page of a Consent Order and Stipulation in the matter of ResMed Corp, a/k/a ResMed South Carolina, File Number 53-14-131284, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PMM

3. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if a pharmacy has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

4. On November 20, 2013, the State Board of Pharmacy of South Carolina, hereafter South Carolina Board, executed a Consent Agreement that ordered Respondent Wholesaler to pay a \$100.00 fine. The adverse action was based on Respondent Wholesaler's failure to timely notify the South Carolina Board of Respondent Wholesaler's relocation. A copy of the Consent Agreement, marked Exhibit A, is attached and incorporated.

COUNT I

The foregoing action in the state of South Carolina, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Wholesaler and that Respondent Wholesaler be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent Wholesaler has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Wholesaler's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 4/9/2014


Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of ResMed Corp, a/k/a ResMed South Carolina, File Number 53-14-131284, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

AS

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA

In the Matter of:

RESMED SOUTH CAROLINA
Permit No. PY.13296

110 Hidden Lake Cr
Duncan, SC 29334

DONNA FREEMAN
Permit Holder

OIE # 2012-31

Respondent

CONSENT AGREEMENT

RECEIVED

JAN 14 2014

DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
ENFORCEMENT SECTION - ALLEGATION UNIT

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below, agrees to waive the authorization, filing, and service of a Formal Complaint and formal hearing procedures.

FINDINGS OF FACT

1. Respondent was the permit holder of ResMed, a non dispensing drug outlet pharmacy at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent relocated in September of 2010. Respondent did not notify the Board of the relocation until May 2011.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-83(D); 40-43-86(B)(3)(iii) and 40-43-90(E)(3)(Supp. 2010).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and

CERTIFIED TRUE COPY

BY: _____

TITLE: _____

Page 1 of 3

EXHIBIT

A page 1 of 3

11-18-13
0590

40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent shall pay a fine of one hundred (\$100) dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate administrative suspension of the Respondent's permit in this State until such amount is paid in full.
2. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
3. Respondent agrees to comply with all state and federal statutes and regulations governing the operation of his facility.
4. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-560.
5. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

November 20, 2013
Date

J. Addison R. Lister
Chairman of the Board

CERTIFIED TRUE COPY

BY: *[Signature]*

TITLE: *Legal Asst*

Page 2 of 3

EXHIBIT

A 2 3
Page 2 of 3

11-18-13
CAT

0591

WE CONSENT:

Donna Freeman

DONNA FREEMAN
Permit Holder
ResMed Corp

4/10/13

Date

Julie Hunt
WITNESS OR ATTORNEY

4/10/13

Date

Patrick D. Hanks
PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

11/25/13

Date

CERTIFIED TRUE COPY

By: [Signature]

TITLE: Legal Asst

Page 3 of 3

EXHIBIT A page 3 of 3

11-18-13
[Signature]

0592

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ResMed Pty Ltd.

Address: 1 Elizabeth MacArthur Dr. City: Bella Vista NSW State: AUS Zip: 2153

Name: ResMed Asia Pte Ltd.

Address: 3 Tuas Avenue 2 City: Singapore State: _____ Zip: 639443

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota corporation

Parent Company (if any): ResMed Inc.

Corporation/Organization Name: ResMed Corp.

Mailing Address: 9001 Spectrum Center Blvd.

City: San Diego State: CA Zip: 92123

Telephone: [REDACTED] Email: [REDACTED]

Contact Person Name: Julie Hutt

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months .	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ .	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ResMed Corp.

Facility Name

Michael Rider

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

04-10-24

Date

Board Use Only

Date Received: 4/15/24

Amount: \$1000-cc



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

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Establishment:

ResMed Corp
600 Riverside Parkway Suite 100
Lithia Spgs, GA 30122

Registration Number: 3011205710

FEI Number*: 3011205710

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

[RESMED CORP](#)⁶

9001 Spectrum Center Blvd
San Diego, CA US 92123

Owner/Operator Number: [9002319](#)⁷

Official Correspondent:

Sheila Bruschi
9001 Spectrum Center Blvd
San Diego, CA 92123
Phone: 858-8365934

✓ verified
MH 4/11/24

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 01/29/2024

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of Health & Human Services

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ResMed Corp. Directors and Officers

<u>Name</u>	<u>Office</u>
Lucile Blaise	Director, President
Michael Rider	Director, Secretary, Global General Counsel
Stephen Van Lyon	Treasurer
Dwayne Wheatley	Vice President, Global Distribution

ResMed Corp. Nevada Wholesaler License Application

List of all corporation shareholders and their percent ownership

ResMed Inc.	99.9%
ResMed Holdings Pty Ltd.	0.1%

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	ResMed Corp.
Date Filed:	12/01/1989
File Number:	6M-562
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/10/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

ResMed Corp.
LITHIA SPRINGS, GEORGIA

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

Home/Durable Medical Equipment Services

FROM *August 30, 2021* THROUGH *August 29, 2024*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIRMAN OF THE BOARD OF COMMISSIONERS





STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH003752 Status: Active

ResMed Corp
600 Riverside Pkwy Ste 100
Lithia Springs GA 30122

Expires: 06/30/2025
Issued: 01/26/2015

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address.



STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH003752 Status: Active
ResMed Corp
600 Riverside Pkwy Ste 100
Lithia Springs GA 30122

Expires: 06/30/2025
Issued: 01/26/2015

Real-time license verification is available at gadch.mylicense.com/verification



STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000416 Status: Active

ResMed Corp
600 Riverside Pkwy Ste 100
Lithia Springs GA 30122

Expires: 06/30/2025
Issued: 01/26/2015

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Manufacturing Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address.



STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO PHMA000416 Status: Active
ResMed Corp
600 Riverside Pkwy Ste 100
Lithia Springs GA 30122

Expires: 06/30/2025
Issued: 01/26/2015

Real-time license verification is available at gadch.mylicense.com/verification



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186	CONTACT NAME: Dana Shaffer PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): 858-529-2662 E-MAIL ADDRESS: [REDACTED]
INSURED ResMed Corp. 600 Riverside Parkway, Suite 100 Lithia Springs, GA 30122-0000	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License# 0H18131 RESMEINC	NAIC # 20281

COVERAGES**CERTIFICATE NUMBER:** 1840895443**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 INSP WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☐ N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Products Liab Claims Made Retro: 09/30/03	N	N	70211343	12/1/2023	12/1/2024 \$5,000,000 Occ/Agg Ded: \$100,000 Occ Ded: \$500,000 Agg

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

CERTIFICATE HOLDER**CANCELLATION**

ResMed Corp. 600 Riverside Parkway, Suite 100 Lithia Springs GA 30122-0000	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 [REDACTED]
--	--

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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. 0844759

Application/License No. _____

ResMed Corp., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
600 Riverside Parkway, Suite 100, Lithia Springs, GA 30122, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
corporation organized under the laws of the state of Illinois
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 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 4/10/2024.
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
10th day of April, 2024.

APPLICANT/PRINCIPAL

ResMed Corp.

[Redacted Signature]

Authorized Representative

SURETY COMPANY

Harco National Insurance Company

[Redacted Signature]

Surety Company's Representative

Danielle Enriquez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Redacted Signature]
Witness

SIGNED and SEALED in the presence of:

[Redacted Signature]
Witness

[Redacted Signature]
Witness

[Redacted Signature]
Witness

Countersigned by:

N/A
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ResMed Corp. MDEG License # (if applicable) MP01315
Physical Address 600 Riverside Parkway, Suite 100
City Lithia Springs State GA Zip 30122
Mailing Address (if different from physical address) 9001 Spectrum Center Blvd.
City San Diego State CA Zip 92123
Telephone 858-836-5000 Website www.resmed.com
Licensing Company Email julie.hutt@resmed.com

Section 2: Personal Information

First Jessica Middle Tenea Last Harris
Alias(es, nicknames, name changes, etc.) Harris, Coleman
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Ellenwood State GA Zip 30294
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Bay High School		From - To (MM/YY – MM/YY) 05/95-05/00	
Address 700 School Street	City Bay	State AR	Zip 72411
Diploma/Degree obtained, if any High School Diploma			
School Name Columbia Southern University		From - To (MM/YY – MM/YY) 03/14-04/18	
Address 21982 University Lane	City Orange Beach	State AL	Zip 36561
Diploma/Degree obtained, if any Associated Degree - Business			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 03/2014-Present	Address [REDACTED]	City Ellenwood	State GA	Zip 30294
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name ResMed Corp.		From - To (MM/YY – MM/YY) 12/2016 current	
Business Address 600 Riverside Parkway, Suite 100		City Lithia Springs	State GA
Phone 770-819-2104	Title Senior Distribution Manager	Zip 30122	
Number of Employed Hours over 6000			
Description of Duties see attached job description			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

10 Apr 2024

I, Jessica Harris, certify that as the MDEG Administrator for
ResMed Corp.

that I (initial that you have read and meet the following requirements):

1. JH Have a high school diploma or its equivalent;
2. JH Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. JH Will be employed by 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
4. JH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Harris

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10 Apr 2024
Date

Board Use Only

Date Received: 4/15/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ResMed Corp.
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 600 Riverside Parkway, Suite 100
City Lithia Springs State GA Zip 30122
Mailing Address (if different from physical address) 9001 Spectrum Center Blvd.
City San Diego State CA Zip 92123
Telephone 858-836-5555 Website www.resmed.com
Licensing Company Email julie.hutt@resmed.com

Section 2: Personal Information

First Jessica Middle Tenea Last Harris
Alias(es, nicknames, name changes, etc.) Hill, Coleman
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Ellenwood State GA Zip 30294
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Bay High School		05/95-8-00		
Address	City	State	Zip	
700 School Street	Bay	AR	72411	
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Columbia Southern University		04/18		
Address	City	State	Zip	
21982 University Ln	Orange Beach	AL	36561	
Diploma/Degree obtained, if any				
Associates Degree - Business				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
03/2014 - Present		Ellenwood	GA	30294
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ResMed Corp.		From - To (MM/YY – MM/YY) 12/2016 - current	
Business Address 600 Riverside Parkway, Suite 100		City Lithia Springs	State GA
Phone 770-819-2104	Title Senior Distribution Manager	Zip 30122	
Number of Employed Hours over 6000			
Description of Duties see attached job description			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Continue on next page if additional space is needed.			



Let's talk about the team and you:

The Senior Distribution Manager will be responsible for the management of all activities and personnel related to shipping, receiving, storing of materials and/or finished goods. You will contribute to the development of a workplace culture that reflects ResMed's organizational values, standards, core competencies and behaviors.

Four key areas that you'll always focus on are safety, quality, customer experience, and productivity for your department / area.

Let's talk about Responsibilities:

- Leads and manages the distribution team in the achievement of goals and objectives.
- Ensures materials are received from proper vendors, delivered to inventory and finished goods; packaged according to specification; and shipped in a timely manner.
- Manages receipt of all materials to ensure quality.
- Ensures quality objectives are met while operating within the allocated budget and meeting delivery deadlines while being flexible and working efficiently.
- Manages inventory control through cycle counting and physicals
- Analyzes current procedures and new ideas to improve current productivity and efficiencies.
- Maintains documentation and prepares reports which reflect the effectiveness and efficiency of department activities.
- Establishes KPIs in order to meet or exceed departmental objectives.
- Establish appropriate communications (content and frequency) with team required to align focus and efforts with organizational and customer needs.
- Interacts with peer group, senior management, and field personnel to problem solve and/or resolve issues among functional areas, other sites, or customers and the company.
- Manages the coordination of activities within the department with responsibility for costs, methods, and employees.
- Create and foster an environment that harbors continuous improvement and the elimination of non-value added steps.
- Manage and sustain product traceability systems, utilizing WMS/Oracle, to support customer and quality requirements.
- Ensure proactive involvement in, accountability for and demonstrated commitment to workplace safety, incident management and understanding of current laws and Company policies regarding workplace safety.
- Ensures health, safety and cleanliness of the work environment overseeing that inspection and maintenance of equipment is done on a standard basis.
- Carries out responsibility for the use of mechanized and computerized systems.
- Leads department in continual forward development through a thorough understanding of the business objectives and planned growth.
- Responsible for site maintenance through nominated contracted workers.

- Develop and implement plans for facility modification or expansion, such as equipment purchase or changes in space allocation/storage or structural design.
- Plan, develop and implement warehouse safety programs and activities. Ensure proactive involvement in, accountability for and demonstrated commitment to workplace safety, incident management and understanding of current laws and Company policies regarding workplace safety.
- Ensure compliance with quality systems, standard operating procedures, and current good manufacturing practices (GMP).
- Knowledge and understanding of federal and local OSHA safety regulations related to warehousing and shipping environments.
- Ensure the development and implementation of appropriate resource strategies to ensure that the work groups have the necessary capability to meet operational targets.
- Ensure training and staff development are current, relative and timely in accordance with established training standards and needs.

Let's talk about Qualifications and Experience:

- Requires a minimum of 10 years directly related experience in Distribution to include a minimum of 5 years of management experience in a similar environment.
- Must have demonstrated experience in implementing inventory control systems, distribution operations programs and continuous improvement programs.
- Oracle experience a plus.
- Prior WMS experience, Manhattan SCALE/similar system preferred.

Desirable:

- Bachelor's degree (B.A.) preferred or equivalent combination of education and experience.
- Experience with Oracle or comparable Supply Chain/Logistics systems
- Experience with a Warehouse Management System

Job Environment:

Warehouse environment. Incumbent will walk and may occasionally sit, kneel, crouch, crawl and lift up to 40lbs. The noise level in the work environment is usually moderate to high. Must be flexible to work varying schedules, hours, and overtime as needed. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

10 Apr 2024
Date

I, Jessica Harris, certify that as the designated representative for

ResMed Corp.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JH I am at least 21 years of age;
3. JH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jessica Harris

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10 Apr 2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Harris

Print Name (First, Last)

[REDACTED]

Original Signature (electronic, copies or stamps not accepted)

Date

10 Apr 2024

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, Jessica Harris, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

10 Apr 2024

Subscribed and Sworn to before me this 10 day of April 2024

Notary Public Signature



(Seal)

Worker	Worker Type
Percy Morgan [C]	Contingent Worker
Justin Wade [C]	Contingent Worker
Jacoby Clarke [C]	Contingent Worker
Thurunda Frazier [C]	Contingent Worker
Travis McMahon [C]	Contingent Worker
Shannon Harris [C]	Contingent Worker
Timothy Hayes [C]	Contingent Worker
Mensah Attiogbe [C]	Contingent Worker
Angel Branham [C]	Contingent Worker
Dante Curtis [C]	Contingent Worker
Makaylie Holloway [C]	Contingent Worker
Sydni Johnson [C]	Contingent Worker
Maliyah Dunson [C]	Contingent Worker
Katrina Ebertowski [C]	Contingent Worker
Everett Ford [C]	Contingent Worker
Wynton Goggans [C]	Contingent Worker
Shariah Allen [C]	Contingent Worker
Nickelange Pierre [C]	Contingent Worker
Laquann Holston [C]	Contingent Worker
Michele Foxx [C]	Contingent Worker
Samantha Johnson [C]	Contingent Worker
Jaylin Davis [C]	Contingent Worker
Aurora Uwase [C]	Contingent Worker
Kylah Edge [C]	Contingent Worker
Jessica Melara [C]	Contingent Worker
Ana Guardado [C]	Contingent Worker
Demonte Walker [C]	Contingent Worker
Kameron Roache [C]	Contingent Worker
Crandale Brown [C]	Contingent Worker
Menson Kermon [C]	Contingent Worker
Shyra Chaney [C]	Contingent Worker
LaTrail Blackwell [C]	Contingent Worker
Antonio Draper [C]	Contingent Worker
Coby Woodruff [C]	Contingent Worker
Dee Northern [C]	Contingent Worker
Justin Snow [C]	Contingent Worker
Derrick Trotter [C]	Contingent Worker
Timothy Justice [C]	Contingent Worker
Irene Lanh [C]	Contingent Worker
Blane Robinson [C]	Contingent Worker
Symone Jones [C]	Contingent Worker
Charlton Lawson [C]	Contingent Worker
Itzel Ozuna Mejia [C]	Contingent Worker
Joshua Poss [C]	Contingent Worker
Jessamyn Oliver [C]	Contingent Worker
Marcia Soyinka [C]	Contingent Worker
Marcellus Mcgarity [C]	Contingent Worker
Mariangel Hernandez [C]	Contingent Worker
Kaishaun Cuencas [C]	Contingent Worker
Wanda Kirkwood [C]	Contingent Worker
Alton Threats [C]	Contingent Worker

Gerard Skillings [C]	Contingent Worker
Jayvonne Murkey [C]	Contingent Worker
Annette Gaylord [C]	Contingent Worker
Ashley Ayers [C]	Contingent Worker
Shenika Bailey [C]	Contingent Worker
Selena Gonzales-Hunt [C]	Contingent Worker
Kahli Thompson [C]	Contingent Worker
Jerrell Mcmurtery [C]	Contingent Worker
Rassamee Buranpoo [C]	Contingent Worker
Skyster Smith [C]	Contingent Worker
Julissa Jose [C]	Contingent Worker
Demarion Osbie [C]	Contingent Worker
Kaysa Porter [C]	Contingent Worker
Rachel Woods [C]	Contingent Worker
Trinity Lancaster [C]	Contingent Worker
Leon Hayes [C]	Contingent Worker
BRIAN STEPHENSON	Employee
Jacquez Wilson	Employee
Hassan Reed Jr.	Employee
Tonicka Mann	Employee
La'Shonda Jones	Employee
Mark Young II	Employee
Joanna Garcia-Sanchez	Employee
James Keeton	Employee
Breanna Williams	Employee
Vickie Zihiri	Employee
Kayla Mims	Employee
Steve Lennen	Employee
Avrey Mcfarlane	Employee
Aekansh Goel	Employee
Carmen Tanksley	Employee
Mariana Chagas	Employee
Jessica Harris	Employee
Steven White	Employee
Ricky May	Employee
Franklin Brady	Employee
Latasha Burwell	Employee
Angie Prater	Employee
Brian Lambert	Employee
LaQuita Caldwell	Employee
Chris Dean	Employee
GF Stout	Employee
Charlene Laboy	Employee
Mae Chisholm	Employee
Chad Furphy	Employee
Kelan Coates	Employee
Warren Gray	Employee
Cris Manzo	Employee
Camalee Adams	Employee
Marcus Render	Employee
Marcus Bosier	Employee
Chukwuebuka Aniagor	Employee

Frank Fontseré	Employee
Dawanna Gurvin	Employee
Sissesene Terrell	Employee
Rashad King	Employee
Craig Westbrook	Employee
Russell Williams	Employee
Frank Gadson	Employee
Ashley Young	Employee
Samantha Ingram	Employee
Dormesia Fuller	Employee
Ada Obodoekwe	Employee
Horatio Chapel	Employee
Okikma Lowery	Employee
Edgar Soto	Employee
Destinee Sanders	Employee
JoVari Shaw	Employee
Rayon Bell	Employee
Anae Francis	Employee
Racquel Partee	Employee
Kareem Cooper	Employee
TIARA PENN	Employee
Calvin McDonald	Employee
Cameron Price	Employee
Linda Capell	Employee
Deborah Ezzard	Employee
Alejandro Blomqvist	Employee
Anthony Vargas	Employee
Bryan Cohen	Employee
William Johnson	Employee
Adrienne Gay	Employee
Thomas Kelly	Employee
ANTONIO BANKS	Employee
Rashad Williams	Employee
Josh Henderson	Employee
Derrick Trotter	Employee
George Chapman	Employee
Ken Booker	Employee
Amy Stell	Employee
Pamela Williams	Employee
Topaz Zayas	Employee
Shannon Ehrenpreis	Employee
Christopher Johnson	Employee
DOREEN OKUTOYI	Employee
Jessica Brunman	Employee
Melody Brown	Employee
Santos Fuentes Jr.	Employee
Danton Bloodworth	Employee
Tracy Poor	Employee
Eugene Ware	Employee
Nathan Cope	Employee
Nakia Ross	Employee
Taylor Kicklighter	Employee

Dennis Sneeze	Employee
Deronchase Harper	Employee
Eric Francis	Employee
Fadilatou Segrado	Employee
Tiaja Reed	Employee
Katina Nesmith	Employee
Lisbeth Jimenez	Employee
K.K. Bennett	Employee
ARTIE ARNOLD	Employee
Jerika Guffie	Employee
Elijah Paron	Employee
Melissa Rich	Employee
James Alston	Employee
Tiffany Allen	Employee
Santos Fuentes	Employee
Patrick Dugger	Employee
Bryan Stern	Employee
Forrest Paron	Employee
Teairra Milledge	Employee
Glen Sellers	Employee
Omar Andrews	Employee
LaRon Sims	Employee
Whitley McCray	Employee
Margaret Okoye	Employee
Jonathan Bing	Employee
Victoria Chaney	Employee
Romell Pina	Employee
Guadalupe Garcia	Employee
Atilia Brown	Employee
Shawana Moore	Employee
Kimora Chapel	Employee
Tierica Pledger	Employee
Eva Deal	Employee
Debra Nelson	Employee
Reginald Jean-Jacques	Employee
Cody Ragsdale	Employee
Trey Carter	Employee
Kevin Jackson	Employee
Charles Coad	Employee
Sandra Brown	Employee
Christine Calhoun	Employee
Akimmie White	Employee
Melinda Faulks	Employee
Shunmanique Johnson	Employee
Shelia Sinyard	Employee
Erica Fuentes	Employee
Sanderentie McGaskin	Employee
Charnice Elder	Employee
Dremecia Sumpter	Employee
James Austin	Employee
Shamirra Wilson	Employee
Shakila Osbie	Employee

Cary Willoughby	Employee
Connie Jackson	Employee
Penny Funderburk	Employee
Damarkous Francis	Employee
Erica Parker	Employee
David Worrell	Employee
Tonya Gaines	Employee
Andre Johnson	Employee
Devon Mckelvin	Employee
Shetabia Walker	Employee
Richard Hight	Employee
April Moye	Employee
Donald Watkins	Employee
Kevin Dansby	Employee
Deshondra Jones	Employee
Princess Obong	Employee
Todd Bridge	Employee
Stephanie Slaughter	Employee
Anthony Gresham	Employee
Everett Jones	Employee
Oliage Lancaster	Employee
Darren Warren	Employee
Jake Reeves	Employee
Pavithran Venkataraman	Employee
Richard Wise	Employee
Wayne Durant	Employee
Khilan Patel	Employee
Neketia Garrett	Employee
Nestor Martinez	Employee
Justice Brown	Employee
Camron Horton	Employee
Erica Milledge	Employee
Schwann Felder	Employee
Michelle Walker	Employee
Quavon Turner	Employee
Marteshia Tanksley	Employee
Liedwellyn King	Employee
Jarrethia Davis	Employee
Terrance Daniel	Employee
Esperanza Polanco De Corona	Employee
Martha Culbreath	Employee
ALEISHA MERRIWEATHER	Employee
Mavis Ayimaah	Employee
Martinique Crum	Employee
Nicholas Maddox	Employee
Nancy Manjarrez	Employee
Garrett Eberly	Employee
Claudia Ramirez	Employee
Cecilia Flores	Employee
Jonatan Torres	Employee
Abidemi Fatoki	Employee
Jignesh Marsonia	Employee

Rolando Hernandez	Employee
Antwon McAllister	Employee
Ismael Manzo Vargas	Employee
Hipolito Chong	Employee
Pamela Olander	Employee
Shenika Rutherford	Employee
Mohammad Amil	Employee
Tina Harris	Employee
Devon Anderson	Employee
J.J. Robinson	Employee
John lung	Employee
Jamonta Coleman	Employee
Azure Timmons	Employee
Demone Boyd	Employee
Candy Freeman	Employee
Alan Cox, Jr	Employee

Location[illegible]

[illegible]

[illegible]

[illegible]

US Atlanta Operations Center
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* See Attachment A ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03373	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>TriMed Inc.</u>		
Physical Address: <u>27533 Avenue Hopkins</u>		
City: <u>Valencia</u> State: <u>CA</u> Zip: <u>91355</u>		
Mailing Address (if different from physical address): <u>Same as physical address above.</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>661-255-7406</u> Website: <u>trimedortho.com</u>		
Name of Designated Representative (DR): <u>David H. Medoff</u>		
Licensing Company Email: <u>davidmedoff@trimedortho.com</u> DR Email: <u>davidmedoff@trimedortho.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☒ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?			X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - This facility does not sell, dispense, or distribute any pharmaceutical products; only prescription devices.

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): See Attachment A

Corporation/Organization Name: TriMed Inc.

Mailing Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Telephone: 661-255-7406 Email: davidmedoff@trimedortho.com

Contact Person Name: David H. Medoff

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

TriMed Inc.

Facility Name

David H. Medoff

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only

Date Received: 5/2/21

Amount: \$1000-check 3021

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			X
N/A	1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment C			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner -ship	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment A	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment A		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months. See Attachment D	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment E		✓	✓	✓
• Personal History Record Application must be completed by each N/A - See Attachment A shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment A	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable) See Attachment F	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ . See Attachment G	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
I/A - See Attachment B • Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedfiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

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Establishment:

TRIMED, INC.

27533 Avenue Hopkins

Santa Clarita, CA 91355

Registration Number: 2031009

FEI Number*: 3001236812

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

TRIMED, INC.⁶

27533 Avenue Hopkins

Santa Clarita, CA US 91355

Owner/Operator Number: 9031076⁷

Official Correspondent:

David Medoff

TRIMED, INC.

27533 AVENUE HOPKINS

Santa Clarita, CA 91355

Phone: 661-2557406

✓ verified
M.H 5/10/24

⁷ Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator)

Page Last Updated: 11/13/2023

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U.S. Food and Drug Administration

10903 New Hampshire Avenue

Silver Spring, MD 20993

Ph. 1-888-INFO-FDA (1-888-463-6332)

Contact FDA



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U.S. Department of Health & Human Services

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator)

Shawn M. Kroll

Chief Executive Officer and President

Post-Closing Directors:

Michael Ettinger

Ronald N. South

Thomas C. Popeck

David H. Medoff

Robert J. Medoff

Enclosed please find a list of employees at the facility.

Attachment A

Regarding the Changes

Effective April 1, 2024, TriMed Inc. (TriMed) underwent a stock transfer. The pre-and post-closing information is broken down below. As a result of the ownership change, there has been a change in corporate officers and directors. Note that the Designated Representative did NOT change. **There has been no change to the operating entity, the legal name, licensed address, or the federal Tax ID #.**

Provided below is the updated list of the corporate officers and directors.

Pre-closing shareholder information for TriMed Inc.:

Shareholder Name	Percentage Ownership
Leftovers Ventures, LLC / David H. Medoff	33.3%
Amp'd International Ventures, LLC / Robert J. Medoff	33.3%
Collux Investment LTD / Lars Tellman	33.3%
TOTAL	100%

Post-closing shareholder information for TriMed Inc.:

Shareholder Name	Percentage Ownership
Henry Schein, Inc.	60%
Leftovers Ventures, LLC	20%
Amp'd International Ventures, LLC	20%
TOTAL	100%

Post-Closing Officers:

David H. Medoff (and Designated Representative)
Chief Commercial Officer

Ronald N. South
Senior Vice President and Chief Financial Officer

Michael H. Amodio
Vice President, Treasurer

Michael S. Ettinger
Executive Vice President, Secretary

Robert Ponzo
Vice President, Global Tax

Thomas C. Popeck
Vice President



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: TRIMED INC.
Entity No.: 2012285
Registration Date: 05/30/1997
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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
December 08, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 164674531

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
MEDICAL DEVICE MANUFACTURING LICENSE

TriMed Inc.
27533 Avenue Hopkins
Valencia, CA 91355

LICENSE NUMBER: 121800
EXPIRATION DATE: 12/15/2025

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2023

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 The Millward Agency, Inc. 11142 Highland Blvd Highland UT 84003	CONTACT NAME: Customer Service	FAX (A/C, No): 801-216-4275
	PHONE (A/C, No, Ext): 801-216-4545	E-MAIL ADDRESS: certs@millwardagency.com
INSURER(S) AFFORDING COVERAGE	NAIC #	
License#: 334384 MEDD155000	INSURER A: Federal Insurance Company	20281
INSURED Trimed, Inc. Dba:medpac & Trimed Biotech, Inc. Trimed Latin America, LLC, Trimed Bonalive, Inc. TriMed Ortho International 27533 Avenue Hopkins Santa Clarita CA 91355	INSURER B: Chubb Group Of Insurance Companies	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 620372716 **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:		36060157	10/14/2023	10/14/2024	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 - COM/OP AGG \$ 2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		73611152	10/14/2023	10/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		78191027	10/14/2023	10/14/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability		36060157	10/14/2023	10/14/2024	Occurrence Aggregate Deductible 10,000,000 10,000,000 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Insured Locations: 1) 27533 Avenue Hopkins, Santa Clarita, CA 91355; 2) 25221 Avenue Tibbitts, Santa Clarita, CA 91355; 3) 25195 Avenue Tibbitts, Santa Clarita, CA 91355; 4) 25217 Avenue Tibbitts, Santa Clarita, CA 91355; 5) 25217 Avenue Tibbitts, Santa Clarita, CA 91355
Certificate Holder is named as Additional Insured with respect to General Liability shown above.

CERTIFICATE HOLDER

Adventist Health
2100 Douglas Blvd.
Roseville CA 95661

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
Wiston Millward

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IRREVOCABLE STANDBY LETTER OF CREDIT NO. SB96017

February 10, 2023

Beneficiary:

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

Applicant:

TriMed, Inc.
27533 Ave. Hopkins
Valencia, CA 91355

Ladies And Gentlemen:

We hereby establish our Irrevocable Standby Letter of Credit No. SB96017 in your favor for the account TriMed, Inc. and authorize you to draw on us at sight to the extent of USD25,000.00 (twenty-five Thousand and no/100 U.S. dollars). This Letter of Credit is available for payment upon presentation at our counters of your draft(s) on us when accompanied by the original Letter of Credit.

Drafts must clearly specify the number of this Letter of Credit and be presented not later than February 12, 2024 at the following address: First-Citizens Bank & Trust Company, Attn: International Banking Services-DAC44, 100 East Tryon Road, Raleigh, NC 27603.

All banking charges, other than those of First-Citizens Bank & Trust Company, are for the account of the beneficiary.

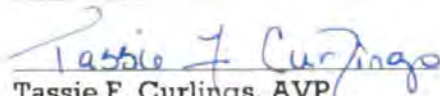
This Letter of Credit sets forth in full terms of our undertaking. This undertaking shall not in any way be modified, amended, or amplified by reference to any documents, agreements or contracts referred to herein.

This Letter of Credit is Subject to the International Standby Practices 1998 ("ISP98"), International Chamber of Commerce Publication Number 590.

We engage with you that draft(s) drawn under and in strict compliance with the terms of this Letter of Credit will be duly honored.

This Letter of Credit may be terminated upon the return of the original Letter of Credit, and any amendments thereto, to the issuing bank at the address above, accompanied by a written release from the Beneficiary.

FIRST-CITIZENS BANK & TRUST COMPANY


Tassie F. Curlings, AVP
(919)716-7617

Attachment D

California Certificate of Good Standing/Status

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG TriMed Inc. MDEG License # (if applicable) WH03373
 Physical Address 27533 Avenue Hopkins
 City Valencia State CA Zip 91355
 Mailing Address (if different from physical address) Same as physical address above.
 City _____ State _____ Zip _____
 Telephone 661-255-7406 Website trimedortho.com
 Licensing Company Email davidmedoff@trimedortho.com

Section 2: Personal Information

First David Middle Harris Last Medoff
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 27533 Avenue Hopkins
 City Valencia State CA Zip 91355
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? <u>N/A</u>		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of California, Los Angeles		From - To (MM/YY - MM/YY) 09/85 - 06/88	
Address 405 Hilgard Ave.	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any M.B.A.			
School Name University of California, Los Angeles		From - To (MM/YY - MM/YY) 09/75 - 06/79	
Address 405 Hilgard Ave.	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any PhD, Engineering			
School Name Princeton University		From - To (MM/YY - MM/YY) 09/67 - 06/72	
Address 1 Nassau Hall	City Princeton	State NJ	Zip 08544
Diploma/Degree obtained, if any B.A.			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/07 - present	Address [REDACTED]	City Valencia	State CA	Zip 91381
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name TriMed Inc.		From - To (MM/YY - MM/YY) 01/97 - Present	
Business Address 27533 Avenue Hopkins		City Valencia	State CA
Phone 661-255-7406	Title Chief Commercial Officer		Zip 91355
			Number of Employed Hours Over 6,000

Description of Duties
Chief Commercial Officer and co-Founder of company; previous Chief Executive Officer. More than 30 years of experience in design, production, promotion of upper and lower extremity orthopedic products.

√/A

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
			Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
			Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
			Number of Employed Hours

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
			Number of Employed Hours

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

N/A

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, David Medoff, certify that as the MDEG Administrator for
TriMed Inc.

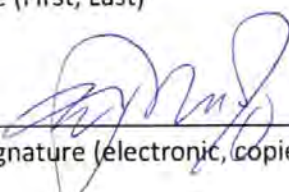
that I (initial that you have read and meet the following requirements):

1. DM Have a high school diploma or its equivalent;
2. DM Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. DM Will be employed by 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
4. DM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Medoff

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

04/30/2024
Date

Board Use Only

Date Received: 5/2/24

Attachment E

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TriMed Inc.
Pharmacy/Wholesaler License # (if applicable) WH03373
Physical Address 27533 Avenue Hopkins
City Valencia State CA Zip 91355
Mailing Address (if different from physical address) Same as physical address above.
City _____ State _____ Zip _____
Telephone 661-255-7406 Website trimedortho.com
Licensing Company Email davidmedoff@trimedortho.com

Section 2: Personal Information

First David Middle Harris Last Medoff
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 27533 Avenue Hopkins
City Valencia State CA Zip 91355
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of California, Los Angeles		From - To (MM/YY - MM/YY) 09/85 - 06/88	
Address 405 Hilgard Ave.	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any M.B.A.			
School Name University of California, Los Angeles		From - To (MM/YY - MM/YY) 09/75 - 06/79	
Address 405 Hilgard Ave.	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any PhD, Engineering			
School Name Princeton University		From - To (MM/YY - MM/YY) 09/67 - 06/72	
Address 1 Nassau Hall	City Princeton	State NJ	Zip 08544
Diploma/Degree obtained, if any B.A.			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/07 - present	Address [REDACTED]	City Valencia	State CA	Zip 91381
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name TriMed Inc.		From - To (MM/YY - MM/YY) 01/97 - Present	
Business Address 27533 Avenue Hopkins		City Valencia	State CA
Phone 661-255-7406	Title Chief Commercial Officer	Zip 91355	
		Number of Employed Hours Over 6,000	

Description of Duties
Chief Commercial Officer and co-Founder of company; previous Chief Executive Officer. More than 30 years of experience in design, production, promotion of upper and lower extremity orthopedic products.

N/A

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription ^{N/A} drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

04/30/2024
 Date

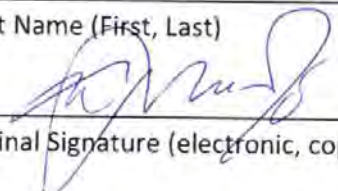
I, David Medoff, certify that as the designated representative for
TriMed Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DM ✓ I am at least 21 years of age;
3. DM ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DM ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DM ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DM ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DM ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Medoff

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

04/30/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Medoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

01 May 2024

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, David Medoff, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

01 May 2024

Subscribed and Sworn to before me this 1 day of May 2024

Notary Public Signature



(Seal)

Attachment F

Resident State License



Attachment A

TriMed Direct Employees

Last Name First Name

Aderangi	Leila
Amos	Jacob
Ashley	Christopher
Ballard	Stephanie
Bhula	Deena
Brual	Ariel
Burgos Jr.	Carlos
Carlyle	Karen
Casillan	Aldrin
Cook	Jay
Dauch	Samantha
Denton Jr.	William
Devereaux	Thea
Elzer	Amy
Fassett	James
Garcia	Jaime
Garcia	Maria
Gelisanga	Blanca
Gelisanga Jr.	Walter
Gentle	Lyrik
Gonzalez Cota	Ricardo
Guardaro	Marysol
Gunarto (p)	Thomas
Guy	Keanoina
Han	Thi "Michelle"
Harper	Ashley
Harris	Avraham
Hendrix	Jeffrey
Holcomb	Michael
Hunter	Megan
Huynh	Kevin
Iniguez	Erni
King	Jamie
Lopez	Oscar David
Maccarrone	Charles
Maly	Luke
Mangum	Ashly
Marquez	Angela
McDonald	Makayla
McGuffee	Merrill Allen
Medina	Madelyn
Medoff	David
Medoff (p)	Joshua
Medoff	Robert
Medoff	Shayna
Medoff	Yvonne
Mendoza	Jaqueline
Mendoza	Rachael
Miranda	Kevin
Miranda	Stephanie
Mutha	Kinjal
Nandakumar	Divya Raghavi
Nason	Lena
Onuegwunwoke	Isioma
Orrante (p)	Carolyn
Ostroot	Joo
Parker	Jaimie
Peddi	Sai Charan
Ray	Eric
Reginald	Erik
Rissler	Megan
Sacan (p)	Zil
Sanchez	Ryan
Savillo	Celestino
Schulman	Jessica
Schultz	Aiyssa
See	Stormy
Seilsepour (p)	Hanieh
Shaw	Jennifer
Sheehan	Molly
Somoza	Kimberly
Soriano	Abraham
Stover Busch	Dawn
Subramaniam	Aparna
Suresh	Deepika
Swartz	Brock
Theuring	William
Torres	Uriel
Tran	Thang
Trigeuros Jr.	Ricardo
Tsarukian	Narek
Vallejo	Jaime
Viswanathan	Anirudh
Worthen	Annette
Yadav	Mukesh
Zepeda	Salvador

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: current MDEG license WH #: MP01609	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Spectranetics LLC</u>		
Physical Address: <u>9965 Federal Drive</u>		
City: <u>Colorado Springs</u> State: <u>CO</u> Zip: <u>80921</u>		
Mailing Address (if different from physical address): <u>Phillips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road</u>		
City: <u>Andover</u> State: <u>MA</u> Zip: <u>01810</u>		
Telephone: <u>719-447-2000</u> Website: <u>www.spectranetics.com</u>		
Name of Designated Representative (DR): <u>Juan J. Bruzaferri</u>		
Licensing Company Email: <u>beth.c.rogers@philips.com</u> DR Email: <u>juan.bruzaferri@philips.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

JP

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

April 9th, 2024
Date



Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - No pharmaceutical products are handled or sold. See Attachment A.

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

Name: _____

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

Name: _____

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

Name: _____

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

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Philips Image Guided Therapy Corporation

Corporation/Organization Name: Spectranetics LLC

Mailing Address: Phillips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road

City: Andover State: MA Zip: 01810

Telephone: 978-659-4884 Email: beth.c.rogers@philips.com

Contact Person Name: Beth C. Rogers

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

JB

N/A

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment C			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner -ship	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment D	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment D		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months. See Attachment E	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment F		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ . N/A - Wholly-owned by parent company, Philips Image Guided Therapy Corporation.		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment D	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable) N/A - See Attachment G	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ . See Attachment H	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

N/A

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Spectranetics LLC

Facility Name

Juan J. Bruzaferri

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

April 9th, 2024
Date

Board Use Only

Date Received: 5/13/24

Amount: CK-1000-1612

Wholesaler Application 6 of 7

0670



Attachment A

Nature of Business

Spectranetics LLC (Spectranetics) is an own-label distributor of prescription medical devices located in Colorado Springs, CO. Spectranetics products are manufactured at an affiliated site overseas and in CA and then are distributed within the US from the CO facility. Products are then stored and shipped from its CO facility to its customers (hospitals and physicians). This location's business hours are Monday – Friday, from 8:00 AM – 5:00 PM.

Provided below are the locations that manufacture and distribute Spectranetics products:

Manufacturing Location:

Spectranetics International B.V.
Plesmanstraat 6, 3833 LA Leusden, The Netherlands

Spectranetics LLC
5055 Brandin Court, Fremont, CA 94538

Distribution Location:

Spectranetics LLC
9965 Federal Drive, Colorado Springs, CO 80921

[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing
New Search

[Back To Search Results](#)

Establishment:

SPECTRANETICS CORP.

Business Trade Name:

Philips Image Guided Therapy Corporation

9965 Federal Drive

Colorado Springs, CO 80921

Registration Number: 3007284006

FEI Number*: 3007284006

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

Philips Medical Systems International BV⁶

Veenpluis 6

Best, NL 5684PC

Owner/Operator Number: 2939520⁷

Official Correspondent:

Megan Olen

Philips

9965 Federal Drive

Colorado Springs, CO 80921

Phone: 719-4472592

Verified
M.H. 5/15/24

* 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=2939520&OwnerOperatorName=&ProductC](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2939520&OwnerOperatorName=&ProductC)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2939520&OwnerOperatorName=&ProductC](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2939520&OwnerOperatorName=&ProductC)

Page Last Updated: 03/11/2024

Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).

Language Assistance Available: [Español](#) | [繁體中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl Ayisyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [فارسی](#) | [English](#)

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FDA

U.S. Food and Drug Administration

10903 New Hampshire Avenue

Silver Spring, MD 20993

Ph. 1-888-INFO-FDA (1-888-463-6332)

Contact FDA



For Government For Press

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U.S. Department of Health & Human Services

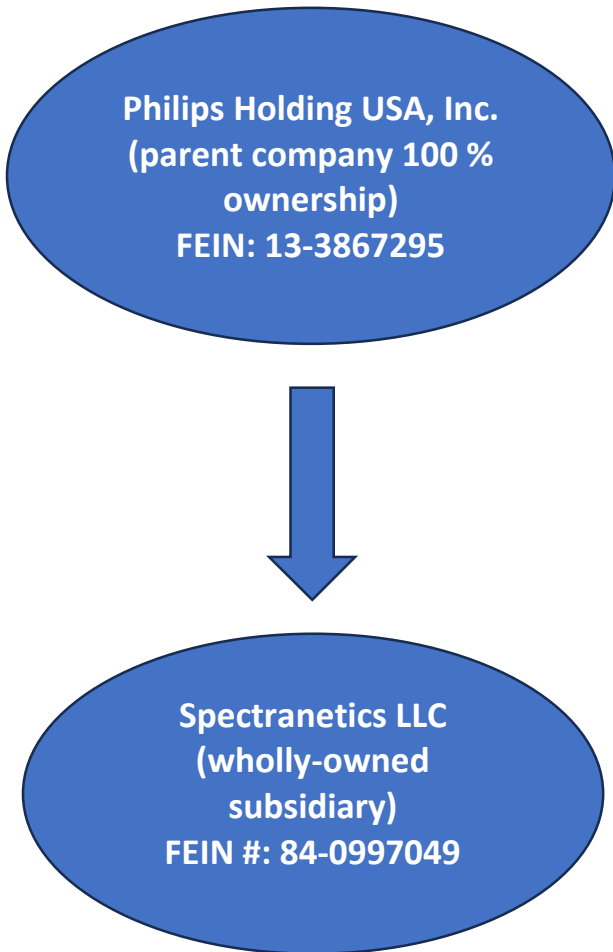
Links on this page:

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?
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7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
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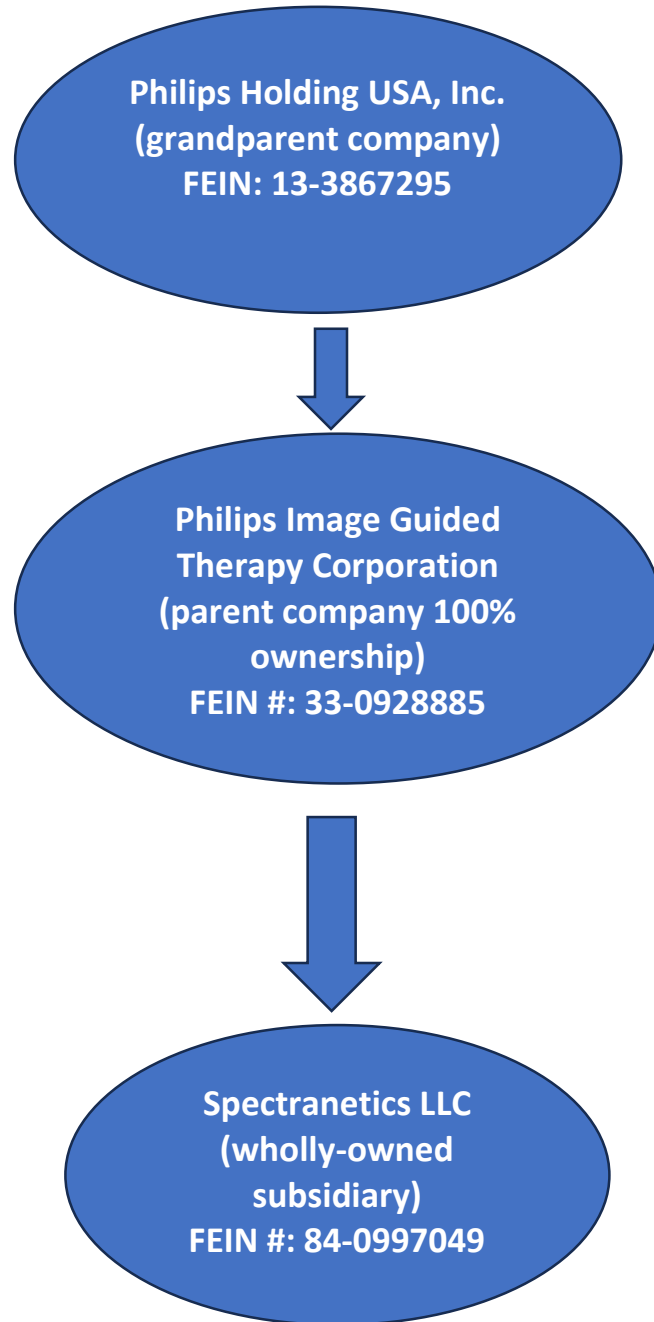
Organizational Chart

Spectranetics, LLC

Prior Ownership:



New Ownership:



From: Sharpe, Mallie E.
Sent: Thursday, May 9, 2024 10:41 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Spectranetics - Notification of Ownership/Officer Change

Dear Maria:

On January 2, 2020, Spectranetics LLC underwent a re-organization (license #: MP01609). Philips Holding USA Inc. transferred 100% ownership of Spectranetics LLC to Philips Image Guided Therapy Corporation. The parent company became the grandparent company, and ultimate ownership of the company remains the same. There have been no changes to Spectranetics LLC FEIN number. Attached please find an ownership chart representing the prior ownership and new ownership structure.

Please advise if any additional information is needed to update this information on file with your office.

In addition, effective 6/1/24, this license has undergone a change in LLC officers. Provided below is the updated list:

***Stacy Beske**
President

Joseph E. Innamorati
Vice President and Secretary

Paul Cavanaugh
Vice President

Scott Moore
Vice President and Treasurer

Irma I. Gomez
Assistant Secretary

***Indicates new officer**

If you have any questions, please let me know. Thank you in advance for your time and assistance.

Regards,
Mallie E. Sharpe
MESharpe@porziolicensing.com
Phone: (973) 889-4159
PLEASE NOTE NEW EMAIL ADDRESS. Please update your contacts for future correspondence.



Attachment E

Delaware Certificate of Good Standing

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SPECTRANETICS 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 1988, AT 8:30 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE FOURTH DAY OF NOVEMBER, A.D. 1988, AT 11:40 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF OCTOBER, A.D. 1989, AT 1:50 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1989, AT 4:30 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF JULY, A.D. 1990, AT 3 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF MAY, A.D. 1991, AT 12:35 O'CLOCK P.M.



2165111 8310

SR# 20232673362

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: 203488639

Date: 06-06-23

0676

Delaware

The First State

Page 2

*CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF DECEMBER,
A.D. 1991, AT 4:30 O'CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF JUNE, A.D.
1992, AT 9 O'CLOCK A.M.*

*RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF
SEPTEMBER, A.D. 1993, AT 4:30 O'CLOCK P.M.*

*CERTIFICATE OF AMENDMENT, FILED THE TENTH DAY OF JUNE, A.D.
1994, AT 11:30 O'CLOCK A.M.*

*CERTIFICATE OF OWNERSHIP, FILED THE TWENTY-SEVENTH DAY OF
DECEMBER, A.D. 1995, AT 9 O'CLOCK A.M.*

*CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF AUGUST, A.D.
1998, AT 11:45 O'CLOCK A.M.*

*CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-
FIFTH DAY OF NOVEMBER, A.D. 2002, AT 9 O'CLOCK A.M.*

*RESTATED CERTIFICATE, FILED THE FIFTEENTH DAY OF JUNE, A.D.
2009, AT 1:58 O'CLOCK P.M.*

*CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-
FIRST DAY OF APRIL, A.D. 2011, AT 11:49 O'CLOCK A.M.*



2165111 8310

SR# 20232673362

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203488639

Date: 06-06-23

0677

Delaware

The First State

Page 3

CERTIFICATE OF AMENDMENT, FILED THE TENTH DAY OF JUNE, A.D.
2014, AT 5:25 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE NINTH DAY OF AUGUST, A.D.
2017, AT 8:44 O'CLOCK A.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "THE
SPECTRANETICS CORPORATION" TO "SPECTRANETICS LLC", FILED THE
NINETEENTH DAY OF DECEMBER, A.D. 2019, AT 3:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE
AFORESAID CERTIFICATE OF CONVERSION IS THE SECOND DAY OF JANUARY,
A.D. 2020.

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF DECEMBER,
A.D. 2019, AT 3:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE
AFORESAID CERTIFICATE OF FORMATION IS THE SECOND DAY OF JANUARY,
A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "SPECTRANETICS LLC".




Jeffrey W. Bullock, Secretary of State

2165111 8310

SR# 20232673362

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

Authentication: 203488639

Date: 06-06-23

0678

Delaware

The First State

Page 4

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



2165111 8310

SR# 20232673362

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203488639

Date: 06-06-23

0679

Attachment G

Regarding the Resident State License

Please note that the resident state licensing agency, the Colorado Board of Pharmacy (Board), does not license prescription device manufacturers and distributors. Enclosed please find correspondence from the Board confirming that a license is not required.

From: [Gassen - DORA, Chris](#)
To: [Przyhocki, Heather M.](#)
Subject: Re: Medical Device Licensure Question
Date: Thursday, January 05, 2017 6:21:51 PM

Hi Heather -

The Pharmacy Board does not currently register medical device distributors. Please however check with the Colorado Secretary of State's Office to be sure that **your products fall (or do not fall) within the** possible category that requires a registration with that office. Information can be found at the link below.

<https://www.sos.state.co.us/dme/pages/home.xhtml>

Hope this helps.

Chris

On Thursday, January 5, 2017, Heather M. Przyhocki <HMPrzyhocki@pbnlaw.com> wrote:

Dear Chris:

Can you kindly advise if your office requires in-state wholesale distributors of prescription devices only to obtain a license? Note that no prescription drugs will be distributed/handled. If a license is required, please provide me with the application name.

Thank you in advance for your clarification.

Heather

Heather M. Przyhocki

Senior Regulatory Analyst

Porzio Life Sciences, LLC

A wholly-owned subsidiary of PORZIO, BROMBERG & NEWMAN, P.C.

100 Southgate Parkway, P.O. Box 1997 | Morristown, NJ 07962-1997

P: 973.889.4347 | F: 973.538.5146

HMPrzyhocki@pbnlaw.com | www.pbnlaw.com

This e-mail and any files transmitted with it are confidential and intended only for the individual(s) named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake.

Exceeding expectations is what it's really all about. It's not about the money. It's about the commitment of the firm, the communication of the firm to be successful. And that's what it's all about. It's not about the money. It's about the commitment of the firm, the communication of the firm to be successful. And that's what it's all about.

--

Chris M. Gassen, R.Ph., Pharm. D.
Pharmaceutical Inspector
Colorado State Board of Pharmacy



P 303.594.2562 | F 303.894.7692
1560 Broadway, Suite 1350, Denver, CO 80202

chris.gassen@state.co.us | www.dora.colorado.gov/professions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: ... PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
INSURED Philips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141	INSURER(S) AFFORDING COVERAGE	
CN101736188-GAUW-NI-23-24	INSURER A: National Union Fire Insurance Co Of Pittsburgh	NAIC # 19445
	INSURER B: Safety National Casualty Corp.	15105
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** NYC-011181363-18 **REVISION NUMBER:** 14

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOG ☐ OTHER:			536-18-48	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			CA6675481	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			041233782	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	LDS4047559 (AOS) PS4047560 (WI)	12/31/2023 12/31/2023	12/31/2024 12/31/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	CYBER LIABILITY			03-932-59-76 'Subject to a policy deductible'	12/31/2023	12/31/2024	Occurrence Limit 10,000,000 Aggregate Limit 10,000,000

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

Additional Certificate Holder: Virginia Community College System Commonwealth of Virginia Virginia Community College System 147 Daleville Centre Drive Daleville, VA 24083.

Evidence of coverage.

CERTIFICATE HOLDER

Philips North America LLC
222 Jacobs Street, 3rd Floor
Cambridge, MA 02141

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

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA, LLC.		NAMED INSURED Phillips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance
Named Insured Includes:

370 West Trimble Road LLC
 AllParts Medical, LLC
 BioTelemetry, Inc.
 BioTel Holter Direct, LLC
 BioTel Research, LLC
 BioTelemetry Care Management, LLC
 Telcare Medical Supply, LLC
 Telcare, LLC
 Braemar Manufacturing, LLC
 Cardiac Monitoring Holding Company, LLC
 LifeWatch Corp.
 LifeWatch Services, Inc.
 Cardiologs Technologies Inc.
 CardioNet, LLC
 BioTel INR, LLC
 Geneva Healthcare, LLC
 VirtualScopes, LLC
 Blue Willow Systems LLC
 Discus Holdings, LLC
 Discus Dental, LLC
 Discus International, LLC
 Discus Dental Canada, LLC
 Electrical Geodesics LLC
 Cerebral Data Systems, Inc. (CDS)
 Intact Vascular, Inc.
 Phillips CS Corporation (formerly "Vita Topco, Inc." and "Phillips Capsule Corporation")
 Capsule Technologies, Inc.
 CapsuleTech, Inc.
 Phillips Healthcare Informatics, Inc.
 Phillips Image Guided Therapy Corporation
 Cardioprolific Inc.
 Crux Biomedical, LLC
 Spectranatics LLC
 Angioscore LLC
 Volcano Atheromed, Inc.
 Philips Medical Systems (Cleveland), Inc.
 Philips Medical Systems MR, Inc.
 Philips DS North America LLC
 Philips North America, LLC
 Philips North America, LLC D/B/A Philips Healthcare
 Philips Oral Healthcare, LLC
 Philips RS North America Holding Corporation
 Philips RS North America LLC
 Respiroics California, LLC
 Respiroics Colorado, Inc.
 Respiroics Logistics Services, LLC
 Respiroics Novamatrix, LLC
 Philips Semiconductors Inc.



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY MARSH USA, LLC.		NAMED INSURED Philips North America LLC (See additional page for other insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Remote Diagnostics Technologies LLC
 Respiratory Technologies, Inc.
 Tomtec Corporation
 TR Management Company, LLC
 U.S. Philips Corporation
 Vesper Medical, Inc.
 VISICU, Inc.
 VitalHealth Software Corp.
 Wellcentive LLC (formerly "Wellcentive, Inc.")
 Wellcentive QR, LLC
 American Color & Chemical, L.L.C.
 ATL Ultrasound, Inc.
 Philips Ultrasound LLC (formerly "Philips Ultrasound, Inc.")
 ATL International LLC
 Philips Electronics North America Foundation
 Philips Electronics Realty, LLC
 Philips Medical Systems Export, Inc.
 Philips MPEG Inc.
 Philips Project Management, LLC

APPLICANT/PRINCIPALS:

AllParts Medical, LLC, 400 Brick Church Park Drive, Nashville, TN 37207

Discus Dental, LLC, 1700 A South Baker Ave., Ontario, CA 91761

Philips Healthcare Informatics, Inc., 4430 Rosewood Drive, Suite 200, Pleasanton, CA 94588

Philips Healthcare, a division of Philips North America LLC, 22100 Bothell Everett Hwy, Bothell, WA 98021

Philips Healthcare, a division of Philips North America LLC, 222 Jacobs Street, Cambridge, MA 02141

Philips Ultrasound LLC, 22100 Bothell Everett Highway, Bothell, WA 98021

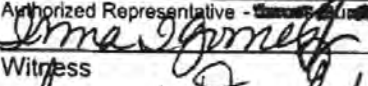
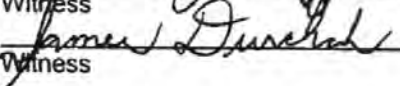
Philips Image Guided Therapy Corporation, 3721 Valley Center Drive, Suite 500, San Diego, CA 92130

Philips Image Guided Therapy Corporation, 2451 Mercantile Drive, Rancho Cordova, CA 95742

Respironics Logistics Services, LLC, 174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666

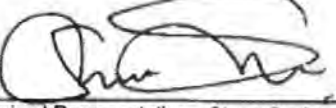
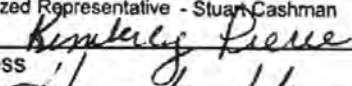
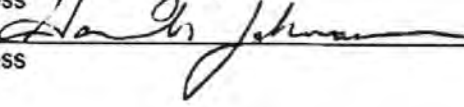
Spectranetics LLC, 9965 Federal Drive, Colorado Springs, CO 80921

Visicu, Inc., 217 E. Redwood Street, Suite 1900, Baltimore, MD 21202


Authorized Representative - ~~Stuart Cashman~~ Paul Cavanaugh

Witness

Witness

Philips RS North America LLC, 1010 Murry Ridge Lane, Murrysville, PA 15668

Philips RS North America LLC, 174 Tech Center Drive, Suite 100, Mt. Pleasant, PA 15666


Authorized Representative - Stuart Cashman

Witness

Witness



Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint Kristin S. Bender

, Individually

of Morristown, New Jersey, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond Number: 30185503

Principal: See attached list of principals

Obligee: State of Nevada and Nevada State Board of Pharmacy

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of February, 2021.

WESTERN SURETY COMPANY



Paul T. Bruflat

Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha }

ss

On this 2nd day of February, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 21 day of April, 2023.



WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Net Admitted Assets and Liabilities
December 31, 2021

ASSETS

Bonds	\$ 1,940,298,870
Stocks	19,721,943
Cash, cash equivalents, and short-term investments	32,146,891
Receivables for securities	140,000
Investment income due and accrued	17,433,547
Premiums and considerations	54,366,110
Amounts recoverable from reinsurers	3,204,634
Current federal and foreign income tax recoverable and interest thereon	-
Net deferred tax asset	14,565,007
Receivable from parent, subsidiaries, and affiliates	14,891,869
Other assets	1,037
Total Assets	\$ 2,096,769,908

LIABILITIES AND SURPLUS

Losses	\$ 214,859,103
Loss adjustment expense	48,667,258
Commissions payable, contingent commissions and other similar charges	10,885,216
Other expenses (excluding taxes, license and fees)	-
Taxes, License and fees (excluding federal and foreign income taxes)	2,781,662
Federal and foreign income taxes payable	300,285
Unearned premiums	263,317,295
Advance premiums	6,618,279
Ceded reinsurance premiums payable (net of ceding commissions)	5,081,348
Amounts withheld or retained by company for account of other	10,237,011
Provision for reinsurance	6,261,560
Payable to parent, subsidiaries and affiliates	7,170
Payable on security transactions	35,226
Other liabilities	155,189
Total Liabilities	\$ 569,206,602

Surplus Account:

Common stock	\$ 4,000,000
Gross paid in and contributed surplus	286,896,195
Unassigned funds	1,236,667,111
Surplus as regards policyholders	\$ 1,527,563,306
Total Liabilities and Capital	\$ 2,096,769,908

I, Julie Lee, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2021, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

WESTERN SURETY COMPANY

By Julie Lee
Assistant Vice President, External Reporting

Subscribed and sworn to me this 14th day of March, 2022.

My commission expires:

By Christopher Lopatowski
Notary Public



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. 30185503

Application/License No. _____

*See attached list of principal names _____, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

*See attached list of principal addresses _____, as

Address of Applicant/Principal

PRINCIPAL, and Western Surety Company, a

Surety Company

corporation organized under the laws of the state of South Dakota

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

151 N Franklin Street Chicago, IL 60606

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 April 21, 2023.

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
21st day of April, 2023.

APPLICANT/PRINCIPAL

**See attached principal signature page

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Western Surety Company



Surety Company's Representative

Kristin S. Bender, Attorney-in-fact

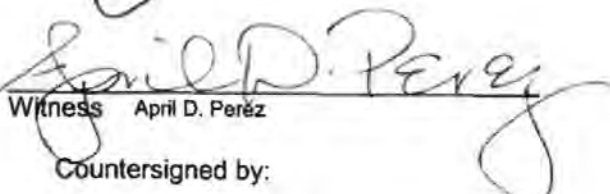
print name

Nevada Non-Resident Producer License No. 829075

SIGNED and SEALED in the presence of:



Witness Jessica Manno



Witness April D. Perez

Countersigned by:

N/A

Nevada Resident Agent

Attachment H

Medical Devices, Equipment and Gases (MDEG) Administrator Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Spectranetics LLC MDEG License # (if applicable) MP01609
Physical Address 9965 Federal Drive
City Colorado Springs State CO Zip 80921
Mailing Address (if different from physical address) Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road
City Andover State MA Zip 01810
Telephone 719-447-2000 Website www.spectranetics.com
Licensing Company Email beth.c.rogers@philips.com

Section 2: Personal Information

First Juan Middle José Last Bruzaferri
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Andover State MA Zip 01810
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

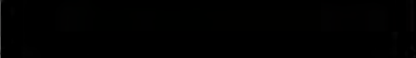
	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Utah		From - To (MM/YY - MM/YY) 08/19 - 12/21	
Address 201 Presidents' Circle	City Salt Lake City	State UT	Zip 84112
Diploma/Degree obtained, if any MBA			
School Name Institute of Technology of Costa Rica		From - To (MM/YY - MM/YY) 02/99 - 02/04	
Address 1km Sur de la Basilica de los Angeles, C. 15	City Cartago, Costa Rica	State N/A	Zip 30109
Diploma/Degree obtained, if any Electromechanical Engineer			
School Name Autonomous University of Central America		From - To (MM/YY - MM/YY) 04/98 - 04/02	
Address San José Province, Granadilla Cipreses, 11801	City San José, Costa Rica	State N/A	Zip 11801
Diploma/Degree obtained, if any Civil Engineer			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08/22 - Current	Address 	City Colorado Springs	State CO	Zip 80924
From - To (MM/YY - MM/YY) 08/16 - 08/22	Address 	City Draper	State UT	Zip 84020
From - To (MM/YY - MM/YY) 01/05 - 08/16	Address 	City Alajuela, Costa Rica	State N/A	Zip 20110
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Spectranetics LLC		From - To (MM/YY - MM/YY) 08/22 - Present	
Business Address 9965 Federal Drive		City Colorado Springs	State CO
Phone 719-447-2000	Title Plant Manager		Zip 80921
Number of Employed Hours 3,000+			
Description of Duties Ensure manufacturing site compliance with safety, regulatory and environmental requirements as well as local laws, Philips General Business principles and other policies. Leads the manufacturing site, related processes and staff in the execution of activities that lead to worldclass operational performance.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		Zip
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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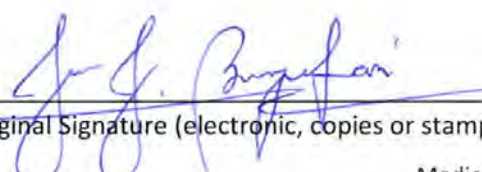
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

April 9th, 2024
Date

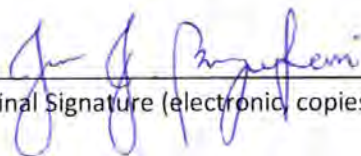
I, Juan Bruzaferri, certify that as the MDEG Administrator for
Spectranetics LLC

that I (initial that you have read and meet the following requirements):

1. AP Have a high school diploma or its equivalent;
2. AP Have
 - a. AP At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. AP Will be employed by 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
4. AP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Juan Bruzaferri
Print Name (First, Last)


Original Signature (electronic copies or stamps not accepted)

April 9th, 2024
Date

Board Use Only	Date Received: _____
----------------	----------------------

Attachment F

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Spectranetics LLCPharmacy/Wholesaler License # (if applicable) Pending; current MDEG license #: MP01609Physical Address 9965 Federal DriveCity Colorado SpringsState COZip 91761Mailing Address (if different from physical address) Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman RoadCity AndoverState MAZip 01810Telephone 719-447-2000Website www.spectranetics.comLicensing Company Email beth.c.rogers@philips.com**Section 2: Personal Information**First JuanMiddle JoséLast BruzaferriAlias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED]

City AndoverState MAZip 01810

Telephone [REDACTED]

Email [REDACTED]

Are you a citizen of the United States? ☐ Yes ☒ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

X

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		University of Utah		From - To (MM/YY - MM/YY)
				08/19 - 12/21
Address		City	State	Zip
201 Presidents' Circle		Salt Lake City	UT	84112
Diploma/Degree obtained, if any				
MBA				
School Name		Institute of Technology of Costa Rica		From - To (MM/YY - MM/YY)
				02/99 - 02/04
Address		City	State	Zip
1km Sur de la Basilica de los Angeles, C. 15		Cartago, Costa Rica	N/A	30109
Diploma/Degree obtained, if any				
Electromechanical Engineer				
School Name		Autonomous University of Central America		From - To (MM/YY - MM/YY)
				04/98 - 04/02
Address		City	State	Zip
San José Province, Granadilla Cipreses, 11801		San José, Costa Rica	N/A	11801
Diploma/Degree obtained, if any				
Civil Engineer				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name				From - To (MM/YY - MM/YY)
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
08/22 - Current		Colorado Springs	CO	80924
From - To (MM/YY - MM/YY)	Address	City	State	Zip
08/16 - 08/22		Draper	UT	84020
From - To (MM/YY - MM/YY)	Address	City	State	Zip
01/05 - 08/16		Alajuela, Costa Rica	N/A	20110
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Spectranetics LLC		From - To (MM/YY - MM/YY) 08/22 - Present	
Business Address 9965 Federal Drive	City Colorado Springs	State CO	Zip 80921
Phone 719-447-2000	Title Plant Manager	Number of Employed Hours 3,000+	

Description of Duties
Ensure manufacturing site compliance with safety, regulatory and environmental requirements as well as local laws, Philips General Business principles and other policies. Leads the manufacturing site, related processes and staff in the execution of activities that lead to worldclass operational performance.

Business Name Moog Medical Devices		From - To (MM/YY - MM/YY) 08/09 - 08/22	
Business Address 4314 Zevex Park Lane	City Salt Lake City	State UT	Zip 84123
Phone 801-264-1001	Title Strategic Improvement Manager	Number of Employed Hours 27,000+	

Description of Duties
Planning and development of production molds systems to guarantee supply chain of molded components for three manufacturing plants located at: Salt Lake City, Costa Rica and Lithuania.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)			X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?			N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?			X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)			X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?			X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?			X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?			X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.			X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).			X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			X

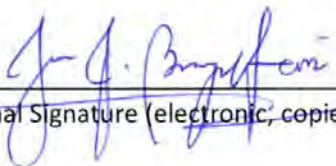
N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

April 9th, 2024
Date

Designated Representative Application (Applicant's Initials JB) 7 of 9

I, Juan Bruzaferri, certify that as the designated representative for

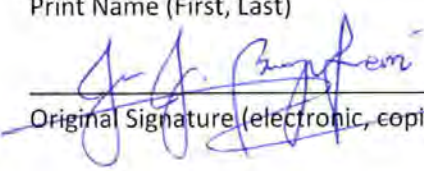
Spectranetics LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JP I am at least 21 years of age;
3. JP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Juan Bruzaferri

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

April 9th, 2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Juan Bruzaferri
Print Name (First, Last)

Juan J. Bruzaferri
Original Signature (electronic, copies or stamps not accepted)

April 9th, 2024
Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of El Paso

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 the license, registration, permit, certificate or certification for which I am applying for.

Juan J. Bruzaferri
Original Signature

April 9th, 2024
Date

Subscribed and Sworn to before me this 10 day of April 2024

[Signature]
Notary Public Signature

(Seal)

Employee List

Aaron Domingo Leyva
Aaron Thompson Nordby
Adam Cochran
Aimee Smith
Akira Paino
Amy Gumm
Andrew Czul
Andrew Prudhomme
Ashley Snider
Aurelie Schmitt
Beverly Abeyta
Brandy Ware
Breanna Malenke
Brienne Mader
Brittany Kenyon
Carol Brown
Catherine Cook
Christina Madrid
Christopher Nevin
Corinna McMullin
David Rust
Dillon Youngs
Elizabeth Medrano
Elva Beas
Emily Snyder
Eric Kosovich
Evan Ridgway
Felipe Hinojosa
Frances Brown
Heather Light
Heather Ximenez
Hilary Poe
Hortencia Castaneda
Irma Sandoval-Watt
Isabella Kriegshauser
Ivan Ishchuk
Jacob Eckert
Jeffrey Blanz
Jeffrey Shimon
Jeffrey Waynik
Jennifer Morin-Ebarb
Jerrine Morris
Jessica Mogge
Joseph Gorczany
Joseph Keppler
Joshua Lahey

Juan Bruzaferri
Kalea Canarr-Capps
Katherine Punto-Kolodziej
Kelley Acuna
Keshav Simhadri
Kristi DeJongh
Kristyn Baker
Kyle Gibson
Lauren Clatterbuck
Lauren Sahhar
Lisa Wampler
Maria Boyd
Mark Froehlich
Martina Hernandez
Mary Meredith
Matthew James
Matthew Knowles
Matthew Riviere
Megan Olen
Michael Anderson
Michael Rasmussen
Michael Sykes
Michael Thoreson
Michelle Webb
Milana Hook-Lindsay
Natalie Reyes
Nicholas Olson
Patricia Arthur
Paul Dalby
Paul Labrador
Paul Larmour
Richelle Lofquist
Robin Stevens
Russell Webster
Ryan Mansfield
Ryan Ringleman
Ryan Roy
Sam Otmishi
Sarah Lane
Sean Dedrickson
Seth Willis
Sharon Nash
Shaun Fischer
Shefali Sharma
Silvia Jonasson
Simona Jensen

Stacy Roy
Stephen Pletka
Steven Curry
Sydnee Wampler
Syed Zaheer
Tamara Tuttle
Tami New
Teresa Danyeur
Toby Atencio
Todd Gustafson
Tyler Otwell
Vinay Shah
Walter Moore
William Steinhour
Zachary Wehling

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Caplin Steriles USA Inc.

Physical Address: 3840 Quakerbridge Road, Suite 205

City: Hamilton State: NJ Zip: 08619

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.caplusteriles.net

Name of Designated Representative (DR): Benjamin William Pettit

Licensing Company Email: CSU@SLSNY.COM DR Email: ben.pettit@caplinsterilesusa.net

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Veterinarians ☒ Others: Medical Supply Chains	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: Drugs (OTC)	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Armas Pharmaceuticals
 Address: 303 West Main Street City: Freehold State: NJ Zip: 07728
 Name: Baxter Healthcare Corporation
 Address: 25212 W. Illinois Route 120 City: Round Lake State: IL Zip: 60073
 Name: Fresenius Kabi USA, LLC
 Address: Three Corporate Drive City: Lake Zurich State: IL Zip: 60047
 Name: Glenmark Pharmaceuticals
 Address: 750 Corporate Drive City: Mahwah State: NJ Zip: 07430

N/A Section 4: Publicly Traded Corporation

State of Incorporation: _____
 Parent Company (if any): _____
 Corporation Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____
 Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
 Parent Company (if any): Caplin Steriles Limited - 100% sole ownership
 Corporation/Organization Name: Caplin Steriles USA Inc.
 Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
 City: Florida State: NY Zip: 10921
 Telephone: (845) 544-2482 Email: CSU@SLSNY.COM
 Contact Person Name: Christine Cannon

N/A Section 6: Partnership

Partnership Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Contact Person Name: _____

N/A Section 7: Sole Owner

Owner's Name: _____
 Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 65145	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A - No CS	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No MDEG	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). N/A - No MDEG	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Caplin Steriles USA Inc.

Facility Name

Gunasakaran Sambandan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

23-MAY-2024

Board Use Only

Date Received: 5/3/24

Amount: \$1000-CK 372

Proof Labeler Code
can use Parent Company
Labeler code

Labeler Code Request Rejected

edrls@fda.hhs.gov <edrls@fda.hhs.gov>

Tue 12/26/2023 12:38 PM

To: Dr. Gunasakaran Sambandan <drguna@caplinsteriles.net>

You don't often get email from edrls@fda.hhs.gov. [Learn why this is important](#)

**** ATTENTION ****: This email originated from "outside" of the organization. Please DO NOT open any attachment(s) or click any link(s) unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System**Current Date: 26-DEC-2023****Labeler DUNS: 119154356****Labeler Name: CAPLIN STERILES USA INC**

This letter is to inform you that we are rejecting your Labeler Code request.

Rejection Comments

Labeler code 65145 is already assigned to your firm. Please note that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). The labeler is usually the company that owns the brand, and the company most likely associated with the Labeler Code. If the company has multiple sites, each site must have its own DUNS and FEI number, but may operate under the same Labeler Code (65145). Just to clarify, DUNS and FEI are site-specific and labeler codes are company-specific.

CODE	ASSIGNED NAME	ASSIGNED DUNS	ASSIGNED DATE	ASSIGNED SOURCE	AVAILABLE	CURRENT LABELER NAME	CURRENT DUNS	MATCH TYPE	MATCH SCORE	NO OF PRODUCTS	ACTIONS
65145	CAPLIN POINT LABS	-	-	DRLS	NO	CAPLIN STERILES LIMITED	650744670	Name	85	104	

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

✓ Verified
M.H 6/6/24

Labeler - CAPLIN STERILES LIMITED (650744670) **NDC Labeler Code:** 65145

Contact	Address	Telephone Number	Email Address
Philip Ashok Karunakaran	Address: SURVEY No.895 & 897, GURUVARAJAKANDIGAI, SIRUPUZHALPETTAI (POST), THIRUVALLUR (DISTRICT) City, State, Zip: GUMMIDIPOONDI, TAMIL NADU, 601201 Country: IND		

Labeler Detail

Name	Address	ID/FEI	Business Operations
CAPLIN STERILES LIMITED	Address: SURVEY No.895 & 897, GURUVARAJAKANDIGAI, SIRUPUZHALPETTAI (POST), THIRUVALLUR (DISTRICT) City, State, Zip: GUMMIDIPOONDI, TAMIL NADU, 601201 Country: IND	650744670	pack(Manufactures human prescription drug products), api/ fdf analytical testing (Manufactures human prescription drug products), fdf manufacture(Manufactures human prescription drug products)

US Agent (ID)	Address	Telephone Number	Email Address
Nines Consult Pharma LLC (079299564)			

Revised: 2/2019

CAPLIN STERILES LIMITED

Caplin Steriles USA Inc.



Corporate Address: Caplin Steriles USA Inc., 3840 Quakerbridge Road, Suite 205, Hamilton, NJ 08619 USA
FEIN: 93-3106597
www.caplinsteriles.net

Drug Labeler Code: 65145
Incorporation State: DE
Incorporation Date: 08/18/2023

FACILITY INFORMATION Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
QBR	3840 Quakerbridge Road Suite 205 Hamilton, NJ 08619 County: Mercer	N/A	N/A - No CS	119154356	No	(732) 829-3580	N/A

FACILITY DESIGNATED REPRESENTATIVES Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Gunasakaran Sambandan		President	No			
Benjamin William Pettit		Designated Representative	No			

OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Caplin Steriles Limited		N/A	100	N/A		N/A	N/A

LIST OF OFFICERS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Gunasakaran Sambandan		President	No			
Sathya Narayanan Mohan		Treasurer & Secretary				

REGISTERED AGENT IN ALL APPLICABLE STATES Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
Timothy G. Garity			

Caplin Steriles USA Inc.



3PLS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Direct Customer Solutions	4277 Highway 412 South Bells, TN 38006					

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPLIN STERILES USA 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 THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPLIN STERILES USA INC" WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2023.



7630854 8300

SR# 20241288575

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203177572

Date: 04-03-24



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

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

0751607

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:

3840 QUAKERBRIDGE RD, STE 205 HAMILTON, NJ 08619-

Reg. No.
5006469

CAPLIN STERILES USA, INC.
3840 QUAKERBRIDGE RD, STE 205
HAMILTON, NJ 08619-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email
18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "SLSNYSupport.com" <help@slnsysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: <https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/>

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | <http://nj.gov/health/ceohs>

0721

NO L- letter
No official
Vols

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 107399265

Application/License No. _____

CAPLIN STERILES USA, INC., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3840 Quakerbridge Road, Suite 205, Hamilton, NJ 08619, as
Address of Applicant/Principal
 PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY, 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 4/01/2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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.

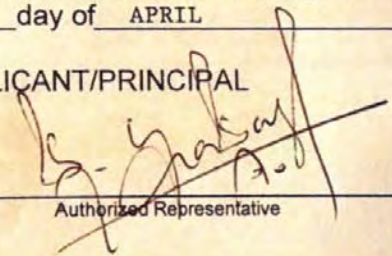
THIS BOND is subject to the following conditions:

- (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
1 day of APRIL, 2024.

APPLICANT/PRINCIPAL

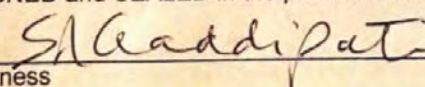

Authorized Representative

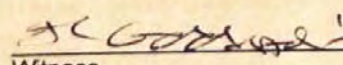
SURETY COMPANY


Surety Company's Representative

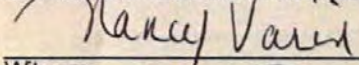
Carrie Dilgard, Attorney-in-fact
print name

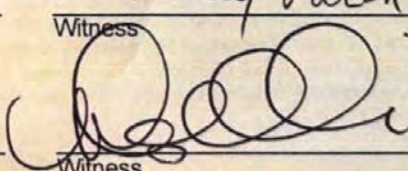
SIGNED and SEALED in the presence of:


Witness

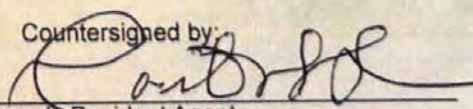

Witness

SIGNED and SEALED in the presence of:


Witness


Witness

Countersigned by:


Nevada Resident Agent

TRAVELERS **POWER OF ATTORNEY**

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 Seaboard Surety Company
 St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
 St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company

Attorney-In Fact No. 220806

Certificate No. 002793703

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, that St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

David Russo, and Carrie Dilgard

of the City of Manville, State of New Jersey, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 26th day of January, 2009.

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 Seaboard Surety Company
 St. Paul Fire and Marine Insurance Company

St. Paul Guardian Insurance Company
 St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company



State of Connecticut
 City of Hartford ss.

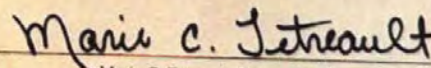
By: 

George W. Thompson, Senior Vice President

On this the 26th day of January, 2009, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
 My Commission expires the 30th day of June, 2011.




 Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

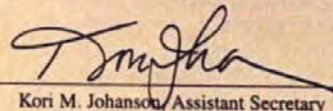
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this _____ day of _____, 20 ____.


Kori M. Johanson, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

BENJAMIN PETTIT

PROFESSIONAL SUMMARY

Growth-oriented leader with deep experience in the biopharmaceutical industry. Twenty years of commercial experience developing and strengthening product portfolios. Strong financial background, informing a data-driven philosophy for portfolio management, product strategy, new product launches, inventory management, and sales channel penetration. Track record of success establishing and managing commercial departments.

SKILLS

- Business Strategy
- Strategic Planning
- Marketing Strategy
- Commercial Excellence
- Launch Execution
- P&L Management
- Portfolio Development
- Business Analytics
- Cross-functional Leadership

BUSINESS EXPERIENCE

Caplin Steriles USA | HAMILTON, NJ

2/2024 - CURRENT

Chief Commercial Officer

MEITHEAL PHARMACEUTICALS | CHICAGO, IL

3/2020 – 11/2023

Vice President, Commercial Operations

\$230M P&L responsibility for the generic portfolio focused on execution of strategic direction

- Led 12-person team responsible for portfolio strategy & management, pricing analytics, contracting, and oversight of annual budget, forecasting and long-range planning processes
- Grew net sales by 95% to \$175M from 2020-2023, with margin growth of 63% to \$60M
- Oversaw product strategy development and implementation of 50-molecule product portfolio
- Responsible for product launch activities, successfully bringing to market over 40 product families
- Managed the Supply Chain function overseeing all activities associated with inbound/outbound freight, 3PL oversight, demand planning, state licensing management and shipment approval

Senior Director, Contract Marketing

- Managed contracting function overseeing strategy, negotiations, implementation
- Established pricing analytics function, generating \$5M net cash flow via strategic pricing actions
- Negotiated contracts with industry leading GPOs, IDNs, Wholesalers and Retail customers

XELLIA PHARMACEUTICALS | CHICAGO, IL

1/2018 – 2/2020

Senior Director, Marketing

Responsible for developing Xellia's NA product launch process, portfolio management, and downstream marketing capability. Managed several global, cross-functional strategic projects

- Developed downstream product launch process for Xellia portfolio introduction to U.S. market, allowing successful launch of 15 products with 100% on-time launch success rate
- Oversaw the launch execution of the company's 505(b)(2) Vancomycin ready-to-use product
- Led global cross-functional teams for Long-Range Plan and manufacturing optimization projects
- Secured approval to begin development of 505(b)(2) anti-infective, oral liquid product

DIPLOMAT PHARMACY I FLINT, MI

3/2017 – 12/2017

Senior Director, Marketing

Marketing responsibility for \$5.5B specialty pharma business for three divisions: specialty products and services, HUB services and specialty PBM

- Developed integrated marketing strategy to strengthen brand awareness, build digital marketing capabilities to drive customer uptake of company's services
- Directed technology implementation to develop interactive strategy, patient ecosystem and digital analytics to advance company awareness & customer engagement
- Directed a team of 30 with 8 direct reports

CARDINAL HEALTH, INC I DUBLIN, OH

1/2014 – 12/2017

Vice President, Marketing, Major Pharmaceuticals

\$300M P&L/marketing responsibility for the Major Pharmaceutical and Rugby Laboratories brands

- Managed development of strategic marketing initiatives for the Major and Rugby product lines
 - Implemented strategies that supported exceeding 2016FY net sales target by \$29M
- Generated \$12M in annual sales by developing Federal Government market segment strategy and commercial execution through identification of focused new product launch opportunities
- Established and led six-person marketing department

FRESENIUS KABI USA, LLC I LAKE ZURICH, IL

2/2010 – 12/2013

Sr. Marketing Manager, Anesthesia/Analgesia

Marketing responsibility for \$350M Anesthesia/Analgesia portfolio

- Responsible for commercial execution (pricing, demand planning, life-cycle management, sales enablement) of 100+ SKU product portfolio
- Generated \$20M top line revenue growth through strategic development of key marketing strategies and product analytics (pricing analysis, targeted marketing campaigns, contract compliance enhancement)
- Managed \$650k advertising and market research budget

GENERAL MOTORS COMPANY I DETROIT, MI

8/2000 – 12/2009

Sr. Financial Analyst roles in FP&A, marketing, product development and treasury operations

EDUCATION

MBA Lindner School of Business, University of Cincinnati, 1999-2000

BBA University of Cincinnati, 1993-1997

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Caplin Steriles USA Inc.Pharmacy/Wholesaler License # (if applicable) N/APhysical Address 3840 Quakerbridge Road, Suite 205City Hamilton State NJ Zip 08619Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City Florida State NY Zip 10921Telephone (845) 544-2482 Website www.caplinsteriles.netLicensing Company Email CSU@slny.com**Section 2: Personal Information**First Benjamin Middle William Last PettitAlias(es, nicknames, name changes, etc.) N/ADate of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ XMailing Address [REDACTED]City Glen Ellyn State IL Zip 60137Telephone [REDACTED] Email [REDACTED]Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Lindner School of Business, University of Cincinnati		From - To (MM/YY - MM/YY) 08/1999 - 05/2000	
Address 2906 Woodside Drive	City Cincinnati	State OH	Zip 45221
Diploma/Degree obtained, if any MBA			
School Name University of Cincinnati		From - To (MM/YY - MM/YY) 08/1993 - 05/1997	
Address 2600 Clifton Ave	City Cincinnati	State OH	Zip 45221
Diploma/Degree obtained, if any BBA			
School Name Dublin Coffman High School		From - To (MM/YY - MM/YY) 09/1989 - 06/1993	
Address 6780 Coffman Road	City Dublin	State OH	Zip 43017
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08/2018 - Present	Address [REDACTED]	City Glen Ellyn	State IL	Zip 60137
From - To (MM/YY - MM/YY) 01/2014 - 07/2018	Address [REDACTED]	City Brighton	State MI	Zip 48116
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Caplin Steriles USA Inc.		From - To (MM/YY - MM/YY) 02/24 - Present	
Business Address 3840 Quakerbridge Road, Suite 205		City Hamilton	State NJ
Phone (732) 829-3580	Title Chief Commercial Officer	Number of Employed Hours ~ 519 hrs	
Description of Duties Responsible for management, oversight and execution of all commercial activities including, but not limited to, sales, marketing, pricing, forecasting, demand planning, distribution and fulfillment.			
Business Name Meitheal Pharmaceuticals		From - To (MM/YY - MM/YY) 03/20 - 11/23	
Business Address 8700 W. Bryn Mawr Avenue, Suite 600S		City Chicago	State IL
Phone (224) 443-4617	Title Vice President, Commercial Operations	Number of Employed Hours ~ 7,640 hrs	
Description of Duties Led 12-person team responsible for portfolio strategy & management, pricing analytics, contracting, and oversight of annual budget, forecasting and long-range planning processes. Grew net sales by 95% to \$175M from 2020-2023, with margin growth of 63% to \$60M. Oversaw product strategy development and implementation of 50-molecule product portfolio. Responsible for product launch activities, successfully bringing to market over 40 product families. Managed the Supply Chain function overseeing all activities associated with inbound/outbound freight, 3PL oversight, demand planning, state licensing management and shipment approval			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Benjamin William Pettit, certify that as the designated representative for
Caplin Steriles USA Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BWP I am at least 21 years of age;
3. BWP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BWP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BWP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BWP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BWP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Benjamin William Pettit

Print Name (First, Last)

Benjamin W. Pettit

Original Signature (electronic, copies or stamps not accepted)

5/9/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Benjamin William Pettit

Print Name (First, Last)

Benjamin W. Pettit
Original Signature (electronic, copies or stamps not accepted)

5/15/24
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of DuPage

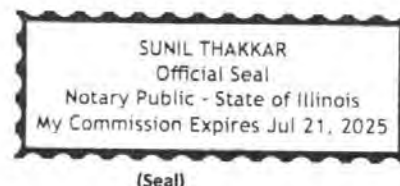
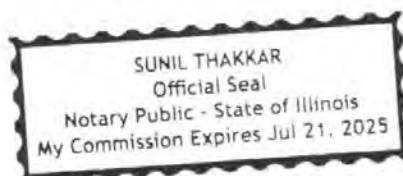
I, Benjamin William Pettit, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Benjamin W. Pettit
Original Signature Benjamin William Pettit

5/15/24
Date

Subscribed and Sworn to before me this 15th day of May, 2024

[Signature]
Notary Public Signature



Designated Representative Application (Applicant's Initials BWP) 9 of 9



CAPLIN STERILES USA INC
(US Subsidiary of Caplin Steriles Ltd)



Caplin Steriles USA Inc - Current Employee Details

1. Gunasakaran Sambandan - President
2. Benjamin Pettit - Chief Commercial Officer

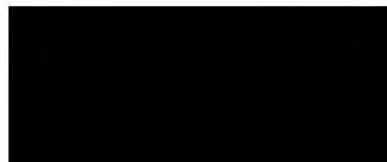
DocuSigned by:
Dr Gunasakaran
274917C248DD49F...

Signature: _____

Dr Gunasakaran Sambandan

Apr 5, 2024

Date: _____



3840 Quakerbridge Road, Suite 205,
Hamilton, New Jersey 08619



4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02628	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Slayback Pharma, LLC</u>		
Physical Address: <u>301 Carnegie Center, Suite 303</u>		
City: <u>Princeton</u> State: <u>NJ</u> Zip: <u>08540</u>		
Mailing Address (if different from physical address): <u>c/o State License Servicing, 1751 State Route 17A, Suite 3</u>		
City: <u>Florida</u> State: <u>NY</u> Zip: <u>10921</u>		
Telephone: <u>(845) 544-2482</u> Website: <u>www.slayback-pharma.com</u>		
Name of Designated Representative (DR): <u>Praveen Kumar Bembaloor Subbappa</u>		
Licensing Company Email: <u>SLY@slny.com</u> DR Email: <u>praveen.subbappa@azurity.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☒ Others: Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached list
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
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Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Azurity Pharmaceuticals Inc. (100%)
Corporation/Organization Name: Slayback Pharma, LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: SLY@slny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Slayback CHOW – NV Application Attachment

Top Four Suppliers

Gland Pharma Ltd

APIIC, Phase – III Pashmylaram,
Patancheru Mandal
Hyderabad, 502307
Telangana, India

Near Gandimaisamma X Road,
Dommara Pochampally, Qutbullapur Mandal
Dundigal Post
Hyderabad, 500043
Telangana, India

Corden Pharma Latina SPA

Via Murillo 7 Sermoneta
Latina, 04013, Italy

Flavine North America Inc

61 South Paramus Road, Suite 565
Paramus, New Jersey 07652

DSV Air and Sea Inc

3705 Wilson Road
Atlanta, Georgia 30354

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 71225		X	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

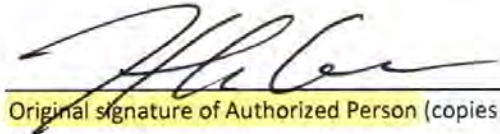
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Slayback Pharma, LLC

Facility Name

Hanok Mathew George

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

1/11/2024

Date

Board Use Only

Date Received: 6/3/24

Amount: \$1000-CH 657

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 February 24, 2021

You have searched Finished drug products

Search Results: 'Slayback'

[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
 DEXMEDETOMIDINE HYDROCHLORIDE	71225-126-05	4 ug/mL	INJECTION	INTRAVENOUS	ANDA212791	Slayback Pharma LLC	71225-126	dexmedetomidine hydrochloride	DEXMEDETOMIDINE HYDROCHLORIDE
 DEXMEDETOMIDINE HYDROCHLORIDE	71225-126-06	4 ug/mL	INJECTION	INTRAVENOUS	ANDA212791	Slayback Pharma LLC	71225-126	dexmedetomidine hydrochloride	DEXMEDETOMIDINE HYDROCHLORIDE
 HYDROXYPROGESTERONE CAPROATE	71225-104-01	250 mg/mL	INJECTION	INTRAMUSCULAR	ANDA210616	Slayback Pharma LLC	71225-104	HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE
 Hydroxyprogesterone caproate	71225-105-01	250 mg/mL	INJECTION	INTRAMUSCULAR	ANDA210677	Slayback Pharma LLC	71225-105	Hydroxyprogesterone caproate	HYDROXYPROGESTERONE CAPROATE
 Icatibant	71225-114-01	30 mg/3mL	INJECTION	SUBCUTANEOUS	ANDA211501	Slayback Pharma LLC	71225-114	icatibant	ICATIBANT AC
 Icatibant	71225-114-02	30 mg/3mL	INJECTION	SUBCUTANEOUS	ANDA211501	Slayback Pharma LLC	71225-114	icatibant	ICATIBANT AC
 MERZEE	71225-130-01		KIT		ANDA212706	Slayback Pharma LLC	71225-130	NORETHINDRONE ACETATE AND ETHINYL ESTRADIOL AND FERROUS FUMARATE	

Showing 1 to 7 of 7 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>

[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

Proof of Labeler
code, NDC 71225

Handwritten notes: "Verified 10/16/19" and "Hunt"



Slayback Pharma, LLC



Corporate Address: 301 Carnegie Center, Suite 303, Princeton, NJ 08540 USA
FEIN: 27-5210842
www.slayback-pharma.com

Drug Labeler Code: 71225
Incorporation State: DE
Incorporation Date: 12/27/2016

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
JCT	301 Carnegie Center Suite 303 Princeton, NJ 08540 County: Mercer	N/A	N/A - No CS	9677708 48	No	(609) 945-3443	(609) 455-1514

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Praveen Kumar Bembaloor Subbappa	[REDACTED]	Sr. Director of R&D	No	[REDACTED]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Azurity Pharmaceuticals Inc.	8 Cabot Road Suite 2000 Woburn, MA 01801	N/A	100	N/A	[REDACTED]	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Richard Neville Blackburn	[REDACTED]	President	No	[REDACTED]		
Ronald Lee Scarboro		CFO & Treasurer	No			
Hanok Mathew George		Secretary and General Counsel	No			
Ajay K. Singh		Chief Scientific Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	6450 LaSalle Drive Lockbourne, OH 43137					

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" 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 SEVENTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2016.



6262293 8300

SR# 20240140210

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202610997

Date: 01-17-24

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 4/2/2024

Registration Number: 5005359 **Registered as:** Manufacturer and Wholesale

Name: SLAYBACK PHARMA, LLC

DBA:

Address: 301 CARNEGIE CTR, STE 303, PRINCETON, NJ 08540

Original Issue Date: 01/12/2018 **Expiration Date:** 01/31/2025

Current Issue Date: 12/11/2023

Disciplines: No

NJ - No official Verification
of License Letter -
online only

Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "SLSNYSupport.com" <help@slnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: <https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/>

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | <http://nj.gov/health/ceohs>

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. 810006299

Application/License No. _____

SLAYBACK PHARMA LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
301 Carnegie Ctr. Suite 303 Princeton, New Jersey 08540-6586 United States, 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 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 August 27, 2023.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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 28th day of June, 2023.

APPLICANT/PRINCIPAL

SLAYBACK PHARMA LTD

Authorized Representative:

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020



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: **Robyn Rost**, 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 first day of January, 2023.

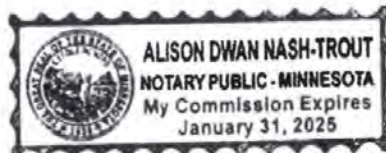
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Sarah A. Kolar, Vice President and General Counsel

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she 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 28th day of June, 2023



This Power of Attorney expires
January 31, 2025

Kara L.B. Barrow, Secretary



Atlantic Specialty Insurance Company
Period Ended 12/31/2022

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 2,216,201	Loss Reserves	\$ 1,093,968
Preferred Stocks	-	Loss Adjustment Expense Reserves	347,894
Common Stocks	752,587	Total Loss & LAE Reserves	1,441,852
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	735,813
Contract Loans	-	Total Reinsurance Liabilities	42,795
Derivatives	-	Commissions, Other Expenses, and Taxes due	68,767
Cash, Cash Equivalents & Short Term Investments	308,498	Derivatives	-
Other Investments	20,805	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	3,286,071	All Other Liabilities	632,506
		Total Liabilities	2,921,725
Premiums and Considerations Due	332,718		
Reinsurance Recoverable	39,231	Capital and Surplus	
Receivable from Parent, Subsidiary or Affiliates	2,250	Common Capital Stock	9,001
All Other Admitted Assets	79,777	Preferred Capital Stock	-
		Surplus Notes	-
Total Admitted Assets	3,750,047	Unassigned Surplus	174,558
		Other Including Gross Contributed	644,763
		Capital & Surplus	828,322
		Total Liabilities and C&S	3,750,047

State of Minnesota
County of Hennepin

I, Kara L.B. Barrow, 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 Company, on the 31st day of December, 2022, 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 16th day of March, 2023.

Notary Public



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Slayback Pharma, LLC

Pharmacy/Wholesaler License # (if applicable) WH02628

Physical Address 301 Carnegie Center, Suite 303

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.slayback-pharma.com

Licensing Company Email SLY@slny.com

Section 2: Personal Information

First Praveen Middle Kumar Bembaloor Last Subbappa

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED]

City Princeton State NJ Zip 08540

Telephone [REDACTED] E-mail [REDACTED]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Govt College of Pharmacy, Bengaluru		From - To (MM/YY - MM/YY) 04/2000-04/2002	
Address P Kalingarao Road, Mission Rd, Bengaluru	City Bengaluru, Karnataka,	State India	Zip 560027
Diploma/Degree obtained, if any Master's in Pharmacy (Pharmaceutics)			
School Name Dayanand Sagar College of Pharmacy		From - To (MM/YY - MM/YY) 10/94 - 10/98	
Address Shavige Malleshwara Hills, 1st Stage, Kumaraswamy Layout	City Bengaluru, Karnataka	State India	Zip 560056
Diploma/Degree obtained, if any Bachelor in Pharmacy			
School Name Sarada Vilas College		From - To (MM/YY - MM/YY) 04/91-04/93	
Address 3rd Cross Road, Krishnamurthy Puram, Mysuru,	City Mysuru, Karnaraka	State India	Zip 570004
Diploma/Degree obtained, if any Second Year Pre-University Examination (High School Diploma)			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 2015 - Present	Address [REDACTED]	City Princeton	State NJ	Zip 08540
From - To (MM/YY - MM/YY) 2011 - 2015	Address [REDACTED]	City Princeton	State NJ	Zip 08540
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Slayback Pharma, LLC		From - To (MM/YY - MM/YY) 10/2014 - Present	
Business Address 301 Carnegie Center, Suite 303		City Princeton	State NJ
Phone (609) 945-3443	Title Ass VP, Supply Chain and Alliance Management		Zip 08540
Description of Duties Pharmaceutical Scientist and Tech lead with over 20 years experience in product development including Generic and New Drugs. Proven experience in managing complex generic product development for larger companies through internal development and external collaborations. Experience in implementing project management in research projects and alliance management. Currently as senior director managing complex generic products development through contract development & Manufacturing organizations.		Number of Employed Hours ~ 18,720 hrs	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date 05/24/25

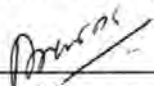
I, Praveen Kumar Bembaloor Subbappa, certify that as the designated representative for
Slayback Pharma, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PV ✓ I am at least 21 years of age;
3. PV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Praveen Kumar Bembaloor Subbappa

Print Name (First, Last)

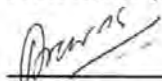

 Original Signature (electronic, copies or stamps not accepted)

05/24/25
 Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Praveen Kumar Bembaloor Subbappa

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

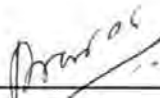
05/24/25

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, Praveen Subbappa, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

Praveen Kumar Bembaloor Subbappa

05/24/25

Date

Subscribed and Sworn to before me this 24 day of May 2024

Notary Public Signature

ANITHA AMALRAJ
Notary Public Of New Jersey
ID # 2439666
My Commission Expires 10/16/2028
(Seal)

Employee List

Name of the employee	Designation
Rhina Guritzky	Operartions Manager
Josh Mathew	VP, Product Innovation and Strategy
Lou Pearce	Director of Finance
Gyan Ranjan	VP, Operations
Ajay Singh	CEO
Ted Smolenski	Vice President - Business Development
Praveen Subbappa	Sr. Director of R&D
Dave Picard	Chief Commercial Officer
Pete Meyers	Chief Financial Officer
Samir Patra	Senior Manager - QA
Remote Employees	
Chris Bihari	VP of Sales
Michael Johnston (MJ)	Sr. Director, National Accounts
Todd Jensen	Sr. Manager, National Accounts
Meredith Barak	Direct - Sales & Marketing Operations
Steve Walton	Director, National Accounts

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>ZOLL Medical Corporation</u>		
Physical Address: <u>269 Mill Road</u>		
City: <u>Chelmsford</u> State: <u>MA</u> Zip: <u>01824</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>978-421-9655</u> Website: <u>www.zoll.com</u>		
Name of Designated Representative (DR): <u>Paul Dias</u>		
Licensing Company Email: <u>tax.dept@zoll.com</u> DR Email: <u>n/a</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kimball Electronics (Thailand) Limited

Address: 49/45 MOO 5, Sukhumvit Rd, Thungsukia City: Sirrachha, Chonburi, Thaila State: _____ Zip: _____

Name: Benchmark Electronics (Thailand) Limited

Address: 940 MOO 1, Hi-Tech Industrial Estate City: Banlane, Bang PA-IN State: _____ Zip: _____

Name: Carlisle Asia Pacific Limited

Address: c/o 545 Orchard Road, #13-05 City: Singapore State: _____ Zip: _____

Name: Aved Electronics LLC

Address: 95 Billerica Avenue City: North Billerica State: MA Zip: 01862

Section 4: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachuetts/Corporation

Parent Company (if any): Asahi Kasei Holdings US, Inc. (Asahi Kasei Corporation - ultimate parent)

Corporation/Organization Name: Asahi Kasei Holdings US, Inc.

Mailing Address: 269 Mill Road

City: Chelmsford State: MA Zip: 01824

Telephone: 978-421-9655 Email: ippei.sakai@ak-america.com

Contact Person Name: Ippei Sakai

Section 6: Partnership

Partnership Name: n/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: n/a

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		N/A	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	N/A	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

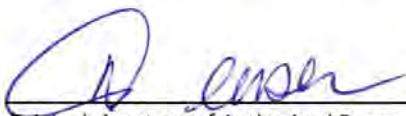
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ZOLL MEDICAL CORPORATION

Facility Name

DIANE CONSTANTINE, ASSISTANT TREASURER

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

04/15/2024

Date

Board Use Only

Date Received: 5/14/24

Amount: \$1000-check 387359



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

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Establishment:

ZOLL MEDICAL CORPORATION
269 MILL ROAD
CHELMSFORD, MA 01824

Registration Number: 1220908

FEI Number*: 1220908

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2024

Owner/Operator:

[ZOLL Medical Corporation](#)⁶

269 MILL ROAD
Chelmsford, MA US 01824

Owner/Operator Number: 1220908⁷

Official Correspondent:

Paul Dias
269 MILL ROAD
Chelmsford, MA 01824
Phone: 978-4219413

✓ verified
M.H 5/10/24

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)

Page Last Updated: 05/06/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



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U.S. Department of Health & Human Services

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start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator)

7. /scripts/cdrh/cfdocs/cfrl/rl.cfm?

start_search=1&establishmentName=&@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1220908&OwnerOperator

**ZOLL MEDICAL CORPORATION
NEVADA STATE BOARD OF PHARMACY
WHOLESALE APPLICATION
ADDITIONAL INFORMATION**

CORPORATE OFFICERS

Chairman	Rick Packer
CEO	Jonathan Rennert
President	Elijah White
Vice President, General Manager	Neil Johnston
Vice President, General Manager	Kurt Sandstrom
Vice President, General Manager	Roger Perez
Treasurer	Craig Stowell
Asst. Treasurer	Diane Constantine
Secretary	Aaron Grossman
Asst. Secretary	Christine Lynch
VP, Corporate Development	Jennifer Landis

CORPORATION SHAREHOLDERS AND PERCENT OWNERSHIP

- Asahi Kasei Holdings US Inc owns 100% of ZOLL Medical Corporation
- Asahi Kasei Corporation (Japanese company) owns 100% of Asahi Kasei Holdings US Inc.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: January 16, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

ZOLL MEDICAL CORPORATION

is a domestic corporation organized on **September 04, 1980**, under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24010268710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: pho

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
PHARMACEUTICAL AND MEDICAL DEVICE MANUFACTURER REGISTRATION

The Drug Control Program, in accordance with the Massachusetts Pharmaceutical and Medical Device Manufacturer Code of Conduct statute, issues the registration of Pharmaceutical and Medical Device Manufacturer Registration to confirm compliance with regulation 105 CMR 970 to:

Zoll Medical Corporation
ATTN: Tax Dept, 269 Mill Road, Middlesex
Chelmsford, MA 01824



David Johnson
Director, Drug Control Program, Pharmaceutical Code of Conduct

Registration Number: CC0009

Issue Date: 06/17/2009

Expiration Date: 07/01/2024





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
CN101609659-PROUM-23-24	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ZOLL MEDICAL CORPORATION AND SUBSIDIARIES 269 MILL ROAD CHELMSFORD, MA 01824-4105	NAIC # 20281

COVERAGES **CERTIFICATE NUMBER:** NYC-011925734-00 **REVISION NUMBER:** 0

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒ Y ☐ N ☒ N ☐ A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability Retro Date 10/1/2004		36066155 Deductible - \$200,000	07/15/2023	07/15/2024	Prod/Comp Ops/Occ 1,000,000 Prod/Comp Ops Agg 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Products Liability - Claims made coverage

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/27/2024

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
Aon Risk Services Northeast, Inc.
Connecticut Office
1600 Summer Street
Stamford CT 06907-4907 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX** (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURED
ZOLL Medical Corporation
and Subsidiaries
269 Mill Road
Chelmsford MA 01824-4105 USA

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Tokio Marine America Insurance Company	10945
INSURER B:	Trans Pacific Ins Co	41238
INSURER C:	Sompo America Fire & Marine Insurance Co	38997
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570104677428

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			CLL640976006	07/01/2023	07/01/2024	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 Excluded
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED ☐ SCHEDULED AUTOS ☐ AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY			CA6409761-06	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	JCD40122w0 AOS JCR40013N0 WI	07/01/2023 07/01/2023	07/01/2024 07/01/2024	☒ 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

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

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570104677428

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. K15475985

Application/License No. New

ZOLL MEDICAL CORPORATION, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
269 Mill Road Chelmsford, MA 01824, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889 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 April 12, 2024
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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
12th day of April, 2024.

APPLICANT/PRINCIPAL
ZOLL MEDICAL CORPORATION

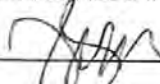

Authorized Representative

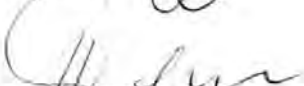
SURETY COMPANY
FEDERAL INSURANCE COMPANY


Surety Company's Representative

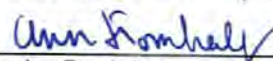
Derek J. Elston, Attorney-in-fact
print name

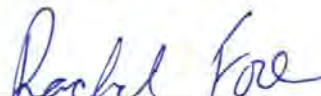
SIGNED and SEALED in the presence of:

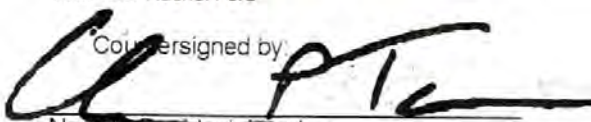
Witness 

Witness 

SIGNED and SEALED in the presence of:

Witness Ann Formhals


Witness Rachel Fore


Coversigned by:

Nevada Resident Agent
Christopher P. Troha, Nevada Non-Resident Agent

Posted February 20, 2020

0777



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L. Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 21st day of December, 2023.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY
County of Hunterdon

SS.

On this 21st day of December, 2023 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that:

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 12th day of April, 2024



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:

Telephone (908) 903-3493

Fax (908) 903-3656

e-mail: surety@chubb.com

RIDER

To be attached to and form part of:

Bond Number K15475985

originally dated April 12, 2024

issued by the FEDERAL INSURANCE COMPANY

originally
in the amount of \$ 25,000.00

originally
on behalf of ZOLL MEDICAL CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following Locations shall be added:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of April, 2024.

Signed, Sealed & Dated this 17th day of April, 2024.

ZOLL MEDICAL CORPORATION
(Principal)

By: _____



FEDERAL INSURANCE COMPANY
(Surety)

By: _____


Aerie Walton, Attorney-in-Fact

Schedule A Dated 4/17/2024

Schedule to be attached to Bond # **K15475985**

The following Service Addresses are included as principals under the above bond:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L. Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartłomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **21st** day of **December, 2023**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this **21st** day of **December, 2023** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this **17th** day of **April, 2024**.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ZOLL Medical Corporation MDEG License # (if applicable) _____
Physical Address 269 Mill Road
City Chelmsford State MA Zip 01824
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 978-421-9655 Website www.zoll.com
Licensing Company Email tax.dept@zoll.com

Section 2: Personal Information

First Paul Middle A Last Dias
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Groton State MA Zip 01450
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Massachusetts Dartmouth		From - To (MM/YY – MM/YY) 09/87 - 06-91	
Address 285 Old Westport Rd	City North Dartmouth	State MA	Zip 02747
Diploma/Degree obtained, if any BS Electrical Engineering			
School Name Diman Regional Vocational Technical High School		From - To (MM/YY – MM/YY) 09/83 - 06/87	
Address 251 Stonehaven Road	City Fall River	State MA	Zip 02723
Diploma/Degree obtained, if any Electronics			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 05/11 - Present	Address [REDACTED]	City Groton	State MA	Zip 01450
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name ZOLL Medical Corporation		From - To (MM/YY – MM/YY) 11/98 - Present	
Business Address 269 Mill Road		City Chelmsford	State MA
Phone (978) 421-9413	Title Vice President of QA/RA		Zip 01824
Description of Duties Responsible for compliance requirements with ISO 13485 and FDA Quality System Regulations.		Number of Employed Hours 52,000+	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

APRIL 8, 2024
Date

I, Paul Dias, certify that as the MDEG Administrator for
ZOLL Medical Corporation,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. X Will be employed by 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
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Dias
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

April 8, 2024
Date

Board Use Only

Date Received: 5/14/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ZOLL Medical Corporation
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 269 Mill Road
City Chelmsford State MA Zip 01824
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 978-421-9655 Website www.zoll.com
Licensing Company Email tax.dept@zoll.com

Section 2: Personal Information

First Paul Middle A Last Dias
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Groton State MA Zip 01450
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Massachusetts Dartmouth		From - To (MM/YY - MM/YY) 09/87 - 06/91	
Address 285 Old Westport Road	City North Dartmouth	State MA	Zip 02747
Diploma/Degree obtained, if any BS Electrical Engineering			
School Name Diman Regional Vocational Technical High School		From - To (MM/YY - MM/YY) 09/83 - 06/87	
Address 251 Stonehaven Road	City Fall River	State MA	Zip 02723
Diploma/Degree obtained, if any Electronics			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 05/11 - Present	Address [REDACTED]	City Groton	State MA	Zip 01450
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ZOLL Medical Corporation		From - To (MM/YY - MM/YY) 11/98 - Present	
Business Address 269 Mill Road	City Chelmsford	State MA	Zip 01824
Phone (978) 421-9413	Title Vice President of QA/RA		Number of Employed Hours 52,000+
Description of Duties Responsible for compliance with ISO13485 and FDA Quality System Regulations			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____, Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

April 8, 2024

Date

I, Paul Dias, certify that as the designated representative for

ZOLL Medical Corporation

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Dias

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

April 8, 2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Dias

Print Name (First, Last)

Paul Dias
Original Signature (electronic, copies or stamps not accepted)

April 8, 2024

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Faith A. Burke, 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 the license, registration, permit, certificate or certification for which I am applying for.

Paul Dias
Original Signature

4/8/2024
Date

Subscribed and Sworn to before me this 8th day of April 2024

Faith A. Burke
Notary Public Signature



FAITH A. BURKE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 23, 2027



(Seal)

ZOLL Medical Corporation
269 Mill Road, Chelmsford, MA

List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

Brian Abbott	Bryan Paulino	Matt Hogan
Mohamed Abdelaziz	Minerva Paulino	Michael Holender
Kristiferanne Abraham	Sabina Payano	Keith Holmberg
Nataly Acety	Christine Pearlstein	Stephen Holubiak
Haylie Adams	Lawrence Peck	Veachanny Hong
Praveen Agarwal	Joseph Peluso	Sela Horm
Max Agress	Steven Percy	Gilbert Houle
Keenia Alamo	Matthew Percy	Sokmany Houy
Deborah Albanese-DiCenso	Alex Pereira	Errin Howe
Angel Alcantara Baez	Brian Pereyra	Barbara Hoyt
Kenneth Alleca	Danielle Perry	Paul Huehmer
Tommy Almarante	Victoria Pesiridis	Karl Hughes
William Alworth	Susan Petrin	Phallikasreymoon Hun
Joshua Ambrosio	Sarom Phal	Chanron Huoth
Paula An	Jimmy Pham	Meghan Hurley
Sothea An	Sokmarly Pho	Adnan Hussein
Denise Angwin	Davy Phoeuk	Derek Hutchings
David Appleby	Kongkeo Phomphiphak	Anna-Lisa Hutchinson
Jose Arache	Nathan Pich	Sokha Im
Santosh Arcot	Gardner Pierre	Kimleang Im
Elizabeth Arnald	Elizabeth Pilkenton	Pamela Indorato
Mohammad Ashaduzzaman	Sunil Pininti	Michael Iovino
Gregory Atkinson	Shad Plante	Jennifer Izzo
Gregory Atwood	David Plaza	Joshua Jacobs
Arunmon Augustine	Jody Podgurski	Jonathan Jaeb
Brielle Bailey	David Poirier	Robert Janousek
Bhawna Bansal	Wilfred Poitras	Karen Jasmin
Souphap Barber	Michael Pontremoli	Teovesta Jebecha
Laurie Barbin	Srinivas Pothuganti	Daniel Jerez
Mina Barghi-Dallas	Deepak Prabhakar	Margaret Johnson
June Barry	Raymond Proietti	Guy Johnson
Allan Baucom	Dararuth Put	Neil Johnston
Tess Baucom	Affan Qazi	Abner Jonassaint
David Beauchesne	Deborah Qualters	Smitha Jose
Gregory Beebe	Heather Quimby	Sneh Joshi
Sylvia Beka	James Radzelovage	Tanmayee Joshi
Stephanie Bell	Pedro Ramirez	Jacqueline Judkins
Javier Berendsohn	Dinesh Rana	Meagan Jump
Joanne Bertrand	Sivananda Reddy	Darlene Justesen
Michael Bertucci	George Reilly	Mark Kacprowicz
David Betz	Athina Reisopoulos	Bruce Kaiser

ZOLL Medical Corporation

269 Mill Road, Chelmsford, MA

List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

Priya Bhagat	Joseph Reitano	Pamela Kalavetinos
Kevin Bhagat	Howard Reith	Chanthay Kammavongsa
James Bilodeau	Dillon Resendes	Oneida Kammavongsa
Brett Bionelli	Justin Reynolds	Khemephone Kammavongsa
Paul Black	John Ricci	Adrian Kammavongsa
Andrea Bogue	Byron Richardson	Anne Kandra
Alexander Bollinger	John Richardson	Hanma Kann
Brendan Bolt	Maxwell Rider	Jacob Kapala
Brett Bonner	Wesley Ridlon	Kinga Kardasinska
Dakotah Bontos	Anthony Ringelstein	Brook Kebede
Ebin Bontos	Ethan Rios	Daniel Keefe
Sommay Boudsady	Hana Ritscher	James Keegan
Christopher Bourgeois	Anthony Rizzolo	Susan Keller
Linda Boyle	Sandra Roberts	Mark Kelly
Matthew Bradley	Brian Robey	Shannon Kelly
Stefanie Bradley	Jason Robinson	Naomi Kemeny
Richard Bradley	Waverly Robles	Morn Ken
Daniel Brann	Nov Roeun	Ricky Keo
Emery Brault	Steven Roller	Khev Kham
Jason Brice	Jorge Roman	Maimo Khammanivong
Kenneth Brown	Luis Rosario	Celena Khounthy
Ruth Brunelle	Lori Rossetti	Teianna Kim
Robert Brunelle	Erin Rossi	Soda Kim
Bruce Brunquell	Ren Roth	Jennifer Kimball
Patricia Bryson	James Rowbotham	Terry Kingdara
Christopher Buda	Andrew Rowlings	Amanda Kinney
Gail Burke	Robert Roy	Charles Kinzie
Gideon Butler	Laurie Roy	Nagasudha Madhuri Kolachalam
Timon Butler	Ravy Ruos	Som Ol Koun
Kerri Callahan	Jeffrey Rupple	Hui Kuang
David Camacho	Ravuth Sab	John Kubat
Susan Campagna	Eric Sabotta	Marisa Kulis
Lisa Campana	Maxwell Saia	Michael Kutter
Stephanie Cannata	Rafael Salcedo	Kenneth Lahue
Joseph Carey	Ashish Salunkhe	Ahone Lakmany
Christopher Carnese	Sina Samali	Kaysone Lakmany
Stephanie Caron	Phally Samith	Joshua Lampe
Scott Carpenter	Sokin Samrach	Gregory Landry
Nathan Carpenter	Mohammadreza Sanaeizadeh	Evan Lane
Albert Cavanaugh	Timothy Sandsbury	Maria Lanni
Catherine Cavanaugh	Kurt Sandstrom	Tyler Lannon

ZOLL Medical Corporation
 269 Mill Road, Chelmsford, MA
 List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

David Cerone	Rony De Jesus Santana Peralta	Jessica LaPorte
Timothy Chan	Freddy Santiago	Victor Lappost
Mari Chan	Jane Santini	Matthew LaRivee
Channoeun Chan	James Santoro	Channy Larivee
Ok Chang	Viesnah Sao	Stephanie Lavallee
Tony Chap	Sonyta Sao	Brian Lawrence
Eileen Charlton	Alex Sao	Nicholas Lawrence
Randy Chea	Christine Sargent	Deborah Leahy
Sreylak Chea	Stephanie Sargent	Jared Leathers
Sokuntheany Chea	Nikita Sarin	Eve Lee
Roger Cheath-Lim	Mark Savinelli	Jaewoo Lee
Chinn-yi Chen	Charles Sawyer	Carol Legault
Ra Chey	Vandy Say	Daniel LeLacheur
Mandee Chhing	Thip Sayavong	Julio Leon Rodriguez
Leang Chhith	Gary Schaefer	Eugene Lepage
Sokvisal Chiev	Michael Schroth	Nancy Lessard
Sophorn Chiv	Amy Schuster	James Lewis
Sonya Chou	Andrew Seletz	Stefen Lewis
Theary Chum	Charles Selover	Man Li
Jeffrey Churchill	Tina Sem	Yaxin Li
Jodi Cipriano	Sophon Seng	Matthew Liberacki
Rheal Clement	Makara Seng	Steven Lim
Heather Clement-Norris	Sean Seng	Bouheng Lim
Kevin Closs	Manav Shah	Katherine Lister
Daniel Comei	Navid Shaidani	Pui Kwan Liu
Ciprian Comsa	Shawyoun Shaidani	Jeffrey Locke
Christopher Connolly	Priyanka Shaji	Michelle Lomoz
Teresa Connor	Xirong Sharon Shi	Valerie Long
Tony Consoli	Ryan Shin	Andry Lora
Amanda Constantineau	Beverly Shorey	Raymond Lowe
Griffin Cooney	Migal Shrestha	John Lucia
Nicholas Coppa	Mariam Siddiqi	Jeffrey Lugo
Lymarie Cora-Gonzalez	Dara Sie	Roy Ly
Gail Corcione	Richard Sigman	Sokha Ly
Kayvian Cordero	Rachel Silva	Kevin Lynch
Anny Corniel	Adam Silva	Christine Lynch
Jose Correa	Annemarie Silver	Eoin Lynch
Jancy Correa	Kershwin Singh	Bernard MacArthur
Christian Correa	Mekkhala Sinthavong	Ramakrishna Machireddy
Colin Cote	Jesse Sisavath	Leigh Maciejczyk
James Cotton	Khamphou Sisouphanh	Paul Mackey

ZOLL Medical Corporation
269 Mill Road, Chelmsford, MA

List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

Albert Couture	Ellen Siv	Garrett Maglio
Ryan Crandall	Jenna Smolko-Jaser	John Maglitta
Douglas Crossley	Lisa Snow	Matthew Maione-Downing
Maureen Cushing	Saravy Sok	Carl Mamuszka
Andrew D'Angeli	Sydany Sok	Matthew Manganaro
John D'Errico	Meakara Sok	Kushal Manjrekar
Christopher Dagostino	Robert Solomon	Christine Manning
Keith Daher	Deng Somaniboth	Cheryl Mansfield
Marie Dalpe	Sokhoeun Soth	Martin Maria
Kilian Daly	Irene Soth	Angela Markey
Stafford Daniels	Tommy Soun	Sonia Marquez
Montha Dao	Taeng Souriya	Hayley Marte
Melissa Dascoli	Bento Sousa	Brian Matross
Alex Davies	Paula Sousa	Michael Mattus
Atni Davis	Beck Sousa	Janetla May
Taylor DeGroff	Katherine Southard	Connor McAlice
Nicholas DelMonico	Mark Souza	William McAllister
William Der	Kristin Spang	George McCallman
Veena Deshmukh	Robert Sprague	Kristine McCarthy
Diane Desilva	Jacob Sprague	Kelly McDonough
Laymany Dethvongsa	Darnell Spruell	Shawn McGrade
Gauri Dhavan	Kevin St Pierre	Joseph McGuiggin
Paul Dias	Christopher St Pierre	Trevor McGuire
Jose Diaz	Joseph Stadtmiller	Michael Meaney
Gail DiFava	Pier Stagno	Nira Meas
Mark DiFazio	Samuel Stanford	Luisa Medrano
John DiPietropolo	Wayne Stanley	Raphael Megali
Shaoqiang Dong	George Stathopoulos	Arline Mendonca
Philip Donovan	Debra Stengel	William Merry
Tabitha Douglas	Paul Stevens	Andrew Mey
Kimna Doung	Timothy Stever	Sorithyong Mey
Scott Draper	Karin Stokes	Linda Miller
Derek Drescher	Katy Strandberg	Saisha Miranda
John Dubinski	Hiroatsu Sugimoto	Jennifer Mitchell
Vinny Duch	Emily Sullivan	William Mitiguy
Stephen Dudley	Thida Sun	Jessi Modica
Ian Durrant	Altaf Surya	Meaghan Moore
Gary Duval	Narin Sutthajitto	Jaden Morales
Paul Dylingowski	Nicholas Sylvia	Mitali More
Erlinda Eckalbar	Timothy Szczesuil	Carlos Morillo
Bruce Edwards	Robert Szuluk	Barbara Morin

Patricia Edwards-Pratt	Kuangshin Tai	Christopher Morrison
Sabeeh Ehsan	Mark Tarbell	Naghmeh Mostofi
Fady Eldahshan	Jamie Tarricone	Michael Mukiibi
Laura Elliott	Stephanie Teap	Bhasker Naga Munnaluri
Benjamin Emery	Ket Thammavongsa	Sat Muon
Sophallin Eng	Gregory Thompson	James Murphy
Lakshmi Eragamreddy	Daniel Thompson	Timothy Murphy
Ivonía Espinola	Nelson Thomson	Pratyusha Myneni
Steven Fader	Travis Tisdell	Michael Nam
Abanoub Fakhory	Vincent Toch	Saem Nam
Esayas Fantahun	Apearady Toch	Darlene Napoli
Filomeno Faria	Gerson Toma	Neeta Nauch
Brian Felix	Stephen Trainor	Tida Nauch
Alfreda Ferguson	Vuthyka Tralong	Ryan Ndaula
Mark Ferguson	Hoang-Anh Tran	Francis Nduati
Guyana Fils-Aime	Henry Tran	Sokhun Neng
Karen Fitzgerald	Joshua Tran	Rabindra Neupane
Andrew Fleischacker	Christina Tremblay	Frederick Newey
Kenneth Flood	Ravindra Tripathi	Bryan Newman
Evelyn Flores	Robert Troisi	Alex Ngan
Timothy Foley	Sophorn Tuon	Raby Nget
Gary Freeman	Jacob Tveter	Thanh Ngo
Stacy Freeman	Keegan Twomey	Vu Nguyen
Anna Freitas	Pisey Ty	Tuan Nguyen
Robert Fronk	Scot Tymowicz	Tina Nguyen
Yujia Fu	Ilir Ujkaj	Thomas Nguyen
Benjamin Fuller	Ny Uy	Van Nguyen
Keith Fung	Lorene Valerio	Kuyheng Nhel
Bharat Gandhi	Abigail Van Wormer	Sopaulina Nhem
Tejal Gandhi	Frency Varghese	Luke Nicolosi
Paige Garabedian	Mauricio Vega Flores	Nazneen Nithore
Richard Garron	Melissa Velasquez	Nicole Noble
Catherine Gavin	Andrew Ven	Danny Nop
Paul Geggis	Shankar Venkateswaran	Taylor Normandin
Stacy Gelinis	Beethoven Veras	Charlotte Norton
Colin Geraghty	Valerie Viengngeune	James Novak
Paolo Giacometti	Richard Viens	Ronald Nunez
Denise Gillis	Billy Vongsavath	Francisco O'Brien
Janet Goddard	Leonard Wahlgren	James O'Connor
John Goggin	Jesse Waites	Patrick O'Neill
Dan Goldman	Donna Walker	Christine O'Toole

ZOLL Medical Corporation
269 Mill Road, Chelmsford, MA

List of Employee, Agent, Independent Contractor, Consultant, Guardian, etc.

Michael Gorvin	Taylor Wallace	Walter Oelerich
Maegan Gould	Xi Wang	Ellina Oliveira
Jeffrey Gould	Nicole Wanlass	Christiana Onexaivieng
Michelle Green	Darren Waukau	Douglas Opido
David Greynolds II	Mark D Weary	Ruby Or
Carly Griffin	Luke Weitz	Mardi Orn
Mike Grillakis	Michael Welton	Jay Osgood
Darryl Groom	Binwei Weng	Ryan Oteri
Alan Grothues	Joan Wheaton	Kelly Ottaviano
Amil Grullon	Elijah White	William Ouk
Kristen Guerrieo	Floyd Williams	Vannak Ouk
Qian Yue Guo	Matthew Woodmansee	Pov Oun
Stan Gurlowski	James Woods	Christopher Ovalles
Karna Gurung	Darian Worrell	Debbie Pabon
Thomas Hagerty	Jianxia Wu	Jocelyn Page
Kristi Hallowell	Samson Xayarath	Alexandria Page
Daron Hamparian	Starletta Xaysanasine	Alexander Pagliughi
Mohammad Haque	Liang Xiao	Krishna Palli
Tyler Harrington	Hailong Xu	Angelo Panacopoulos
Brian Harvey	Albert Yang	Sandeep Pandit
Joshua Harvey	Kelly Yauk	Lee Pann
Brenda Hayden	Chhoeurth Yean	Frank Panniello
Chhung Heang	Kimselena Yean	John Paquet III
Makayla Heang	Justin Yem	Michael Parascandola
Craig Henry	Haben Yhdego	Linda Parnham
Adelaide Hernandez	Ping Yiu	Joanne Parrill
Rosie Hernandez	Linik Yonn	Dean Parsons
Marilyn Hernando	Lora You	Kelly Pasakinskas
Ismed Heron	Jason Yung	Charles Pastorello
Mony Him	Fayaz Zaman	Himanshu Patel
Melissa Hirshson	Pedram Zanganeh Soroush	Dixitkumar Patel
Alexander Hoefer	Larry Zook	Surekhben Patel
Glynis Patterson		Dipak Patel

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>ZOLL Medical Corporation</u>		
Physical Address: <u>500 Burdick Parkway</u>		
City: <u>Deerfield</u> State: <u>WI</u> Zip: <u>53531</u>		
Mailing Address (if different from physical address): <u>269 Mill Road</u>		
City: <u>Chelmsford</u> State: <u>MA</u> Zip: <u>01824</u>		
Telephone: <u>978-421-9655</u> Website: <u>www.zoll.com</u>		
Name of Designated Representative (DR): <u>Howard Krook</u>		
Licensing Company Email: <u>tax.dept@zoll.com</u> DR Email: <u>n/a</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?			✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Wholesaler Application 3 of 7

N/A

0804

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kimball Electronics (Thailand) Limited

Address: 49/45 MOO 5, Sukhumvit Rd, Thungsukia City: Sirrachra, Chonburi, Thaila State: _____ Zip: _____

Name: Benchmark Electronics (Thailand) Limited

Address: 940 MOO 1, Hi-Tech Industrial Estate City: Banlane, Bang PA-IN State: _____ Zip: _____

Name: Carlisle Asia Pacific Limited

Address: c/o 545 Orchard Road, #13-05 City: Singapore State: _____ Zip: _____

Name: Aved Electronics LLC

Address: 95 Billerica Avenue City: North Billerica State: MA Zip: 01862

Section 4: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachuetts/Corporation

Parent Company (if any): Asahi Kasei Holdings US, Inc. (Asahi Kasei Corporation - ultimate parent)

Corporation/Organization Name: Asahi Kasei Holdings US, Inc.

Mailing Address: 269 Mill Road

City: Chelmsford State: MA Zip: 01824

Telephone: 978-421-9655 Email: ippei.sakai@ak-america.com

Contact Person Name: Ippei Sakai

Section 6: Partnership

Partnership Name: n/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: n/a

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		N/A ✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	N/A ✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ZOLL Medical Corporation

Facility Name

Diane Constantine, Assistant Treasurer

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

5/9/2024

Date

Board Use Only

Date Received: 5/14/24

Amount: \$1000-check 387367

Wholesaler Application 6 of 7

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FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing
New Search

[Back To Search Results](#)

Establishment:

ZOLL Medical Corporation
500 Burdick Pkwy
DEERFIELD, WI 53531
Registration Number: 2112020
FEI Number*: 2112020
Status: Active
Date Of Registration Status: 2024

Owner/Operator:

ZOLL Medical Corporation⁶
269 Mill Road
Chelmsford, MA US 01824
Owner/Operator Number: 2022312⁷

Official Correspondent:

Paul Dias
269 Mill Road
Chelmsford, MA 01824
Phone: 1-978-4219413

Verified
M.H. 5/16/24

* Firm Establishment Identifier (FEI) should be used for identification of entities within the Imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2022312&OwnerOperator
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Page Last Updated: 05/06/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA



For Government For Press

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U.S. Department of Health & Human Services

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**ZOLL MEDICAL CORPORATION
NEVADA STATE BOARD OF PHARMACY
WHOLESALE APPLICATION
ADDITIONAL INFORMATION**

CORPORATE OFFICERS

Chairman	Rick Packer
CEO	Jonathan Rennert
President	Elijah White
Vice President, General Manager	Neil Johnston
Vice President, General Manager	Kurt Sandstrom
Vice President, General Manager	Roger Perez
Treasurer	Craig Stowell
Asst. Treasurer	Diane Constantine
Secretary	Aaron Grossman
Asst. Secretary	Christine Lynch
VP, Corporate Development	Jennifer Landis

CORPORATION SHAREHOLDERS AND PERCENT OWNERSHIP

- Asahi Kasei Holdings US Inc owns 100% of ZOLL Medical Corporation
- Asahi Kasei Corporation (Japanese company) owns 100% of Asahi Kasei Holdings US Inc.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: January 16, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

ZOLL MEDICAL CORPORATION

is a domestic corporation organized on **September 04, 1980** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24010268710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: pho

THE STATE OF WISCONSIN

PHARMACY EXAMINING BOARD

Hereby certifies that

ZOLL MEDICAL CORPORATION

was granted a license to practice as a

MANUFACTURER

in the State of Wisconsin in accordance with Wisconsin Law

on the 13th day of May in the year 2024.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin

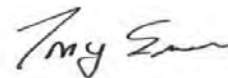
Pharmacy Examining Board

has caused this certificate to be issued under

the seal of the Department of Safety and Professional Services



Dan Hereth, Secretary



Tony Evers, Governor





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
CN101609659-PROUM-23-24	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ZOLL MEDICAL CORPORATION AND SUBSIDIARIES 269 MILL ROAD CHELMSFORD, MA 01824-4105	NAIC # 20281

COVERAGES **CERTIFICATE NUMBER:** NYC-011925734-00 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability Retro Date 10/1/2004			36066155 Deductible - \$200,000	07/15/2023	07/15/2024	Prod/Comp Ops/Occ 1,000,000 Prod/Comp Ops Agg 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Products Liability - Claims made coverage

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/27/2024

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 Aon Risk Services Northeast, Inc. Connecticut office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:																					
INSURED ZOLL Medical Corporation and Subsidiaries 269 Mill Road Chelmsford MA 01824-4105 USA	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Tokio Marine America Insurance Company</td><td>10945</td></tr><tr><td>INSURER B:</td><td>Trans Pacific Ins Co</td><td>41238</td></tr><tr><td>INSURER C:</td><td>Sompo America Fire & Marine Insurance Co</td><td>38997</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Tokio Marine America Insurance Company	10945	INSURER B:	Trans Pacific Ins Co	41238	INSURER C:	Sompo America Fire & Marine Insurance Co	38997	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:	Sompo America Fire & Marine Insurance Co	38997																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 570104677428

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			CLL640976006	07/01/2023	07/01/2024	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 Excluded
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			CA6409761-06	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	JCD40122w0 AOS JCR40013N0 WI	07/01/2023 07/01/2023	07/01/2024 07/01/2024	☒ 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**Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521 USA

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

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570104677428

RIDER

To be attached to and form part of:

Bond Number K15475985

originally dated April 12, 2024

issued by the FEDERAL INSURANCE COMPANY

originally
in the amount of \$ 25,000.00

originally
on behalf of ZOLL MEDICAL CORPORATION
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following Locations shall be added:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of April, 2024.

Signed, Sealed & Dated this 17th day of April, 2024.

ZOLL MEDICAL CORPORATION
(Principal)

By: _____



FEDERAL INSURANCE COMPANY
(Surety)

By: _____


Aerie Walton, Attorney-in-Fact

Schedule A Dated 4/17/2024

Schedule to be attached to Bond # **K15475985**

The following Service Addresses are included as principals under the above bond:

- 31 High Street, North Billerica, MA 01862
- 500 Burdick Parkway, Deerfield, WI 53531



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L. Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 21st day of December, 2023.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this 21st day of **December, 2023** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 17th day of April, 2024.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

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. K15475985

Application/License No. New

ZOLL MEDICAL CORPORATION, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
269 Mill Road Chelmsford, MA 01824, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889, 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 April 12, 2024
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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
12th day of April, 2024.

APPLICANT/PRINCIPAL
ZOLL MEDICAL CORPORATION


Authorized Representative

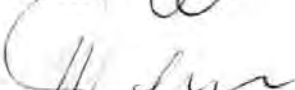
SURETY COMPANY
FEDERAL INSURANCE COMPANY


Surety Company's Representative

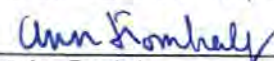
Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

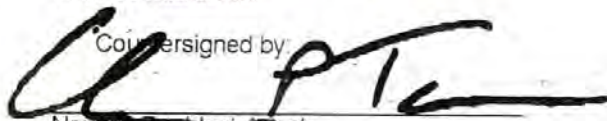
Witness 

Witness 

SIGNED and SEALED in the presence of:

Witness Ann Formhals 

Witness Rachel Fore 

Coinversigned by: 
Nevada Resident Agent
Christopher P. Troha, Nevada Non-Resident Agent

Posted February 20, 2020



Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, Derek J. Elston, Rachel Fore, Kristin L. Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertes, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Slepiewski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 21st day of December, 2023.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY
County of Hunterdon

SS.

On this 21st day of December, 2023 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Albert Contursi
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 30, 2016; **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006; and **ACE AMERICAN INSURANCE COMPANY** on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies") do hereby certify that:

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 12th day of April, 2024



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:

Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ZOLL Medical Corporation MDEG License # (if applicable) _____
Physical Address 500 Burdick Parkway
City Deerfield State WI Zip 53531
Mailing Address (if different from physical address) 269 Mill Road
City Chelmsford State MA Zip 01824
Telephone 978-421-9655 Website www.zoll.com
Licensing Company Email tax.dept@zoll.com

Section 2: Personal Information

First Howard Middle James Last Krook
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Madison State WI Zip 53718
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Wisconsin - Madison, Wisconsin		From - To (MM/YY - MM/YY) 09/87-05/92	
Address 702 West Johnson Street, Suite 1101	City Madison	State WI	Zip 53715
Diploma/Degree obtained, if any Bachelor of Science - Biology			
School Name Rhineland High School		From - To (MM/YY - MM/YY) 09/83-06/87	
Address 665 Coolidge Ave	City Rhineland	State WI	Zip 54501
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/22-04/24	Address 	City Madison	State WI	Zip 53718
From - To (MM/YY - MM/YY) 07/00-12/21		City Neenah	State WI	Zip 54956
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name ZOLL Medical Corporation		From - To (MM/YY - MM/YY) 11/21-04/24	
Business Address 500 Burdick Parkway	City Deerfield	State WI	Zip 53531
Phone 608-708-3252/920-969-8907	Title Site Leader - Quality	Number of Employed Hours 6,500	

Description of Duties
Responsible for overall site quality and compliance, including product manufacturing, distribution/shipping and document control.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Howard James Krook, certify that as the MDEG Administrator for
ZOLL Medical Corporation

that I (initial that you have read and meet the following requirements):

1. HW Have a high school diploma or its equivalent;
2. HW Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. HW Will be employed by 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
4. HW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Howard, Krook
Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

04/16/2024

04/16/2024

Date

Board Use Only

Date Received: 5/14/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ZOLL Medical Corporation
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 500 Burdick Parkway
City Deerfield State WI Zip 53531
Mailing Address (if different from physical address) 269 Mill Road
City Chelmsford State MA Zip 01824
Telephone 978-421-9655 Website www.zoll.com
Licensing Company Email tax.dept@zoll.com

Section 2: Personal Information

First Howard Middle James Last Krook
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Madison State WI Zip 53718
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Designated Representative Application (Applicant's Initials gfk) 2 of 9

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Wisconsin - Madison, Wisconsin		From - To (MM/YY - MM/YY) 09/87-05/92	
Address 702 West Johnson Street, Suite 1101	City Madison	State WI	Zip 53715
Diploma/Degree obtained, if any Bachelor of Science - Biology			
School Name Rhineland High School		From - To (MM/YY - MM/YY) 09/83-06/87	
Address 665 Coolidge Ave	City Rhineland	State WI	Zip 54501
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/22-04/24	Address [REDACTED]	City Madison	State WI	Zip 53718
From - To (MM/YY - MM/YY) 07/00-12/21	Address [REDACTED]	City Neenah	State WI	Zip 54956
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ZOLL Medical Corporation		From - To (MM/YY – MM/YY) 11/21-04/24	
Business Address 500 Burdick Parkway		City Deerfield	State WI
Phone 608-708-3252/920-969-8907	Title Site Leader - Quality	Zip 53531	
Number of Employed Hours 6,500			

Description of Duties

Responsible for overall site quality and compliance, including product manufacturing, distribution/shipping and document control.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Designated Representative Application (Applicant's Initials gfk) 7 of 9

I, Howard James Krook, certify that as the designated representative for
ZOLL Medical Corporation

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. HJK I am at least 21 years of age;
3. HJK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. HJK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. HJK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. HJK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. HJK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Howard, Krook

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

Date

04/11/2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Howard, Krook

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

04/11/2024

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Dan

I, Kim J Menzel Staff, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

4-11-2024

Subscribed and Sworn to before me this 11 day of April

Notary Public Signature



Designated Representative Application (Applicant's Initials) AK 9 of 9

ZOLL Medical Corporation

500 Burdick Parkway, Deerfield, WI

List containing employee, agent, independent contractor, consultant, guardian, etc.

Jonathan Aguirre	Darlene Murray	Peter Haney
Alex Anderberg	Marlena Nelson	Linda Harley
Andres Barrera	Sheri Neubauer	Ann Heiman
Angel Barrera	Tammy Notbusch	Diana Hessman
Sarah Bartkowiak	Fabrice Nyanjo	Oliver Higgs
Michelle Baumgardner	Hannah Paiser	April Holzapfel
Patrick Beaver	Laura Paris	Alisha Iwinski
Angela Beckett	Rex Paris	Claire Jaschob
Dean Bednarcik	Laura Peterson	Donald Johnson
Kiley Bellamy	Cynthia Petrick	Kaleb Kapsner
Brian Bentzler	Tammie Phipps	Phyllis Kiepert
Karl Biermeier	Gary Polglaze	Sandra Kiepert
Sharyl Bitter	Jessica Prisk	Janelle Klug
Daniel Bock	Braden Ranguette	Jeremie Koepke
Lynette Brookhiser	Deanne Reuter	Tonia Koepsell
Adam Bub-Rozek	Peter Roberts	Cindy Kopke
Robert Buerger	Racheal Rodriguez	Meagan Kopplin
Douglas Buerger	Tracy Rummell	Lucas Koran
Cynthia Burris	Karen Sadewater	Peni Kramer
Mavis Caudill	Abraham Sarabia	Howard Krook
Ruth Chenoweth	Andrea Schwerin	Cortney Kruckenberg
Rosa Chuch	Jason Seeber	Keith Ksobiech
George Cole	Sohaila Shairzad	Joel Larabee
Kayla Corcoran	Madhavan Sivadas	Veronica Larson
Trent Dahlke	Stan Sleaver-Schave	Daniel Lasiewicz
Dale Davis	Craig Smith	Benjamin Lastoria
Benedict Dichoso	Maria Solano	Curtis Laubmeier
Michelle Eilbes	Timothy Spata	Thelma Leija
John Endl	Molly Squires	Jaime Lewellin
Marcus Etten	Colleen Staeger	Lucas Liegel
Shawn Finnegan	Andrew Staplin	Ian Limoli
Lindsay Fischer	Theresa Steffen	Michael Lo
Nena Fisher	Rhonda Stryhn	Lindsay Long
Ruben Flores	Jakeb Stumpf	Tina Loucks
James Franklin	Steven Szul	Matthew Maney
Lucas Franklin	Julie Treinen	Randall Manyen
Jonathan Frost	Joe Vanden Heuvel	Eric Mathews
Irma Fuentes	Scott Vandeslunt	Shane Means
Timothy Fullerton	Nicolas Vega	Jazmin yanai Medina Munoz
Janet Gallagher	Diane Vierck	Kim Menzel Staff
Kasey Garity	Sidsel Vik	Tanner Meyer

ZOLL Medical Corporation

500 Burdick Parkway, Deerfield, WI

List containing employee, agent, independent contractor, consultant, guardian, etc.

Amy Gengler

Brenda Gibeaut

Logan Grant

James Grant

Curt Gregory

Andrew Grob

Lori Hagen

Rome Weeden

Cole Williams

Andrew Wood

Angelina Yang

David Zastrow

Joseph Zimmermann

Jacob Milicic

Ariel Miller Medina

Andrew Moore

Gabriel Morales

Chris Morales

Mark Morgan

Stefany Muehlenbruch

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Hayes Handpiece Franchises Incorporated</u>		
Physical Address: <u>15602 W. 99th Street</u>		
City: <u>Lenexa</u> State: <u>KS</u> Zip: <u>66219</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: _____ Website: _____		
Name of Designated Representative (DR): <u>Collin Mullane</u>		
Licensing Company Email: <u>brendan.mcelhatton@hayeshandpiece.com</u> DR Email: <u>collin.mullane@hayeshandpiece.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: <u>Virtual Wholesaler</u>

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached.

Original Signature (electronic, copies or stamps not accepted)

Date

HAYES HANDPIECE FRANCHISIES INCORPORATED APPLICATION
NEVADA STATE BOARD OF PHARMACY
EXPLANATION FOR HISTORY OF COMPANY QUESTION NO. 3:

Question No.3:

Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

Response:

Based on currently available records/information, and although not necessarily responsive or applicable to the question, Hayes Handpiece Franchises Inc. discloses the following information for its grandparent company, Henry Schein, Inc.:

Matters relating to Henry Schein, Inc.:

In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of \$5,000. The matter was closed by order dated May 15, 2008.

In July 2011, Henry Schein, Inc. resolved a matter with the Colorado Board of Pharmacy ("BOP") which alleged that Henry Schein, Inc. violated Colorado state statutes and BOP rules by not timely submitting an application for a change of designated representative (Case No. 2011-1806; non-resident prescription drug wholesaler registration # WHO 7115). Henry Schein, Inc. made a payment of \$5,500 to resolve the matter.

In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of \$5,000.

HSI EXHIBIT A

MAY-21-2008 10:35

P. 32

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Final Order No. DOH-08-J017-S-MOA
FILED DATE: 5-19-08
Department of Health
by Rachel Broth
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2008-08770

vs.

HENRY SCHEIN, INC.,

Respondent.

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on April 17, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about May 13, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 15 day of May 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTEROS, M.D., M.P.H.
State Surgeon General

By:

Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

Confidential

MAY-21-2008 10:35

P. 03

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been
furnished via U.S. mail to: Henry Schein, Inc., 8091 Jesse B. Smith Court, Jacksonville,
Florida 32219, this 19 day of May, 2008.

Rachel B.
Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

MAY-21-2008 10:35

P. 64

SETTLEMENT AGREEMENTHenry Schein
Case No: 2008-08770

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

- 1) Henry Schein, neither admits nor denies the violations alleged in the Notice of Violation.
- 2) During the time the violations allegedly occurred, Henry Schein was a permitted Prescription Drug Wholesaler within the state of Florida having been issued permit number 221315.
- 3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

- 4) Henry Schein, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
- 5) Henry Schein, admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.
- 6) Henry Schein, agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

- 7) Henry Schein, agrees to pay a fine of FIVE THOUSAND DOLLARS (\$5,000.00), and acknowledges that the total payment is enclosed with this agreement.
- 8) Henry Schein, affirms the alleged violations cited the Notice of Violation letter issued under this case number have not continued and that it has taken corrective actions to prevent a recurrence.



MAY-21-2020 10:35

P.05

9) Henry Schein, affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken in compliance with Chapters 120 and 499, Florida Statutes.

11) Henry Schein, expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Henry Schein, waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

By: Henry Schein, Inc.
Vice President (or authorized agent)Date 5/13/20

Attested by:

Corporate Secretary

Date

[Note this line only applies if the respondent is a corporation.]

TOTAL P.05

HSI EXHIBIT B

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2011-1806

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION
DRUG WHOLESALER REGISTRATION OF HENRY SCHEIN, INC., REGISTRATION NO.
WHO 7115,

Respondent Wholesaler.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State
Board of Pharmacy ("Board") and Henry Schein, Inc. ("Respondent Wholesaler") to resolve all
matters pertaining to Board Case Number 2011-1806, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Wholesaler, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Stipulation") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Respondent Wholesaler was originally registered as a non-resident prescription drug wholesaler in the State of Colorado on January 5, 2007, being issued registration number WHO 7115, and has been so registered at all times relevant to this case.
3. Respondent Wholesaler admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
4. Respondent Wholesaler failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, 76 days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.
5. The parties agree that the following Board statutes and rules are relevant to this case:

12-22-802. Wholesaler license requirements.

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3)(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

* * *

Pharmacy Board Rules

15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

... (8) The name of the applicant's designated representative, who must meet the following requirements:

- (a) Be at least twenty-one years of age;
- (b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;
- (c) Be employed by the applicant in a full-time managerial position;
- (d) Be actively involved in and aware of the actual daily operation of the wholesaler;
- (e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;
- (f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."
- (g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;
- (h) Not have an felony convictions pursuant to federal, state, or local law; and
- (i) Undergo a background check as required by CRS 12-22-803.

- b. Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

15.01.14 Change of name, location, or ownership, or designated representative.

- c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

* * *

6. The parties agree that the following disposition is just and appropriate under the circumstances.

DISPOSITION

7. Pursuant to §12-22-806, C.R.S., Respondent Wholesaler shall remit Five Thousand Dollars and No Cents (\$5,000.00). Respondent Wholesaler understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 10%. Respondent Wholesaler shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents (\$5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Wholesaler submits this signed Stipulation to the Board.
8. Compliance. Respondent Wholesaler shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days, or as otherwise required by the then-controlling provisions of Board statute, rule or policy, of the previous designated representative ceasing the position.
9. Other Requirements. Respondent Wholesaler acknowledges and agrees that, as a condition of this Stipulation, Respondent Wholesaler shall:
- a. promptly pay all its own fees and costs associated with this Stipulation;
 - b. comply fully with this Stipulation; and
 - c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
10. Advisements and Waivers. Respondent Wholesaler enters into this Stipulation freely and voluntarily, after having consulted with legal counsel. Respondent Wholesaler acknowledges its understanding that it has the following rights:

- a. to have formal notice of hearing and charges served upon it;
- b. to respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and
- d. to appeal this Stipulation.

Respondent Wholesaler freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Wholesaler to the actions imposed herein.

11. **Acknowledgments.** Respondent Wholesaler has read this Stipulation in its entirety and acknowledges, after having consulted with legal counsel, that Respondent Wholesaler understands its legal consequences and agrees that none of its terms or conditions is unconscionable. Respondent Wholesaler is not relying on any statements, promises or representations from the Board other than as may be contained in this Stipulation. Respondent Wholesaler further acknowledges that it is not entering into this Stipulation under any duress.
12. **Violations.** Time is of the essence in this Stipulation. It is the responsibility of Respondent Wholesaler to take all appropriate steps to comply fully with this Stipulation. Respondent Wholesaler acknowledges and agrees that any violation of this Stipulation may constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Wholesaler's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation shall not affect the obligation of Respondent Wholesaler to comply with all terms and conditions of this Stipulation.
13. **Integration and Severability.** Upon execution by all parties, this Stipulation shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation shall be given full force and effect.
14. **Public Record.** Upon execution by all parties, this Stipulation shall be a public record, maintained in the custody of the Board and handled as a disciplinary document.
15. **Effective Date.** This Stipulation shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

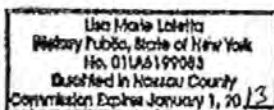
Respondent Wholesaler

Leonard David
Authorized Representative / Title
Leonard David / SVP

Dated:

7/11/11

Subscribed and sworn to before me in the County of Suffolk
State of New York, this 11 day of July, 2011 by
Leonard David, authorized representative of Henry Schein, Inc.



My commission expires:

Lisa Marie Laletta
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted,
and hereby made an Order of the Board.

Done and effective this 22nd day of July, 2011.

State Board of Pharmacy

Wendy Anderson

BY:

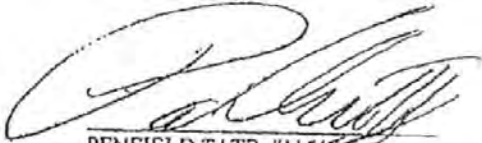
For

Wendy Anderson
Program Director

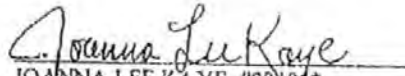
APPROVED AS TO FORM

GREENBERG TRAURIG, LLC

JOHN W. SUTHERS
Attorney General



PENFIELD TATE, #11518
Greenberg Traurig, LLP



JOANNA LEE KAYE, #20484*
Assistant Attorney General
Business and Licensing Section

Attorneys for Respondent Wholesaler

Attorneys for State Board of Pharmacy

1200 17th Street, Suite 2400
Denver, Colorado 80202
Telephone: (303) 572-6500
FAX: (720) 904-6142
TateP@gtlaw.com
*Counsel of Record

1525 Sherman Street, 5th Floor
Denver, Colorado 80203
Telephone: (303) 866-6170
FAX: (303) 866-5395
jo.kaye@state.co.us
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within STIPULATION AND FINAL AGENCY ORDER upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 22nd day of July 2011, addressed as follows:

Penfield Tate
Greenberg Traurig, LLC
1200 17th Street, Suite 2400
Denver, Colorado 80202

and via Interagency mail to:

Jo Kaye
Assistant Attorney General

Carla Alesca

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	
Wholesale Drug License of	)	Case No. 2010-35
HENRY SCHEIN, INC.,	)	
License No. 5328,	)	CITATION AND
Respondent.	)	WARNING

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), the Iowa Board of Pharmacy (hereinafter, the "Board") and Henry Schein, Inc. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on November 10, 2011 and the licensee disciplinary proceeding shall be resolved without a hearing, as the Board and Respondent stipulate to the following:

1. Respondent's license to operate as a wholesale distributor of drugs in Iowa is evidenced by Wholesale Drug License Number 5328, recorded in the permanent records of the Board.
2. Wholesale Drug License Number 5328 was renewed November 21, 2010, for the year 2011.
3. The Board has jurisdiction over the parties and the subject matter herein.
4. A Statement of Charges was filed against Respondent on March 8, 2011. The Statement of Charges contained two charges: Count I, "Unauthorized Delivery," and Count II, "Violations of Controlled Substance Laws."
5. Respondent denies the allegations contained in the Statement of Charges and hereby enters into this Citation and Warning to resolve the charges without making any admission against its interests. Respondent acknowledges, however,

that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

6. Upon the Board's approval of this Citation and Warning, (a) Count II of the Statement of Charges ("Violations of Controlled Substance Laws) shall be dismissed with prejudice and (b) Respondent shall be assessed a civil penalty in the amount of \$5,000. The civil penalty payment shall be made payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Citation and Warning. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

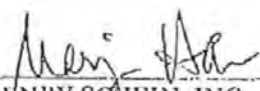
7. Respondent represents that it shall, in the future, comply with all provisions of Iowa law, including the administrative rule prohibiting shipment of controlled substances to persons not authorized to possess the controlled substances.

8. Should Respondent violate or fail to comply with any of the terms or conditions of this Citation and Warning, the Board may initiate further action to impose licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

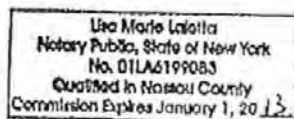
9. This Citation and Warning is the resolution of a contested case. By entering into this Citation and Warning, Respondent waives all rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to this Citation and Warning.

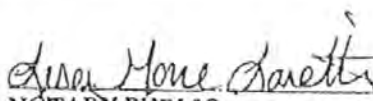
10. This proposed settlement is subject to approval by a majority of the full Board. If the Board fails to approve this settlement, it shall be of no force or effect to either party. If the Board approves this Citation and Warning, it shall be the full and final resolution of this matter.
11. The State's counsel may present this Citation and Warning to the Board.
12. The Board's approval of this Citation and Warning shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Citation and Warning is voluntarily submitted by Henry Schein, Inc., to the Iowa Board of Pharmacy for its consideration on this 17th day of April 2012.

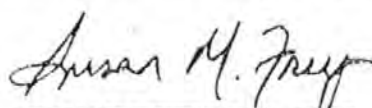

HENRY SCHEIN, INC.,
Respondent

Subscribed and sworn to before me by Marjorie Han, who has stated to me that he/she is authorized to sign this Citation and Warning on behalf of Henry Schein, Inc., on this 17 day of April 2012.




NOTARY PUBLIC

This Citation and Warning is accepted by the Iowa Board of Pharmacy on this 27th day of April 2012.


SUSAN M. FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck

Confidential

Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

Andrew Anderson
Faegre & Benson
801 Grand Avenue, Suite 3100
Des Moines Iowa 50309

Henry Schein settle 11-11.doc

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See the attached list.

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Henry Schein Inc. is the grandparent company of Hayes Handpiece Franchises Incorporated

Corporation Name: Henry Schein Inc.

Mailing Address: 135 Duryea RD

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: licensure@henryschein.com

Contact Person Name: Regulatory Affairs Dept, Jennifer Cunningham

Date of SEC Registration: May 13, 1996

SEC Registration Number: 333-36081

Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

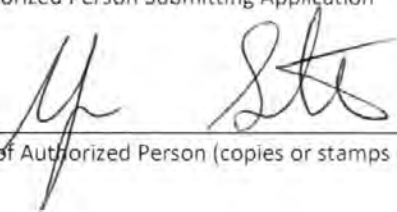
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration		
2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019_fingerprints%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Hayes Handpiece Franchises Incorporated
Facility Name

Yvonne Smith
Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

28th March 2024
Date

Board Use Only	Date Received: <u>4/19/24</u>	Amount: <u>\$1000-00</u> ✓
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Officers:

Marc Gordon	President
Michael S. Ettinger	Executive Vice President
Jennifer Ferrero	Secretary
Michael Amodio	Treasurer
Robert Ponzo	Vice President, Global Tax
Yvonne Smith	Vice President

Directors:

Michael S. Ettinger
Marc Gordon
Walter Siegel
Ronald South

State of Incorporation: California 09-27-1995

FEIN: 33-0678080

Hayes Handpiece Franchises Incorporated is 100% owned by Project Helium Holdings, LLC.

Hayes Handpiece Franchises Inc. 15602 W. 99th Street Lenexa, KS 66219



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: HAYES HANDPIECE FRANCHISES INCORPORATED
Entity No.: 1924323
Registration Date: 09/27/1995
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 April 16, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 200936118

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, 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 FOURTH DAY OF JANUARY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

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



2320192 8300

SR# 20240028544

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: 202529592

Date: 01-04-24

Business Search

The California Business Search provides access to available information for **corporations, limited liability companies and limited partnerships** of record with the California Secretary of State, with **free PDF copies** of over 17 million imaged business entity documents, including the most recent imaged Statements of Information filed for Corporations and Limited Liability Companies.

Currently, information for Limited Liability Partnerships (e.g. law firms, architecture firms, engineering firms, public accountancy firms, and land survey firms), General Partnerships, and other entity types are **not contained** in the California Business Search. If you wish to obtain information about LLPs and GPs, submit a Business Entities Order paper form to request copies of filings for these entity types. Note: This search is not intended to serve as a name reservation search. To reserve an entity name, select Forms on the left panel and select Entity Name Reservation ? Corporation, LLC, LP.

Basic Search

A Basic search can be performed using an entity name or entity number. When conducting a search by an entity number, where applicable, **remove "C"** from the entity number. Note, **a basic search will search only ACTIVE entities** (Corporations, Limited Liability Companies, Limited Partnerships, Cooperatives, Name Reservations, Foreign Name Reservations, Unincorporated Common Interest Developments, and Out of State Associations). The basic search performs a contains ?keyword? search. The Advanced search allows for a ?starts with? filter. To search entities that have a status other than active or to refine search criteria, use the **Advanced** search feature.

Advanced Search

An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows for searching by specific entity types (e.g., Nonprofit Mutual Benefit Corporation) or by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific search criteria.

Disclaimer: Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advanced search function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2) select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

Hayes handpiece franchises Inc

Advanced

Results: 1

Entity Information	Initial Filing Date	Status	Entity Type	Formed In	Ag
HAYES HANDPIECE FRANCHISES INC 1001 L ST, SUITE 100 SACRAMENTO, CA 95811	09/27/1995	Active	Stock Corporation - CA - General	CALIFORNIA	CS INC SEI

View History

Request Access

Request Certificate

09/27/1995	Active
Good	Good
Good	Good
Good	Good
Good	Good
CALIFORNIA	
Stock Corporation - CA - General	
135 DUNFRA ROAD MELVILLE, NY 11747	
135 DUNFRA ROAD MELVILLE, NY 11747	
09/30/2024	
1505 Corporate Center ESC - LAWYERS INCORPORATING SERVICE	
BECKY DE GEORGE 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
KODY SAEED 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
NICOLE STANLEY 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
JENN BAUTISTA 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
REBECCA VANCE 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
ALEX JENKINS 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
WENDY HARRIS 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
MELISSA DEKORIN 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
KATRANSON 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
ANNETTE KUHMAN 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
EROME SUAREZ 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
54MANTHA WILLIAMS 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	
PABLO KUBRON 2710 GATEWAY OAKS DRIVE SACRAMENTO, CA	

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email: pharmacy@ks.gov
www.pharmacy.ks.gov

5-122620
COLLIN MULANE
Hayes Handpiece Franchises Inc.
15602 W. 99th Street
Lenexa, KS 66219

Schedules

STATE OF KANSAS STATE BOARD OF PHARMACY

N^o 5-122620

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed
Annually by **June 30th.**

That Hayes Handpiece Franchises Inc

*has complied with the Pharmacy Act of the State of Kansas providing for the registration of **Wholesale Distributors** within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas under the name of*

Hayes Handpiece Franchises Inc.

at 15602 W. 99TH STREET LENEXA KANSAS

*from this date until **6/30/2024**, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

*This registration issued **March 25, 2024.***

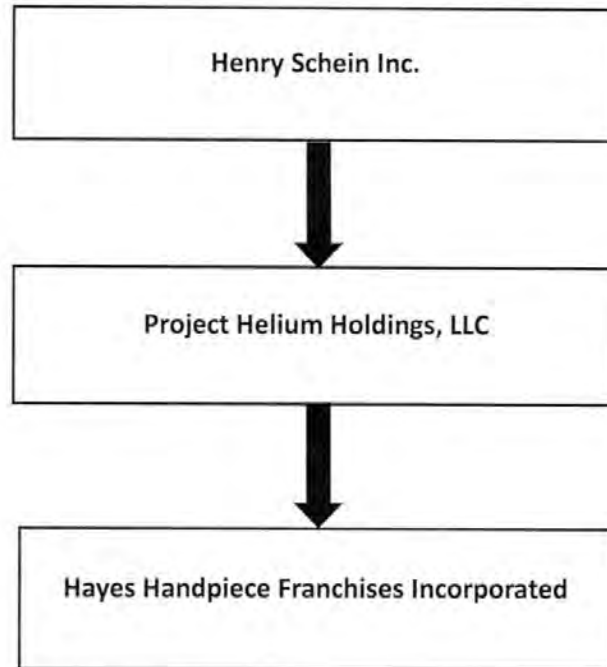


KANSAS STATE BOARD OF PHARMACY

By Allyson Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

Hayes Handpiece Franchises Incorporated Ownership Chart





REPAIRS | SALES | TRAINING

Employee List:

Matthew Nellis

Manager

Collin Mullane

Supervisor

Alex Boyd

Technician



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2024

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): (800) 363-0105 E-MAIL ADDRESS																					
INSURED Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>A/C #</th></tr><tr><td>INSURER A:</td><td>Liberty Mutual Fire Ins Co</td><td>23035</td></tr><tr><td>INSURER B:</td><td>ProAssurance Specialty Insurance Company</td><td>17400</td></tr><tr><td>INSURER C:</td><td>Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER D:</td><td>Berkshire Hathaway Specialty Ins Company</td><td>22276</td></tr><tr><td>INSURER E:</td><td>QBE Specialty Insurance Company</td><td>11515</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		A/C #	INSURER A:	Liberty Mutual Fire Ins Co	23035	INSURER B:	ProAssurance Specialty Insurance Company	17400	INSURER C:	Liberty Insurance Corporation	42404	INSURER D:	Berkshire Hathaway Specialty Ins Company	22276	INSURER E:	QBE Specialty Insurance Company	11515	INSURER F:		
INSURER(S) AFFORDING COVERAGE		A/C #																				
INSURER A:	Liberty Mutual Fire Ins Co	23035																				
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INSURER C:	Liberty Insurance Corporation	42404																				
INSURER D:	Berkshire Hathaway Specialty Ins Company	22276																				
INSURER E:	QBE Specialty Insurance Company	11515																				
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 570103499575

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER			TB2621093363033	06/01/2023	06/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & SOY INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMPLISH AGG Excluded
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRE AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			AS2-621-093363-043	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION			TH7621093363073	06/01/2023	06/01/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA762093363013 AOS WC7621093363023 WI	06/01/2023	06/01/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE & EMPLOYMENT \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Products Liability			N23NY380024 Claims Made	06/01/2023	06/01/2024	Each Occurrence \$10,000,000 Aggregate \$10,000,000

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

Evidence of Insurance.

CERTIFICATE HOLDER

CANCELLATION

Henry Schein, Inc. and its Subsidiary and Affiliated Companies 135 Duryea Road Melville NY 11747 USA	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 <i>Aon Risk Services Northeast, Inc.</i>
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Page 1 of 1

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Henry Schein, Inc.,	
POLICY NUMBER See Certificate Number: 570103499575			
CARRIER See Certificate Number: 570103499575	NAIC CODE		
		EFFECTIVE DATE	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]



AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Henry Schein, Inc.,	
POLICY NUMBER See Certificate Number: 570103499575			
CARRIER See Certificate Number: 570103499575	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvavent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Henry Schein MSO, LLC
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical Inc.
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training LLC
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC
Midway Dental Supply LLC
Ace Southern Surgical Solutions
ORTH02 LLC
Shield HealthCare - 10/2/23
Dental Practice Transitions

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Hayes Handpiece Franchises Incorporated MDEG License # (if applicable) _____
Physical Address 15602 W. 99th Street
City Lenexa State KS Zip 66219
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 6315136646 Website hayeshandpiece.com
Licensing Company Email brendan.mcelhatton@hayeshandpiece.com

Section 2: Personal Information

First Collin Middle _____ Last Mullane
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Blue Springs State MO Zip 64015
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Blue Springs High School		From - To (MM/YY - MM/YY) 08/11-05/15	
Address 2000 NW Ashton Dr		City Blue Springs	State MO
Diploma/Degree obtained, if any Diploma		Zip 64015	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/14 - Present	Address [REDACTED]	City Blue Springs	State MO	Zip 64015
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Hayes Handpiece Franchises Incorporated		From - To (MM/YY – MM/YY) 08/09/2021-Present	
Business Address 15602 W. 99th Street		City Lenexa	State KS
Phone 913-384-8900	Title Supervisor	Zip 66219	
Description of Duties Supervises order entry on a day to day bases. Monitor's transactions and facility productivity; acts as necessary to ensure service/sales orders are fulfilled.		Number of Employed Hours > 1500 hours	
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest N/A	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

4/4/24
4/4/2024 CM

Date

I, Collin Mullane, certify that as the MDEG Administrator for
Hayes Handpiece Franchises Incorporated,

that I (initial that you have read and meet the following requirements):

1. CM Have a high school diploma or its equivalent;
2. CM Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. CM Will be employed by 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
4. CM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Collin Mullane
Print Name (First, Last)

CM

Original Signature (electronic, copies or stamps not accepted)

4/4/24

Date

Board Use Only

Date Received: 4/19/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Hayes Handpiece Franchises Incorporated

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 15602 W. 99th StreetCity LenexaState KSZip 66219

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 913-384-8900Website hayeshandpiece.comLicensing Company Email brendan.mcelhatton@hayeshandpiece.com**Section 2: Personal Information**First Collin

Middle _____

Last Mullane

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex

☒ M☐ F☐ X

Mailing Address _____

City Blue SpringsState MOZip 64015

Telephone _____

Email _____

Are you a citizen of the United States?

☒ Yes☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)			
School Name		From - To (MM/YY - MM/YY)	
Blue Springs High School		08/11-05/15	
Address	City	State	Zip
2000 NW Ashton Dr	Blue Springs	MO	64015
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
04/14 - Present	[Redacted]	Blue Springs	MO	64015
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Hayes Handpiece Franchises Incorporated		From - To (MM/YY – MM/YY) 08/09/2021-Present	
Business Address 15602 W. 99th Street		City Lenexa	State KS
Phone 913-384-8900	Title Supervisor	Zip 66219	
Number of Employed Hours > 6000 hours			
Description of Duties Supervises order entry on a dad to day bases. Monitor's transactions and facility productivity; acts as necessary to ensure service/sales orders are fulfilled.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest N/A	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

CM-
Original Signature (electronic, copies or stamps not accepted)

4/4/24
Date

I, Collin Mullane, certify that as the designated representative for
Hayes Handpiece Franchisees Incorporated

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CM I am at least 21 years of age;
3. CM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Collin Mullane

Print Name (First, Last)

CM

Original Signature (electronic, copies or stamps not accepted)

4/4/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Collin Mullane

Print Name (First, Last)

CM

Original Signature (electronic, copies or stamps not accepted)

4/4/24

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Johnson

I, Collin Mullane, 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 the license, registration, permit, certificate or certification for which I am applying for.

CM

Original Signature

4/4/24

Date

Subscribed and Sworn to before me this 4th day of April, 2024.

Mark D. Harper

Notary Public Signature

Mark D. Harper
NOTARY PUBLIC
State of Kansas
My Commission Expires 08/1/2026

(Seal)

INSPECTION REPORT FOR: 5-122620

Hayes Handpiece Franchises Inc.
15602 W. 99th Street
Lenexa, KS 66219

Original Date: 3/25/2024

On Probation: No

Discipline on File: No

INSPECTION REPORT

Inspection Date: 3/20/2024

Inspector: Melissa Martin

This inspection report is not intended as an exhaustive listing of all pharmacy conditions. There may be deficiencies, non-compliance, or violation(s) of Kansas laws or regulations not detected, observed, or noted in this report.

Inspection Key

C-Compliant | N/I-Needs Improvement | N/C-Not Compliant | U-Unassessed | N/A-Not Applicable
Asterisk * denotes Pharmacist in Charge responsibility

GENERAL INFORMATION	C	N/I	N/C	U	N/A
Registration(s) displayed—K.S.A. 65-1645(e) & K.A.R. 68-14-7(f)(5)					
DEA number: No controlled substances					
Distributor Facility Types:					Medical Devices
Person(s) on duty:					Spoke with Brendan
General Information Notes: Pre-opening for new facility application.					
PRACTICE SETTING	C	N/I	N/C	U	N/A
Does the facility distribute oxygen:					No
If distributed, transfilled on site by facility:					
If yes, FDA registration number:					N/A
Date of last FDA inspection:					N/A
If no, who transfills oxygen:					N/A
Practice Setting Notes:					
FACILITIES	C	N/I	N/C	U	N/A
Suitable size and construction to facilitate cleaning, maintenance, & proper operation —K.A.R. 68-14-7(a)(1)					
Adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, & security —K.S.A. 65-656(m) & K.A.R. 68-14-7(a)(2)					
Quarantine area—K.A.R. 68-14-7(a)(3)					
Maintained in a clean and orderly condition—K.A.R. 68-14-7(a)(4)					
Free from infestation by insects, rodents, birds, or vermin of any kind—K.A.R. 68-14-7(a)(5)					
Drugs and devices stored per manufacturer—K.A.R. 68-14-7(c)					
Documentation of appropriate temperature—K.A.R. 68-14-7(c)(2)					
Establish, maintain and adhere to policy and procedures—K.A.R. 68-14-7(g)					
Procedures for distribution of oldest approved stock first—K.A.R. 68-14-7(g)(1)					
Procedure for handling recalls and withdrawing drugs and devices—K.A.R. 68-14-7(g)(2)					
Procedure to prepare for, protect against and handle any crisis that affects security or operation of facility—K.A.R. 68-14-7(g)(3)					
Procedure for outdated, mislabeled, or adulterated drugs and devices to be removed from stock —K.S.A. 65-1634, K.S.A. 65-657(a), K.A.R. 68-14-7(e) & K.A.R. 68-14-7(g)(4)					
Drugs and devices distributed to registered sources —21 C.F.R. 1301.74(a), K.S.A. 65-1643(c) & K.A.R. 68-14-7(g)(5)					
Room temperature:					adequate
Refrigerator temperature:					N/A
Freezer temperature:					N/A
Facilities Notes: Pre-opening for security, appropriate space for distribution for licensure					

SECURITY	C	N/I	N/C	U	N/A
Secure from unauthorized entry—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(1)					
Alarm and security systems—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(2) & (3)					
Perimeter of premises well lighted—K.A.R. 68-14-7a(b)(1)					
Controlled drugs locked—21 C.F.R. 1301.71 thru 1301.76 & K.A.R. 68-14-7(b)(4) K.A.R. 68-20-15a					
Verification that persons or entities that transport on their behalf utilize processes to ensure product security - 21 C.F.R. 1301.74 & K.A.R. 68-14-7(b)(5)					
Security Notes:	No controlled substances				
RECORDS	C	N/I	N/C	U	N/A
Documentation of education, training & experience—K.A.R. 68-14-5					
Maintain list of responsible persons to include duties and qualifications —K.A.R. 68-14-7a(h)					
Documentation of examination of materials—K.A.R. 68-14-7(d)					
Oxygen prescriptions contain all required elements and are renewed annually—K.S.A. 65-1637					
Records of ALL transactions in the receipt and distribution of prescription-only drugs and devices —K.A.R. 68-14-7(f)					
Duration of record keeping—K.A.R. 68-20-16(a) & K.A.R. 68-14-7(f)(3)					
Central record keeping - K.A.R. 68-14-7(f)(4) & 21 C.F.R. 1304.04(b)(3)					
Records readily retrievable—K.A.R. 68-14-7(f)(3) & (4)					
Location:					
Records Notes: New facility application/license No oxygen					
REVIEW OF INVENTORY AND INVOICE RECORDS	C	N/I	N/C	U	N/A
Drugs and devices distributed to registered sources - 21 C.F.R. 1301.74, K.S.A. 65-1643(c), K.A.R. 68-14-7(f)(2) & K.A.R. 68-14-7(g)(5)					
Inventories and records of all transactions—K.A.R. 68-14-7(f)					
Annual inventory of controlled substances—K.A.R. 68-20-16					
C-II inventory filed separately—K.A.R. 68-20-16					
C-II invoices filed separately—K.A.R. 68-20-16					
CIII-V invoices filed separately or readily retrievable—K.A.R. 68-20-16					
DEA 222 forms completed—21 C.F.R. 1305.12 & 1305.13					
DEA 222 forms for C-II transfers—K.A.R. 68-20-17					
Power of attorney—21 C.F.R. 1305.05					
Date:	No controlled substances				
Review of Inventory and Invoice Notes:	No controlled substances				
VETERINARY WHOLESALE DISTRIBUTORS—K.A.R. 68-14-8	C	N/I	N/C	U	N/A
Original prescriptions and written confirmations maintained on file for 5 years					
Delivery personnel carry copies of prescriptions and written confirmations					
Original prescriptions received within 72 hours for all written confirmations					
Written confirmations taken directly from DVM and include: name of DVM, date and time verbal order received, and name of person receiving the confirmation					
Prescriptions and written confirmations meet all requirements for a veterinary prescription —K.A.R. 70-7-1(l)&(m)					
Veterinary Wholesale Distributor Notes: No veterinary wholesale distribution					

This report created on 3/29/2024

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 25, 2021

☐ 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 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

11-3136595
(I.R.S. Employer Identification No.)

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(Registrant's telephone number, including area code)

<u>Title of each class</u>	<u>Securities registered pursuant to Section 12(b) of the Act:</u> <u>Trading Symbol(s)</u> <u>HSIC</u>	<u>Name of each exchange on which registered</u> <u>The Nasdaq Global Select Market</u>
Common Stock, par value \$.01 per share		

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 Section 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 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.

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. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately \$10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value \$.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

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Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

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value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinc SA, Lifco AB, Planmeca Oy and Billerica Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.
- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.
- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

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- **Electronic commerce solutions.** We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.
- **Social media.** Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- **Consumable supplies and equipment.** We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.
- **Technology and other value-added products and services.** We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.
- **Repair services.** We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.
- **Financial services.** We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

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• **Exceptional order fulfillment.** We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

• **Comprehensive ordering process.** Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products ⁽¹⁾	60.8%	58.4%	64.2%
Medical products ⁽²⁾	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products ⁽³⁾	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues ⁽⁴⁾	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See [Note 24 Related Party Transactions](#) for further information.

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Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.
- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.
- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.
- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

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We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of “Notes to Consolidated Financial Statements.”

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshow where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the “Biden Administration”) has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the “ACA”). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

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Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification

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numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reproducers and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 on cosmetic products requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

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In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over \$4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

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Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Merus US, Inc.</u>		
Physical Address: <u>139 Main Street, Suite 302</u>		
City: <u>Cambridge</u> State: <u>MA</u> Zip: <u>02142</u>		
Mailing Address (if different from physical address): <u>139 Main Street, Suite 302</u>		
City: <u>Cambridge</u> State: <u>MA</u> Zip: <u>02142</u>		
Telephone: <u>+1 617 401 4499</u> Website: <u>www.merus.nl</u>		
Name of Designated Representative (DR): <u>Gregory Perry</u>		
Licensing Company Email: <u>USStateLicensing@merus.nl</u> DR Email: <u>g.perry@merus.nl</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: Specialty Distributors	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within last year
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Merus N.V.
Corporation Name: Merus US, Inc.
Mailing Address: 139 Main Street, Suite 302
City: Cambridge State: MA Zip: 02142
Telephone: +31 85 016 2500 Email: enquiries@merus.nl
Contact Person Name: Peter Silverman

Date of SEC Registration: 05/23/2016 SEC Registration Number: 1651311 Stock Exchange Symbol: MRUS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

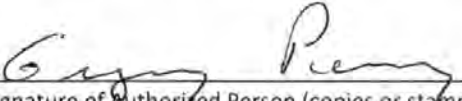
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Merus US, Inc.
Facility Name

Gregory Perry
Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

May 9, 2024
Date

Board Use Only	Date Received: <u>5/21/24</u>	Amount: <u>\$1000 cash</u>
----------------	-------------------------------	----------------------------

Sabien Drost-Schipper

To: Greene, Senneth
Cc: Jordan Spadafora
Subject: FW: Labeler Code Request Approved

Dear TwoLabs Team,

Please find the Labeler Code Assignment Email below.

Met vriendelijke groet / kind regards,

Sabien Drost-Schipper
Director Legal

T +31 85 016 4185
M +31 6 29 41 63 16
E s.schipper@merus.nl
W www.merus.nl
Uppsalalaan 17
3rd & 4th floor
3584 CT Utrecht
The Netherlands

Merus closing in on cancer

[Privacy Policy](#)

This communication, including any attachments, is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Your receipt of this communication is not intended to waive any applicable privilege. Any review, retransmission, distribution or other use of this information by persons or entities other than the intended recipient is strictly prohibited and may be unlawful. If you received this in error, please notify the sender immediately and destroy this communication and all copies thereof, including all attachments. Thank you.

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, October 25, 2022 1:05 PM
To: Penny Ng <P.Ng@merus.nl>
Subject: Labeler Code Request Approved

External Mail

eDRLS - Electronic Drug Registration & Listing System

*✓ verified
M.H 5/26/24*

Current Date: 25-OCT-2022
Labeler DUNS: 023262945
Labeler Name: Merus US Inc
Labeler Code Assigned: 83077

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

0903

information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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).



Description of Operations

Merus US, Inc. is a VirtualManufacturer. Merus US, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

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

Patheon Manufacturing Services LLC
5900 Martin Luther King Jr Highway
Greenville, NC 27834
FDA Establishment Number: 1018495
Contact Person: Kemberly Ullah - (252)-707-4191

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

Labeler Code:

83077

Third Party Logistic information:

For distribution into the commercial supply channels, ICS acts as Merus US, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Merus US, Inc.'s product throughout the United States. ICS's address is:

ICS
420 International Blvd. Ste 500
Josh Sutherland – (502) 955-3626

Facility information:

Merus US, Inc. has 48 employees working on site during normal business hours.
Merus US, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.
Merus US, Inc.'s records are stored at the 3PL, ICS.



Company Information

Company Name: Merus US, Inc.
Address: 139 Main Street, Suite 302
City, State, Zip: Cambridge, MA 02142
Phone: (617) 401-4499
Website: <https://merus.nl/>
E-mail: USStateLicensing@merus.nl

FEIN: 36-4829219
State of Formation: DE
Date Incorporated: 02/17/2016
File Number: 5950144

Ownership Information

Merus US, Inc. is 100% owned by Merus N.V.

Parent Company Address: Uppsalalaan 17, 3rd & 4th floor, Utrecht, Netherlands 3584CT
Parent Company Phone: +31 85 016 2500
Parent Company FEIN: NL812247413B01

Officers

Sven (Bill) Lundberg, President and Chief Executive Officer

Business Address: 139 Main Street, Suite 302, Cambridge, MA 02142
Business Phone: (617) 401-4499
Email: USStateLicensing@merus.nl

Peter Silverman, EVP, Chief Operating Officer and General Counsel

Business Address: Uppsalalaan 17, 3rd & 4th floor, Utrecht, Netherlands 3584CT
Business Phone: (617) 401-4499
Email: USStateLicensing@merus.nl

Gregory Perry, Chief Financial Officer

Business Address: 139 Main Street, Suite 302, Cambridge, MA 02142
Business Phone: (617) 401-4499
Email: USStateLicensing@merus.nl

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERUS 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.

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.



5950144 8300

SR# 20240740591

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: 202901172

Date: 02-28-24

0907

**Mass.gov**

Office of Health and Human Services (EOHHS) License Verification Site

[Home Page](#) > [Profile](#) > VIR200092 - Merus US, Inc.

License Information

License Type:	Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration
License Number:	VIR200092
Status:	Current
Organization Name:	Merus US, Inc.
Expiration Date:	March 14, 2025
Address:	139 Main Street Suite 302 Cambridge, MA 02142

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

To generate a Verification of Licensure for this license/registration record, please click the "Generate Verification of Licensure" button below.

[Generate Verification of Licensure](#)

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click [here for full disclaimer](#).

[<< Back to Search Page](#)



How To Get Help:

Mass.gov Resources

[eLicensing User Guide](#)

[Bureau of Health Professions
Licensure](#)

[Office of Local and Regional
Health](#)

[Department of Public Health](#)

Phone: [\(800\) 414-0168](#)

TTY Line: [\(617\) 973-0988](#)

BHPL eLicensing Support Resources

Online: [eLicensing Support
Request Form](#)

**DO NOT provide your Social
Security Number or Date of Birth**
when contacting the eLicensing
Support Desk online.

Did you find what you were looking for on this webpage? Please
provide your feedback [here](#).

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[ArcHealth](#)

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Merus US, Inc.
139 Main Street, Suite 302
Cambridge, MA 02142



Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200092

Type: Virtual Manufacturer

Issue Date: 03/14/2024

Expiration Date: 03/14/2025



Merus US, Inc.-Employees

Company Name	Salu	First Name	Full Last Name
Merus US, Inc.	Mr.	Nicholas	Horvath
Merus US, Inc.	Mr.	Patrick	Corr
Merus US, Inc.	Mr.	Bill	Lundberg
Merus US, Inc.	Ms.	Theresa	Beach
Merus US, Inc.	Mr.	Lokesh	Jain
Merus US, Inc.	Ms.	Anne	Clark
Merus US, Inc.	Ms.	Nikyia	Watler
Merus US, Inc.	Ms.	Rebecca	Pyle
Merus US, Inc.	Mr.	Chukwuemeka	Okpani-Obiahu
Merus US, Inc.	Ms.	Sharon	Bowen
Merus US, Inc.	Mr.	Antoine	Galou
Merus US, Inc.	Ms.	Sherri	Spear
Merus US, Inc.	Mr.	Andrew	Joe
Merus US, Inc.	Mr.	Harry	Shuman
Merus US, Inc.	Mr.	Ryan	McMullin
Merus US, Inc.	Ms.	Shannon	Campbell
Merus US, Inc.	Mr.	Matthew	Nguyen
Merus US, Inc.	Ms.	Chime	Wangmo
Merus US, Inc.	Ms.	Kathleen	Farren
Merus US, Inc.	Ms.	Wendy	Carlson
Merus US, Inc.	Mr.	Peter	Silverman
Merus US, Inc.	Ms.	Kim	Ho
Merus US, Inc.	Ms.	AnnaLisa	Nazarchuk
Merus US, Inc.	Mr.	Wallace Robert	Helton II
Merus US, Inc.	Ms.	Wai Ping Penny	Ng
Merus US, Inc.	Ms.	Estella	McCrory
Merus US, Inc.	Ms.	Jo	Garner
Merus US, Inc.	Ms.	Hayley	Widden
Merus US, Inc.	Mr.	Sejal	Patel
Merus US, Inc.	Ms.	Christina	Pelland
Merus US, Inc.	Ms.	Sherry	Neusbaum
Merus US, Inc.	Ms.	Wendy	Hill
Merus US, Inc.	Mr.	David	Yao
Merus US, Inc.	Ms.	Barbara	Richard
Merus US, Inc.	Ms.	Katherine	Smith
Merus US, Inc.	Mr.	Dane	Gouveia

Merus US, Inc.	Ms.	Julia	McLetchie
Merus US, Inc.	Ms.	Jaclyn	Mack
Merus US, Inc.	Ms.	Botao	Jiang
Merus US, Inc.	Mr.	Pratik	Patel
Merus US, Inc.	Mr.	Christopher	Gentile
Merus US, Inc.	Mr.	Eduardo	Pennella
Merus US, Inc.	Mr.	Brett	Mulvey
Merus US, Inc.	Mr.	Jeremy	Ahouse
Merus US, Inc.	Mr.	Jose Jaime	Ferrer
Merus US, Inc.	Mr.	Ernesto	Wasserman
Merus US, Inc.	Mr.	Jim	Ford
Merus US, Inc.	Mr.	Joseph	Grosso
Merus US, Inc.	Mr.	Shekeab	Jauhari
Merus US, Inc.	Ms.	Sarah	Paschal
Merus US, Inc.	Mr.	Ashley	Pereira
Merus US, Inc.	Ms.	Mary	Wu
Merus US, Inc.	Mr.	Daniel	Hennessy
Merus US, Inc.	Mr.	Hui	Liu
Merus US, Inc.	Mr.	William	Jenkinson
Merus US, Inc.	Ms.	Cherrie-Ann	Walters
Merus US, Inc.	Mr.	Gregory	Perry
Merus US, Inc.	Ms.	Melissa	Bogad

**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): May 28, 2024

MERUS N.V.
(Exact name of registrant as specified in its charter)

The Netherlands
(State or other jurisdiction of
incorporation or organization)

001-37773
(Commission
File Number)

Not Applicable
(I.R.S. Employer
Identification No.)

Uppsalalaan 17
3584 CT Utrecht
The Netherlands
(Address of principal executive offices) (Zip Code)

+31 85 016 2500
(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))

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Neogen Corporation</u>		
Physical Address: <u>2001 Owingsville Road</u>		
City: <u>Mt. Sterling</u> State: <u>KY</u> Zip: <u>40353</u>		
Mailing Address (if different from physical address): <u>944 Nandino Boulevard</u>		
City: <u>Lexington</u> State: <u>KY</u> Zip: <u>40511</u>		
Telephone: <u>859-254-1221</u> Website: <u>www.neogen.com</u>		
Name of Designated Representative (DR): <u>Charles Ray McCann</u>		
Licensing Company Email: <u>asregistrations@neogen.com</u> DR Email: <u>cmccann@neogen.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☒ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
07/30/2016	03/03/2017	KY	Lexington	Fayette County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
16-0473	Kentucky Board of Pharmacy			
Reason/Charge				
Unable to designate Pharmacist-in-charge within 30 day window				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Commonwealth of Kentucky, Neogen Corporation			N/A - Agreed Order	
Name of Business/Industry/Entity				
Neogen Corporation - Pharmaceutical				

Provide explanation below:

Neogen's 1847 Mercer Road, Lexington, KY 40511 location (a facility which is not the subject of this application but is held under common ownership) holds a permit with the Kentucky Board of Pharmacy. The permit's requirements include designation of a consultant pharmacist as the pharmacist in charge, or "PIC," of the licensed facility. On June 30, 2016, the previous PIC resigned. The Kentucky Board of Pharmacy allows thirty days to secure a new pharmacist in a case such as this.

Due to the limited availability of qualified consultant pharmacists and the associated administrative process for placing a designee in this role, a new PIC was officially instated on August 29, 2016. The Kentucky Board of Pharmacy issued a fine of \$1,000 and upon payment of said fine, this case was resolved informally through an Agreed Order. The final Agreed Order has been provided as an attachment to this application. The Kentucky Board of Pharmacy permit remains current and in good standing.



Original Signature (electronic, copies or stamps not accepted)

03/29/2024

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
2009	05/13/2009	KY	Lexington	Fayette County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
08-00114	Kentucky Board of Pharmacy			
Reason/Charge				
Name and date not listed on manufactured products.				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Commonwealth of Kentucky, Neogen Corporation			N/A - Agreed Order	
Name of Business/Industry/Entity				
Neogen Corporation - Pharmaceutical				

Provide explanation below:

Per agreed order: during an inspection some manufactured products were identified for which packaging did not list Neogen's name and date.



Original Signature (electronic, copies or stamps not accepted)

03/30/2024

Date



March 13, 2024

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

To Whom It May Concern:

Neogen's 1847 Mercer Road, Lexington, KY 40511 location (a facility which is not the subject of this application but is held under common ownership) holds a permit with the Kentucky Board of Pharmacy. The permit's requirements include designation of a consultant pharmacist as the pharmacist in charge, or "PIC," of the licensed facility. On June 30, 2016, the previous PIC resigned. The Kentucky Board of Pharmacy allows thirty days to secure a new pharmacist in a case such as this.

Due to the limited availability of qualified consultant pharmacists and the associated administrative process for placing a designee in this role, a new PIC was officially instated on August 29, 2016. The Kentucky Board of Pharmacy issued a fine of \$1,000 and upon payment of said fine, this case was resolved informally through an Agreed Order. The final Agreed Order has been provided as an attachment to this application. The Kentucky Board of Pharmacy permit remains current and in good standing. One additional disciplinary action dating back to March 2009 has also been attached for review by the Board.

Respectfully,

A handwritten signature in black ink that reads "Rachael Barnett". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Rachael Barnett

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-0473

IN RE: MANUFACTURER PERMIT NO. P01068 HELD BY NEOGEN CORPORATION

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and Neogen Corp. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

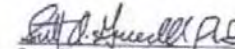
- (1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.
- (2) Respondent is a manufacturer in the Commonwealth of Kentucky, having been assigned manufacturer permit no. P01068.
- (3)
 - (a) A board investigation revealed that Respondent failed to place a pharmacist in charge of the pharmacy from June 30, 2016 until August 29, 2016.
 - (b) Consequently, the Respondent is subject to discipline pursuant to KRS 315.020(2) and 201 KAR 2:320, Section 5.
- (4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

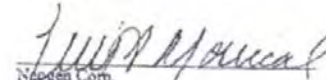
- (A) Respondent shall be fined \$1000.00 payable by January 20, 2017. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg. Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.
- (B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees

to waive those rights and to enter into this Agreed Order.

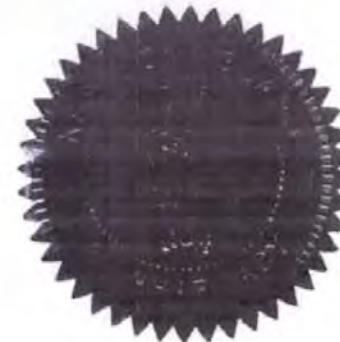
(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.


Scott Greenwell, President
Kentucky Board of Pharmacy,

3 March 2017
Date


Neogen Corp.
Respondent

1/13/17
Date



COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

RECEIVED
KY BOARD OF PHARMACY

2009 MAR -4 A 9 21

Case No. 08-00114

IN RE: SPECIAL LIMITED MEDICINAL GAS PERMIT NO. MG01068 HELD BY NEOGEN CORPORATION

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Neogen Corporation ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to special limited gas pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a special limited medicinal gas pharmacy in the Commonwealth of Kentucky, having been assigned license no. MG01068.

- (3) (a) On a routine inspection it was discovered that Respondent failed to list its name and date on manufactured products distributed by Respondent, as required by KRS 217.065(2).
(b) The above actions subject the Respondent to discipline pursuant to KRS 315.121(1)(h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

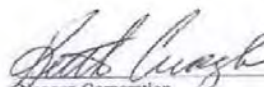
(A) The Respondent is fined \$4000 payable on or before February 26, 2009. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, Spindletop Administration Building Suite 302, 2624 Research Park Drive, Lexington,

Kentucky, 40511.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.


Catherine L. Shely, President
Kentucky Board of Pharmacy

5-13-09
Date


Neogen Corporation
Respondent

March 3, 2009
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Covetrus
Address: 400 Metro Place North, Suite 100 City: Dublin State: OH Zip: 43017-75
Name: MWI Animal Health
Address: 3041 West Pasadena Dr City: Boise State: ID Zip: 83705
Name: Animal Health International
Address: 822 7th Street, Suite 740 City: Greeley State: CO Zip: 80631
Name: Tractor Supply Company
Address: 5401 Virginia Way City: Brentwood State: TN Zip: 37027

Section 4: Publicly Traded Corporation

State of Incorporation: Michigan
Parent Company (if any): Neogen Corporation
Corporation Name: Neogen Corporation
Mailing Address: 620 Lesher Place
City: Lansing State: MI Zip: 48912
Telephone: 800-234-5333 Email: asregistrations@neogen.com
Contact Person Name: Rachael Barnett

Date of SEC Registration: IPO:8-23-1989 SEC Registration Number: CIK#: 0000711377 Stock Exchange Symbol: NEOG

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Location being licensed is not FDA-registered manufacturer		X
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ .	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

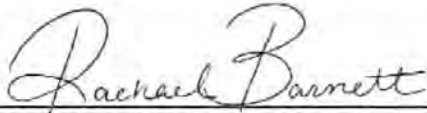
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Neogen Corporation

Facility Name

Rachael Barnett

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

03/30/2024

Date

Board Use Only

Date Received: _____

Amount: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rachael Barnett

Print Name of Authorized Person Submitting Application

Rachael Barnett

Original signature of Authorized Person (copies or stamps not accepted)

03/12/2024

Date

Board Use Only	Date Received: 3/25/24	Amount: \$1000-CC
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COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300

125 Holmes Street

Frankfort, KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 09/05/2023

NUMBER: W04825

EXPIRATION DATE: 09/30/2024

Issued to:
NEOGEN CORPORATION

2001 OWINGSVILLE RD
MT STERLING, KY 40353

License/Permit must be posted in public view.

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



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

944 NANDINO BLVD
LEXINGTON, KY 40511
sfitzwater@neogen.com



ANDY BESHEAR
GOVERNOR

KENTUCKY BOARD OF PHARMACY

125 Holmes Street, Suite 300
State Office Building Annex
Frankfort, Kentucky 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

BOARD MEMBERS

JASON BELCHER, CONSUMER
PETER P. COHRON, R.PH.
MEREDITH FIGG, PHARM.D.
ANTHONY TAGAVI, PHARM.D.
JOHN FULLER, R.PH.
JONATHAN VAN LAHR, R.PH.

EXECUTIVE DIRECTOR

CHRISTOPHER P. HARLOW, PHARM.D.

February 22, 2024

STATE OF KENTUCKY

COUNTY OF FRANKLIN

Re: **NEOGEN CORPORATION**
2001 Owingsville Rd.
Mt. Sterling, KY 40353

No.: **W04825**

I, Christopher P. Harlow, Executive Director of the Kentucky Board of Pharmacy, do hereby certify that I am an official custodian of the records of said Board and pursuant to a request, I have searched Board records and certify that as of this date **NEOGEN CORPORATION** does not have any actions on file with the Kentucky Board of Pharmacy.

NEOGEN CORPORATION currently holds an Active Kentucky Wholesaler Permit, number **W04825**, first issued on May 4th, 2023, and will expire on September 30th, 2024.

Witness my official hand and seal of the Board on February 22, 2024.

Christopher P. Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy



Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authorization

Authentication number: 305148

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

NEOGEN CORPORATION

, a corporation organized under the laws of the state of Michigan, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on April 26, 2001.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of February, 2024, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
305148/0514830

About

Executive Team

[About Neogen](#)
[Our Research](#)
[Our Mission](#)
[Quality](#)
[Work](#)
[Sustainability](#)
[Support](#)



John Adent

CEO and President

John joined Neogen® as Chief Executive Officer in 2017, bringing years of experience in both Food and Animal Safety. He's worked around the world, from the fruit farms in Southwest Michigan from which he hails to Hungary, the Philippines, Spain and China. Prior to joining Neogen, he served as CEO of Animal Health International. After the company was acquired by Patterson, John continued as CEO of Patterson Animal Health. He has also held management responsibilities for Ralston Purina Company and its spin-off division, Agribionds. Under his leadership as CEO and President, Neogen continues to grow around the world.



Robert Donofrio, Ph.D.

Chief Scientific Officer

Rob came to Neogen in 2016, bringing with him years of experience working strategically with academia, industry, and regulatory bodies at NSF International. He took on the role of Vice President of Food Safety Research & Development in 2018 and was named Chief Scientific Officer in 2022. His knowledge of multiple disciplines of science aids greatly in our food and animal safety research activities around the world.



Doug Jones

Chief Operating Officer

Doug joined Neogen in August 2020 in the newly created position of Chief Commercial Officer (CCO), and in April 2022 was named Chief Operating Officer (COO). As COO, he is responsible for Neogen's worldwide revenues and operations. Doug joins Neogen after nearly five years as president of Patterson Veterinary Supply's Companion Animal Group. He joined Patterson after spending ten years with Merial North America, where he last served as President of Merial North America.



Jason Lilly, Ph.D.

Vice President, Americas & Australia/New Zealand

A Neogen team member since 2021, Jason most recently served as Vice President of International Business in 2019 after serving for many years as Vice President of Corporate Development. In 2023, Jason was appointed as one of Neogen's regional business leaders, with commercial management and financial responsibility for all Neogen business across the U.S., Canada, Latin America, and Australia/New Zealand. Jason has a Ph.D. in Genetics from the University of Wisconsin-Madison and an MBA from Michigan State University.



Matt Mittino

Vice President, Europe, Middle East, Africa, India

Matt joined Neogen in 2023 to lead business efforts within the EMEA region across Food and Animal Safety. Matt has significant experience in product development, commercial operations, business development, M&A, and operations, and general management, earned as he worked across the globe, leading teams in the U.S., LATAM, Japan, and Europe. He holds a BS in Mechanical Engineering from the University of Notre Dame and an MBA from the University of Chicago Booth School of Business.



Byoung-Ik Sohn

Vice President, Asia Pacific

B.I. came to Neogen in 2023 to lead the Food and Animal Safety business efforts within the region. In his more than 20 years of experience, B.I. spent the majority of his time with 3M in various assignments, where he made foundational changes within the APAC region beyond Korea in these roles, delivering substantial results, especially during his Food Safety business days. B.I. holds a BS in Chemical Engineering, an MS in Industrial Engineering from Pohang University of Science and Technology, and attended Korea Science Academy, a science magnet school in Korea.



Julie Mann

Chief Human Resources Officer

Julie joined Neogen in 2015 as Director of Human Resources, and in 2020 was named Chief Human Resources Officer. Her responsibilities include elevating the importance of people-focused programs and initiatives for Neogen's more than 2,000 global employees. Prior to joining Neogen, Julie had extensive HR experience at Holland Corporation, Herman Miller, Webasto Thermo & Comfort North America, Rowe Bell & Howell, and others.



David Naemura

Chief Financial Officer

David joined Neogen in 2022, bringing his experience as an operationally oriented CFO in public company environments. Prior to Neogen, David was the Chief Financial Officer of Voncor Corporation, where he played an instrumental role in the company's separation and launch as an independent public company. Earlier, he served as the Chief Financial Officer of Gates Industrial Corporation and as a group Chief Financial Officer for Tanabe Corporation.



Amy Rocklin, Ph.D.

Chief Legal and Compliance Officer, Corporate Secretary

Amy joined Neogen in March 2021 as VP, General Counsel and Corporate Secretary, and was named Chief Legal and Compliance Officer in September 2022. Amy is responsible for all legal, compliance, and regulatory matters for Neogen, counsels the Board of Directors, and leads Neogen's ESG activities. Amy joined Neogen from Corning Incorporated, where she was Division VP, Corporate Law. During her nearly ten years with Corning, Amy held many leadership positions in Corning's Law Department. Before Corning, Amy held positions at Smith Group plc and was in private practice at the law firm of Foley & Lunder.

Board of Directors



James C. (Jim) Borel

Board Chair, Director Since 2018

James C. (Jim) Borel brings over 40 years of experience in the agriculture and food industry to the board, with extensive international experience, including three assignments abroad and responsibilities extending beyond the United States for over 25 years. He retired in 2016 from DuPont, where he was formerly Executive Vice President and a member of the company's Office of the Chief Executive, with responsibility for the agriculture and food ingredients businesses of DuPont as well as the corporate functions of Sustainability and Government Affairs. Mr. Borel is a member of multiple



John Adent

Director Since 2018

John E. Adent joined the Company as Chief Executive Officer in July 2017 and was named President on September 22, 2017. Mr. Adent brings extensive experience in international food and animal safety to the Board, previously serving as President and Chief Executive Officer of Animal Health International, Inc., formerly known as Ixtron, Inc. Mr. Adent

began his career with management responsibilities for Ralston Purina Company, developing a swine feed manufacturing and sales operations in China and the Philippines, continuing his management role in the European division in Spain and Hungary when Ralston Purina spun off that business to Agribonds



Dr. William T. Boehm, Ph.D.

Director Since 2011

Dr. William T. Boehm, Ph.D., is a retired Senior Vice President of The Kroger Co. and former Senior Economist for the President's Council of Economic Advisors under Presidents Carter and Reagan. Dr. Boehm joined The Kroger Co. in 1983 as Director of Economic Research and held positions of increasing responsibility with that company until his retirement in 2008. He has previously served on the Board of GreatWest Logistics and currently serves on the boards of Curious Plot

on the Board of Directors for several early-stage publicly held biotechnology companies as Audit Committee Chair, including Sirtis, OvaScience, and Flex Pharma. He currently is the Managing Member at Morrison Advisors, a financial advisory firm that provides counsel to senior leadership on shareholder value creation strategies.



Dr. Ronald D. Green, Ph.D.

Director Since 2014

Dr. Ronald D. Green, Ph.D., is the current Chancellor of the University of Nebraska-Lincoln. Prior to that appointment, he was the Herlan Vice-Chancellor of the Institute of Agriculture and Natural Resources and Vice President for Agriculture and Natural Resources of the University of Nebraska system. Dr. Green brings experience in genomics and animal production research to the Board, previously serving as senior global director of technical services at Elanco Animal Health's animal genomics business, a national program leader for the USDA's Agricultural Research Service, and the executive secretary of the White House's interagency working group on animal genomics. Dr. Green is a current fellow

and The D'Snap Picking Co. He remains active in professional associations and academia. Dr. Boehm's wealth of experience in agriculture and virtually all aspects of the food service industry make him well-qualified to serve on the Board.



Jeff Capello

Director Since 2022

Jeff Capello is a senior finance executive with over 30 years of experience helping companies create significant value for their shareholders. He served as the Chief Financial Officer for publicly held and private equity-backed companies, including PerkinElmer, Boston Scientific, Otis Clinical Diagnostics, Beacon Health Options, and Biogen. Jeff also served

and past president of the American Society of Animal Science ("ASAS"), and has previously held leadership positions with the National Buck and Bridle Club, U.S. Buck Improvement Federation, National Cattlemen's Beef Association, National Pork Board, Federated Animal Science Societies, and the National Research Council.



Aashima Gupta

Director Since 2022

Aashima Gupta is a strategic global leader with over 25 years of experience working at the intersection of health and technology, with extensive experience in complex, large-scale enterprise environments. Ms. Gupta worked in technology development across a number of organizations, including MIT, Fidelity Investments, J.P. Morgan Chase, J. P. Morgan, and Kaiser Permanente. Ms. Gupta joined Google in 2017 and serves as the Global Director for Healthcare Provider Solutions.

at Google Cloud. Mr. Gupta serves on the Board of Directors for Montisys and the Board of Advisors for CRIL and HIMSS NA. In 2019, Ms. Gupta was recognized as the Most Influential Women in Healthcare by HIMSS and received the Top 100 Fintech Award and Champion of Health Award.



Ralph A. Rodriguez

Director Since 2020

Ralph A. Rodriguez is currently an executive-in-residence at Summit Partners, a global private equity firm based in Boston, Mass. His extensive technological knowledge and experience bring significant value to the Board, and he is currently working with Daon, Inc., as President and Chief Product Officer, also serving as a member of the company's Board. He is also a part of Summit's technology team, helping to identify new investment opportunities within growth-stage technology companies. Mr. Rodriguez has been involved with many notable technology companies, including Facebook and Confluent, and is the founder of several technology companies. He is the longest-serving SAP Fellow at

the Massachusetts Institute of Technology, and he currently serves on the Board of Strategic Cyber Ventures. Mr. Rodriguez has previously served as a director at the Academy of Applied Science, Veramark Technologies, and the Technology Expense Management Industry Association. He is a U.S. Army intelligence veteran of the Persian Gulf War, a life member of the Veterans of Foreign Wars, and a holder of 20 U.S. patents and international patent applications.



James P. Tobin

Director Since 2016

James P. Tobin began his career in 1983 and spent more than 31 years with Monsanto, holding leadership roles across the company. Prior to his retirement in 2014, he held the role of Vice President, Industry Affairs. Mr. Tobin brings an extensive knowledge of the agricultural industry and business acumen to the Board, previously working to advance agriculture as Chairman of the American Seed Trade Organization and supporting youth in agriculture through his work

with the Missouri and National 4-H Foundations. He formerly sat on the boards of the U.S. Grain Council and served as chairman of the Farmhouse Fraternity Foundation. Mr. Tobin is currently a member of the Farm Foundation Roundtable, Governor for Iowa State University Foundation, and serves as a managing director of The Yield Lab II.

Iowa State University, and served as the first Under Secretary for Food Safety at the USDA. She is currently a member of the National Academy of Medicine and is a fellow of the American Association for the Advancement of Science and the American Society for Nutrition.



Dr. Catherine Woteki, Ph.D.

Director Since 2020

Dr. Catherine Woteki, Ph.D. brings experience in regulatory science and science policy to the Board, currently holding positions as Professor of Food Science and Human Nutrition at Iowa State University and Visiting Distinguished Institute Professor in the Biocomplexity Institute of the University of Virginia. She served as Chief Scientist and Under Secretary for USDA's Research, Education, and Economics (REE) Mission area. Dr. Woteki served as Global Director of Scientific and Regulatory Affairs for Mars, Incorporated, was Dean of Agriculture and head of the Agricultural Experiment Station at



Neogen Corporation
944 Nandino Boulevard
Lexington, KY 40511

March 12, 2024

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

To whom it may concern:

As of December 30th 2023, the top four corporate shareholders were institutional investors.

Holder	Shares	% Out	Value
Blackrock Inc.	24,852,060	11.48%	394,526,452
Vanguard Group Inc	19,546,737	9.03%	310,304,449
Norges Bank Investment Management	18,189,674	8.40%	288,761,074
Wasatch Advisors LP	9,345,783	4.32%	148,364,305

Please feel free to reach out should you require additional information at rbarnett2@neogen.com.

Warm regards,

Rachael Barnett



Neogen Corporation
944 Nandino Boulevard
Lexington, KY 40511

March 19, 2024

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

To whom it may concern:

The following list contains first and last names of those employed in the 2001 Owingsville Road, Mt. Sterling, KY facility, which is the subject of this application.

Jamie Pena	Kenneth Hall	Melody Noel
Chuck McCann	Valerie Oakley	Glenn Hamilton
Joey Johnson	Phillip George	Geoffery Burgess
Tim Flinders	David Jenkins	Jamie Blackwell
Matt Alred	Savanna Jamison	Ryan Barnes
EJ Mcclanahan	Richard Lewis	Thomas Gravenstreter
Taylor Salisbury	Gene Hensley	Hannah LaBona
Julio Nava	Deonna Ralls	April Willoughby
William Bostic	Rachel Adams	Chad Ferguson
Jason Johnson	Gary Hobbs	Robert Purvis
Terry Cassidy	Alex Centers	Jason Hyland
Ralph Jones	Angela Bowen	Cynthia Barnett
Gary Henderson	Kelli Browning	Chase Sizemore
James Hagerman	Zackary Maynard	Kealy Perry
Michael Madson	Madison Morgan	Tammy Gibson
Kyle Estes	Jenna Haney	Casey Derrickson
Gene Jacobsen	Chad Rogers	Charles Parker
James Peyton	Donnie Shrout	Donald Henderson
Christopher Morrison	Derek Brown	Caleb Becraft
Krissy Brewer	Taylor Sparks	Brittany Gay
Stephanie Heizer	April Ferreebee	Mason Hall
James Thomas	Rachel Kelley	Eric Johnson
Lynn Tapp	Olivia Gandee	Joseph Newell



Emily Wages
Shella Manns
Joyce Shepherd
Stevie Adkins
Tasha Osborne
John Paynter
Christopher Duty
Daphne Romans
Ashley Hunt
Amber Kincaid
Jesse Perry
Cody Collinsworth
Adam Prater

Eric Jude
Brian Conner
Cory Mundy
Holly White
Brandon Word
Austin Thomas
Heather Thompson
Brandi Caudill
Emma Hisle
Christina Poore
Shonda Burns
Lindsey Pemberton
Alicia Lykins

Teresa Ingram
Nathaniel Terry
Cody Martin
Nathanael Stump
Leslie Montjoy
Stephen Coons
Mason Bailey
Kaylee Cundiff
Deanna Mash
Justin Charlton
Matthew Elam
Kevin Thacker

Please feel free to reach out should you require additional information at rbarnett2@neogen.com.

Warm regards,

A handwritten signature in black ink that reads "Rachael Barnett". The script is fluid and cursive, with the first name "Rachael" and last name "Barnett" clearly legible.

Rachael Barnett



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
05/02/2024

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 E-MAIL ADDRESS: certificates@wtwco.com FAX (A/C No.): 1-888-467-2378														
INSURED Neogen Corporation 2001 Owingsville Road Mt. Sterling, KY 40353	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Federal Insurance Company</td><td>20281</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: Federal Insurance Company	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Federal Insurance Company	20281														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W33468236

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			3533-85-77 MIN	05/01/2024	05/01/2025	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	☐ POLICY ☐ PROJECT ☒ LOC						PRODUCTS - COMPI/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	☐ DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☒ N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Product Liability and E&O			7325-61-58 MIN	05/01/2024	05/01/2025	Each Occurrence \$10,000,000
	Claims Made						Products/Comp/Op Agg \$10,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Nevada State Board of Pharmacy	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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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Neogen Corporation MDEG License # (if applicable) Pending
Physical Address 2001 Owingsville Road
City Mt. Sterling State KY Zip 40353
Mailing Address (if different from physical address) 944 Nandino Boulevard
City Lexington State KY Zip 40511
Telephone 859-254-1221 Website www.neogen.com
Licensing Company Email asregistrations@neogen.com

Section 2: Personal Information

First Charles Middle Ray Last McCann
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address 2001 Owingsville Road
City Mt. Sterling State KY Zip 40353
Telephone 859-254-1221 Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Morehead State University		From - To (MM/YY – MM/YY) 08/92-05/96	
Address 150 University Boulevard	City Morehead	State KY	Zip 40351
Diploma/Degree obtained, if any BS, Animal Science			
School Name Lewis County High School		From - To (MM/YY – MM/YY) 08/88-05/92	
Address P.O. Box 99	City Vanceburg	State KY	Zip 41179
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 05/14-Present 2024	Address [REDACTED]	City Mt. Sterling	State KY	Zip 40353
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Neogen Corporation		From - To (MM/YY – MM/YY) 05/04-present 2024	
Business Address 2001 Owingsville Road	City Mt. Sterling	State KY	Zip 40511
Phone 859-254-1221	Title Sales Manager, Sales Director, Director of Operations		Number of Employed Hours 41,600
Description of Duties In current role: Responsible for managing day to day operations of Animal Safety including areas of product development, distribution, and quality systems.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Charles McCann, certify that as the MDEG Administrator for
Neogen Corporation

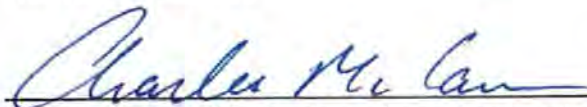
that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. X Will be employed by 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
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles McCann

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/15/24

Date

Board Use Only

Date Received: _____

**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 May 31, 2023
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 0-17988

NEOGEN CORPORATION

(Exact name of registrant as specified in its charter)

MICHIGAN
(State of other jurisdiction of
incorporation organization)

38-2367843
(I.R.S. Employer
Identification No.)

620 Leshar Place
Lansing, Michigan 48912
(Address of principal executive offices, including zip code)
517-372-9200
(Registrant's telephone number, including area code)

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, \$0.16 par value per share	NEOG	NASDAQ Global Select Market

SECURITIES REGISTERED PURSUANT TO SECTION 12(g) OF THE ACT:

(Title of Class)

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 Section 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-T (§ 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.

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. ☒

If securities are registered pursuant to Section 12(b) of the Act, whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

Based on the closing sale price on November 30, 2022 the aggregate market value of the voting stock held by non-affiliates of the registrant was \$3,572,273,371. For these purposes, the registrant considers its Directors and executive officers to be its only affiliates.

The number of outstanding shares of the registrant's Common Stock was 216,308,912 on June 30, 2023.

DOCUMENTS INCORPORATED BY REFERENCE

Certain portions of the registrant's definitive proxy statement to be prepared pursuant to Regulation 14a and filed in connection with solicitation of proxies for its October 25, 2023 annual meeting of shareholders are incorporated by reference into part III of the Form 10-K.

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Subsidiaries	
Consent of independent registered public accounting firm — BDO USA, P.A.	
Section 302 Certification of Principal Executive Officer	
Section 302 Certification of Principal Financial Officer	
Section 1350 Certification pursuant to Section 906	

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING INFORMATION

Forward-looking statements, within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, are made throughout this Annual Report on Form 10-K, including statements relating to management's expectations regarding new product introductions; the adequacy of our sources for certain components, raw materials and finished products; and our ability to utilize certain inventory. For this purpose, any statements contained herein that are not statements of historical fact may be deemed to be forward-looking statements. Without limiting the foregoing, the words "believes," "anticipates," "plans," "expects," "seeks," "estimates," and similar expressions are intended to identify forward-looking statements. These forward-looking statements are intended to provide our current expectations or forecasts of future events; are based on current estimates, projections, beliefs, and assumptions; and are not guarantees of future performance. Actual events or results may differ materially from those described in the forward-looking statements. There are a number of important factors, including circumstances beyond our control at our transition manufacturing partner, competition, recruitment, retention, dependence on key employees, impact of weather on agriculture and food production, global business disruption caused by the Russia invasion in Ukraine and related sanctions, identification and integration of acquisitions, research and development risks, intellectual property protection, government regulation and other risks detailed in item 1A. RISK FACTORS in this Form 10-K and from time to time in the Company's reports on file at the Securities and Exchange Commission (SEC), that could cause Neogen Corporation's results to differ materially from those indicated by such forward-looking statements.

In addition, any forward-looking statements represent management's views only as of the day this Annual Report on Form 10-K was first filed with the Securities and Exchange Commission and should not be relied upon as representing management's views as of any subsequent date. While management may elect to update forward-looking statements at some point in the future, it specifically disclaims any obligation to do so, even if its views change.

As used in this Annual Report on Form 10-K, the terms "Neogen," "the Company," "we," "us," and "our" refer to Neogen Corporation and, where appropriate, its consolidated subsidiaries, unless the context indicates otherwise.

PART I
(Dollar amounts in thousands)

ITEM 1. BUSINESS

Neogen Corporation and its subsidiaries develop, manufacture, and market a diverse line of products and services dedicated to food and animal safety. Our Food Safety segment consists primarily of diagnostic test kits and complementary products (e.g., culture media) sold to food producers and processors to detect dangerous and/or unintended substances in human food and animal feed, such as foodborne pathogens, spoilage organisms, natural toxins, food allergens, genetic modifications, ruminant by-products, meat speciation, drug residues, pesticide residues and general sanitation concerns. Our diagnostic test kits are generally easier to use and provide greater accuracy and speed than conventional diagnostic methods. The majority of these test kits are disposable, single-use, immunoassay and DNA detection products that rely on proprietary antibodies and RNA and DNA testing methodologies to produce rapid and accurate test results. Our expanding line of food safety products also includes genomics-based diagnostic technology and advanced software systems that help testers to objectively analyze and store their results and perform analysis on the results from multiple locations over extended periods.

On September 1, 2022, Neogen, 3M Company ("3M") and Neogen Food Safety Corporation ("Neogen Food Safety Corporation"), a subsidiary created to carve out 3M's Food Safety Division ("3M FSD", "FSD"), closed on a transaction combining 3M's FSD with Neogen in a Reverse Morris Trust transaction and Neogen Food Safety Corporation became a wholly owned subsidiary of Neogen ("FSD transaction", the "Transaction"). Following the FSD transaction, pre-merger Neogen Food Safety Corporation stockholders own, in the aggregate, approximately 50.1% of the issued and outstanding shares of Neogen common stock, and pre-merger Neogen shareholders own, in the aggregate, approximately 49.9% of the issued and outstanding shares of Neogen common stock. See Note 3 "Business Combinations" to the consolidated financial statements for further discussion. FSD products are reported in the Food Safety segment.

Neogen's Animal Safety segment is engaged in the development, manufacture, marketing, and distribution of veterinary instruments, pharmaceuticals, vaccines, topicals, parasiticides, diagnostic products, rodent control products, cleaners, disinfectants, insect control products and genomics testing services for the worldwide animal safety market. The majority of these consumable products are marketed through veterinarians, retailers, livestock producers, and animal health product distributors. Our line of drug detection products is sold worldwide for the detection of abused and therapeutic drugs in animals and animal products, and has expanded into the workplace and human forensic markets.

Neogen's products are marketed by our sales personnel and distributors throughout the world. Our mission is to be the leading company in the development and marketing of solutions for food and animal safety. To meet this mission, a growth strategy consisting of the following elements has been developed: (i) increasing sales of existing products; (ii) introducing innovative products and services; (iii) growing international sales; and (iv) acquiring businesses and forming strategic alliances. We have been historically successful at increasing product sales organically, including international growth, and maintain an active acquisition program to identify and capitalize on opportunities to acquire new products, businesses or technology.

Neogen Corporation was formed as a Michigan corporation in June 1981 and operations began in 1982. Our principal executive offices are located at 620 Leshar Place, Lansing, Michigan 48912-1595, and our telephone number is (517) 372-9200.

Neogen's Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge via our website (www.neogen.com) as soon as reasonably practicable after such information is filed with, or furnished to, the United States Securities and Exchange Commission. The content of our website or the website of any third party that may be noted herein is not incorporated by reference in this Form 10-K.

PRODUCTS

Product trademarks and registered trademarks owned by Neogen include:

CORPORATE: Neogen®, Neogen flask (logo)®, Neogen and flask (logo)®, NeoCenter™

FOOD SAFETY: AccuClean®, AccuPoint®, AccuScan®, Acumedia®, Agri-Screen®, Alert®, ANSR®, Betastar®, BioLumix®, Ceralpha®, Clean-Trace®, Colitag™, F.A.S.T.®, Freeze Watch®, GeneQuence®, Harlequin®, Iso-Grid®, Lab M®, Listeria Right Now™, Megazyme®, Megazyme (design)®, MonitorMark®, MPNTray™, NeoColumn™, NeoNet®, NeoSeek™, NEO-GRID®, Penzyme®, Petrifilm®, Raptor®, Reveal®, Solleris®, µPREP®, Veratox®

LIFE SCIENCES: Alert®, K-Blue®, K-Gold®, NeoSal®

ANIMAL SAFETY: Acid-A-Foam™, Ag-Tek®, AluShield™, AquaPrime®, Assault®, Barnstorm®, BioCres™ 50, BioPhene™, BioQuat™, BotVax®, Breeder-Sleeve®, Calf Eze™, Chem-Tech, Ltd.™, Chem-Tech's CT logo (with circle)™, Chlor-A-Foam™, COMPANION™, CT-511®, Cykill™, D3™ Needles, D3X™, DC&R®, DeciMax®, Di-Kill®, Dr. Frank's®, Dy-Fly®, DX3™, Dyne-O-Might®, ElectroJac®, ELISA Technologies (design)®, EqStim®, EquiSleeve™, E-Z Catch®, Farm-Foam™, Final-Fly-T®, Fly-Die Defense™, Fly-Die Ultra™, Fura-Zone®, Gene-Trak®, Horse Sense®, Ideal®, ImmunoRegulin®, Iodis®, Jolt®, LD-44T™, LD-44Z™, MACLEOD®, Maxi Sleeve®, MegaShot™, Viroxide Super™, Neogen® Viroxide Super and flask (design)®, NFZ™, Nu Dyne®, PanaKare™, Paradefense®, Parvosol®, Peraside™, Place Pack®, PolyPetite™, PolyShield™, PolySleeve®, Preserve®, Preserve International®, Preserve International(design)®, Prima®, Prima Marc™, Prima-Shot™, Prima Tech®, Pro-Fix®, Pro-Flex®, Pro-Shot™, Protectus™, Provecta®, Provecta Advanced®, Prozap®, Prozap (stylized mark w/fancy Z)™, PY-75™, Ramik®, RenaKare™, Rodex™, Safe-T-Flex™, Siloxycide®, Squire®, Standguard®, Stress-Dex®, SureBond®, SureKill®, Swine-O-Dyne®, Synergize®, Tetrabase®, Tetracid®, Tetradyne®, ThyroKare™, Tri-Hist®, Triplex™, Paradefense®, Turbocide®, Turbocide Gold®, Uniprim®, VAP-5™, VAP-20™, Vet-Tie™, Vita-15™, War Paint®, X-185™

GENOMICS: Aviandx and Design®, Canine HealthCheck®, Canine HealthCheck and Design®, CatScan and Design®, EarlyBird Sex Identification®, Envigor™, GeneSeek®, Genomic Profiler™, Genomic Insight for Personalized Care™, Igenity®, Infiniseek™, Paw Print Genetics®, Paw Print Pedigrees®, SeekGain™, SeekSire™, Skimseek®, Early Warning™

LOGOTYPES: BioSentry barn logo®, BioSentry chicken logo®, BioSentry pig logo®, Circular design®, TurboCide® (stylized), D3 color mark – red®

Neogen operates in two business areas: the Food Safety and Animal Safety segments. See the "Notes to Consolidated Financial Statements" section of this Form 10-K for financial information about our business segments and international operations.

FOOD SAFETY SEGMENT

Neogen's Food Safety segment primarily is engaged in the production and marketing of diagnostic test kits and complementary products marketed to food and feed producers and processors to detect dangerous and/or unintended substances in food and animal feed, such as foodborne pathogens, spoilage organisms, natural toxins, food allergens, genetic modifications and general sanitation concerns. Our test kits are used to detect potential hazards or unintended substances in food and animal feed by testers ranging from small local grain elevators to the largest, best-known food and feed processors in the world, and numerous regulatory agencies. Along with detection of contaminants in foods, we also detect beneficial components in foods such as dietary fiber and carbohydrates.

Neogen's products include tests for:

Mycotoxins. Grain producers and processors of all types and sizes use our Veratox, Agri-Screen, Reveal, Reveal Q+ and Reveal Q+ MAX tests to detect the presence of mycotoxins, including aflatoxin, aflatoxin M1, deoxynivalenol, fumonisin, ochratoxin, zearalenone, T-2/HT-2 toxin and ergot alkaloid, to help ensure product safety and quality in food and animal feed.

Food allergens. The world's largest producers of cookies, crackers, candy, ice cream and many other betaprocessed foods use our Veratox, Alert, Reveal, Reveal 3-D and BioKits testing products to help protect their food-allergic customers from the inadvertent contamination of products with food allergens, including but not limited to peanut, milk, egg, almond, gliadin (gluten), soy, hazelnut and coconut residues. Also included in our food allergen testing portfolio are Allergen Protein Rapid Kits and Allergen Protein ELISA Kits, acquired as part of the FSD transaction in September of 2022.

Foodborne pathogens. Meat and poultry processors, seafood processors, fruit and vegetable producers and many other market segments are the primary users of Neogen's ANSR and Reveal tests for foodborne bacteria, including *E. coli* O157:H7, *Salmonella*, *Listeria* and *Campylobacter*. Neogen's ANSR pathogen detection system is an isothermal amplification reaction test method that exponentially amplifies the DNA of any bacteria present in food and environmental samples to detectable levels in 10 minutes. Combined with ANSR's single enrichment step, Neogen's pathogen detection method provides DNA-definitive results in a fraction of the time of other molecular detection methods. The Molecular Detection System, an isothermal DNA detection and bioluminescence device, and unique Molecular Detection Assays provide a total solution for fast and accurate pathogen detection, acquired as part of the FSD transaction in September 2022. Our *Listeria* Right Now test detects the pathogen in less than 60 minutes without sample enrichment. Reveal's lateral flow device combines an immunoassay with chromatography for a rapid and accurate one-step result.

Spoilage microorganisms. Neogen's Soleris products are used by food processors to identify the presence of spoilage organisms (e.g., yeast and mold) and other microbiological contamination in food. The systems measure microbial growth by monitoring biochemical reactions that generate a color change in the media as microorganisms grow. The sensitivity of the system allows detection in a fraction of the time needed for traditional methods, with less labor and handling time. Our NeoSeek genomics services utilize a novel application of metagenomics to determine all bacteria in a sample, without introducing biases from culture media, and without the need to generate a bacterial isolate for each possible microbe in a sample. The Microbial Luminescence System (MLS II), acquired in the September 2022 FSD transaction, is designed for the rapid detection of microbial contamination in dairy and dairy-related products, utilizing adenosine triphosphate ("ATP") bioluminescence technology.

Sanitation monitoring. Neogen manufactures and markets our AccuPoint Advanced rapid sanitation test to detect the presence of ATP, a chemical found in all living cells. Also included in our ATP sanitation monitoring portfolio is the Clean-Trace™ hygiene monitoring system, acquired as part of the FSD transaction in September 2022. These easy-to-use and inexpensive tests use bioluminescence to quickly determine if a contact surface has been completely sanitized. When ATP comes into contact with reagents contained in the test device, a reaction takes place that produces light. More light is indicative of higher levels of ATP and a need for more thorough sanitation. Our worldwide customer base for ATP sanitation testing products includes food and beverage processors, the food service and healthcare industries, as well as many other users.

Seafood contaminants. Neogen's specialty products for the seafood market include tests for histamine, a highly allergenic substance that occurs when certain species of fish begin to decay; and sulfite, an effective but potentially allergenic shrimp preservative.

Waterborne microorganisms. Neogen offers the food and beverage industries, including water companies, several platforms for performing the microbial analysis of water. This includes Neogen's filter tests, which are a combination of Neogen Filter membrane filtration and Neogen Culture Media ampouled media, and an easy-to-use Colitag product. With Colitag, after an incubation period, the sample changes color in the presence of coliforms and fluoresces in the presence of *E. coli*.

Culture media. Neogen Culture Media, formerly Neogen's Acumedia and Lab M products, offers culture media and prepared media for varied purposes, including traditional bacterial testing and the growth of beneficial bacteria, such as cultures for sausages and beer. Also included under Neogen Culture Media is the Petrifilm solution, acquired as part of the FSD transaction in September 2022. Petrifilm standard and rapid plates are all-in-one plating systems that serve as an efficient method for the detection and enumeration of various microorganisms. Our customers for culture media also include commercial and research laboratories and producers of pharmaceuticals, cosmetics and veterinary vaccines.

Food quality diagnostics. Through the Ireland-based Megazyme, Ltd., Neogen supplies diagnostic kits and specialty enzymes used worldwide by quality control laboratories in the food, animal feed and beverage industries. Megazyme's validated assays and reagents are used across various food industries such as the grain, wine and dairy markets, to measure dietary fibers, complex carbohydrates, simple sugars and organic acids, such as lactose.

Sample handling. Neogen offers a range of sample handling products, acquired through the September 2022 FSD transaction. These innovative solutions are designed to make environmental and carcass sample collection and preparation more reliable and convenient than traditional methods. These products are manufactured to meet the highest quality standards and government regulations, maximizing accuracy, consistency and efficiency, while remaining cost efficient.

Digital services. Our food safety and risk management software-as-a-service, Neogen Analytics, delivers a comprehensive Environmental Monitoring Program (EMP) automation solution for food companies. The software reduces risk by increasing the visibility of food safety testing results, elevating the ability to comply with and improve food safety standards. With the Corvium acquisition in February 2023, Neogen's capabilities expanded with additional services and modules to include data aggregation and digitalized workflow services for product testing and sanitation programs.

Laboratory services. Neogen offers food safety analysis services in the United States ("U.S."), United Kingdom ("U.K.") and India. These ISO-accredited laboratories offer a variety of fee-for-service tests for the food and feed industries.

The majority of Neogen's food safety test kits use immunoassay technology to rapidly detect target substances. Our ability to produce high-quality antibodies sets our products apart from immunoassay test kits produced and sold by other companies. Our kits are available in microwell formats, which allow for automated and rapid processing of a large number of samples, as well as lateral flow and other similar devices that provide distinct visual results. Typically, test kits use antibody-coated test devices and chemical reagents to indicate a positive or negative result for the presence of a target substance in a test sample. The simplicity of the tests makes them accessible to all levels of food producers, processors and handlers. Neogen also offers other testing methods and products to complement its immunoassay tests.

Our test kits are generally based on internally developed technology, licensed technology, or technology that is acquired as a result of acquisitions. In fiscal 2023, the Food Safety segment incurred expense totaling \$3,118 for royalties for licensed technology used in our products, including expense of \$838 for allergen products and \$489 for the pathogen product line. Generally, royalty rates are in the range of 2% to 10% of revenues on products containing the licensed technology. Some licenses involve technology that is exclusive to Neogen's use, while others are non-exclusive and involve technology licensed to multiple licensees.

Neogen's international operations in the U.K., Europe, Mexico, Guatemala, Brazil, Argentina, Uruguay, Chile, China and India originally focused on food safety products, and each of these units reports through the Food Safety segment. In recent years, these operations have expanded to offer our complete line of products and services, including those usually associated with the Animal Safety segment, such as cleaners, disinfectants, rodent control, insect control, veterinary instruments and genomics services. These additional products and services are managed and directed by existing management at our international operations and report through the Food Safety segment.

Revenues from Neogen's Food Safety segment accounted for 66.5%, 49.3%, and 50.0% of our total revenues for fiscal years ended May 31, 2023, 2022 and 2021, respectively.

ANIMAL SAFETY SEGMENT

Neogen's Animal Safety segment is primarily engaged in the development, manufacture, marketing, and distribution of veterinary instruments, pharmaceuticals, vaccines, topicals, parasiticides, diagnostic products, a full suite of agricultural biosecurity products such as rodent control, cleaners, disinfectants and insect control, and genomics services.

Veterinary instruments. Neogen markets a broad line of veterinary instruments and animal health delivery systems primarily under the Ideal brand name. Approximately 250 different products are offered, many of which are used to deliver animal health products, such as antibiotics and vaccines. Ideal's D3 and D3X Needles are stronger than conventional veterinary needles and are detectable by metal detectors at meat processing facilities — a potential market advantage in the safety-conscious beef and swine industries. Neogen's Prima product line consists of highly accurate devices used by farmers, ranchers and veterinarians to inject animals, provide topical applications and use for oral administration. The Prima line also includes products used in artificial insemination in the swine industry, animal identification products and handling equipment.

Veterinary pharmaceuticals. Animal Safety's NeogenVet product line provides innovative, value-added, high quality products to the veterinary market. Top NeogenVet products include PanaKare, a digestive aid that serves as a replacement therapy where digestion of protein, carbohydrate and fat is inadequate due to exocrine pancreatic insufficiency; Natural Vitamin E-AD, which aids in the prevention and treatment of vitamin deficiencies in swine, cattle and sheep; RenaKare, a supplement for potassium deficiency in cats and dogs; and ThyroKare, a supplement used as replacement therapy for dogs with diminished thyroid function. Neogen also markets Uniprim, a veterinary antibiotic, and several companion animal parasiticides.

Veterinary biologics. Neogen's BotVax B vaccine has successfully protected thousands of horses and foals against Type B botulism, commonly known as Shaker Foal Syndrome. Our product is the only USDA-approved vaccine for the prevention of Type B botulism in horses. Years of research and many thousands of doses have proven Neogen's EqStim immunostimulant to be safe and effective as a veterinarian-administered adjunct to conventional treatment of equine bacterial and viral respiratory infections. The Company's ImmunoRegulin product uses similar immunostimulant technology to aid in the treatment of pyoderma (a bacterial skin inflammation) in dogs.

Veterinary OTC products. Animal Safety products offered by Neogen to the retail over-the-counter (OTC) market include Ideal brand veterinary instruments packaged for the retail market. OTC products also include Stress-Dex, an oral electrolyte replacer for performance horses, and Fura-Zone, for the prevention and treatment of surface bacterial infections in wounds, burns and cutaneous ulcers. Hoof care, disposables and artificial insemination supplies are marketed to the dairy and veterinary industries.

Rodent control products. Neogen's comprehensive line of proven rodent control products, sold under brand names such as Ramik, CyKill and Havoc, effectively address rodent problems of any size and serve as a critical component of an overall biosecurity plan for animal protein production operations. Neogen offers several active ingredients, including diphacinone, bromethalin, brodifacoum and zinc phosphide, formulated with food-grade ingredients to generate the highest acceptance and most palatable bait possible.

Cleaners and disinfectants. Used in animal and food production facilities, Neogen's cleaners and disinfectants, including Synergize, 904 Disinfectant, Acid-A-Foam, BioPhene, Neogen Viroxide Super, and Companion, can prevent disease outbreaks. The products are also used in the veterinary clinic market to maintain sanitary conditions and limit the potential hazards of bacteria, fungi and viruses. Neogen's water line cleaner and disinfectant products, including Peraside, NeoKlor, AquaPrime and Siloxycide, are used to clean water lines and provide continuous disinfection of a livestock facility's water supply.

Insect control products. Neogen's highly effective insect control products utilize environmentally friendly technical formulas, and several are approved for use in food establishments and by pest control professionals in a wide range of environments. The Company's Prozap insect control brand is used in the large animal production industry, particularly with dairy and equine producers. Neogen's SureKill line of products is used by professionals to control a variety of insects, and the Company's StandGuard Pour-on solution is used for horn fly and lice control in beef cattle.

Animal genomics services. Neogen Genomics provides value-added services to leading agricultural genetics providers, large national cattle associations, companion animal breed registries and direct-to-consumer canine genetic test providers, university researchers, and numerous commercial beef and dairy cattle, swine, sheep and poultry producers. With state-of-the-art genomics laboratories and comprehensive bioinformatics to interpret genomics test results, Neogen Genomics offers identity and trait determination and analysis. Our technology employs high-density DNA genotyping and genomic sequencing for identity and trait analysis in a variety of important animal and agricultural plant species. Our extensive bioinformatics database identifies and predicts an animal's positive or negative traits based on DNA test results. This information has helped livestock producers increase the speed of genetic improvement in their herds and the overall performance and quality of their animals. Neogen's December 2021 acquisition of Genetic Veterinary Sciences, Inc. expanded the Company's portfolio through the addition of a number of genetic tests for companion animals, including dogs, cats and birds.

Life sciences. Neogen's Life Science/Toxicology line of products include reagents and test kits for immunoassay production, life science research, and forensic and animal toxicology. Product offering includes a wide range of tests to provide solutions for drugs of abuse, including designer drugs and emerging drugs. The drug detection assays include over 100 test kits used to screen more than 300 drugs and their metabolites in various forensic matrices, including oral fluid, whole blood, urine, serum, plasma, meconium, and others. Our portfolio for life science research includes assays for detecting levels of hormones, steroids, lipoxins, and histamine in a wide range of samples and species types. Additionally, we offer reagents and unique colorimetric and chemiluminescent substrates for immunoassay production and research applications.

Many of the products and services in the Animal Safety segment use licensed technology. In fiscal 2023, the Animal Safety segment incurred expense totaling \$274 for royalties for licensed technology used in our products and services, including expense of \$152 related to genomics services.

Neogen's operation in Australia originally focused on providing genomics services and sales of animal safety products and reports through the Animal Safety segment. It has expanded to offer our complete line of products and services, including those usually associated with the Food Safety segment. These additional products are managed and directed by existing management at Neogen Australasia and report through the Animal Safety segment.

Revenues from Neogen's Animal Safety segment accounted for 33.5%, 50.7%, and 50.0% of our total revenues for fiscal years ended May 31, 2023, 2022 and 2021, respectively.

GENERAL SALES AND MARKETING

Neogen is organized under two segments — Food Safety and Animal Safety. Within these segments, our sales efforts are generally organized by specific markets, and/or geography. During the fiscal year that ended May 31, 2023, we had approximately 41,000 customers for our products. As many of our customers are distributors and certain animal safety products are offered to the general retail market, the total number of end users of our products is considerably greater than 41,000. As of May 31, 2023, a total of 904 employees were assigned to sales and marketing functions, compared to 573 at the end of May 2022. During the fiscal years ended May 31, 2023, 2022 and 2021, no single customer or distributor accounted for 10% or more of our revenues.

DOMESTIC SALES AND MARKETING

FOOD SAFETY

To reach each customer and prospect with expertise and experience, Neogen has a staff of specialized food safety sales and technical service representatives assigned to specific markets or geographies. This staff sells our products directly to end users and also handles technical support issues that arise with customers.

Neogen's food safety markets are primarily comprised of:

- **Milling and grain**, including grain elevators, feed mills, pet food manufacturers and grain inspection companies;
- **Meat and poultry**, including meat and poultry processors, producers of ready-to-eat meat and poultry products, and the USDA's Food Safety Inspection Service (FSIS);
- **Prepared foods and ingredients**, including flour millers, malters, bakeries, candy and confection manufacturers, manufacturers of prepared meals, nuts, spices, cookies, crackers and other snack foods;
- **Fruits and vegetables**, including growers and processors of juice and packaged fresh cut grocery items;
- **Seafood**, including harvesters and processors of a wide variety of seafood products;
- **Dairy**, including milk and yogurt processors;
- **Beverage**, including soft drink bottlers and beer and wine producers;
- **Water**, including food producers, water bottlers and municipal water departments;
- **Healthcare**, including hospitals and distributors to the healthcare industry;
- **Traditional culture media markets**, including commercial and research laboratories and producers of pharmaceuticals, cosmetics and veterinary vaccines;
- **Food service**, including fast food service establishments and retail grocery market chains; and
- **Dietary supplements**, including producers and marketers of a wide variety of nutritional and holistic consumer products.

ANIMAL SAFETY

Neogen's staff of specialized animal safety sales, marketing, customer and technical service representatives sell our products and services directly to consumers, dealers, veterinarians, distributors and other manufacturers and also handle technical support issues. Neogen further supports its distribution channels through product training, field support, various promotions and advertising.

Neogen's animal safety markets are primarily comprised of:

- **Companion animal veterinarians**;
- **Livestock producers, veterinarians and breed associations**;
- **Retailers**, including large farm and ranch retailers;
- **Breeding and genetics companies**, including large dairy artificial insemination providers, poultry and swine genetics companies and the aquaculture industry;
- **Diagnostic labs and universities**, including commercial and forensic testing laboratories;
- **Distributors**. To expand the reach of its animal safety OTC and veterinary products, Neogen has a dedicated sales team that sells the Company's products to animal health product distributors;
- **Other manufacturers and government agencies**.

INTERNATIONAL SALES AND MARKETING

Neogen maintains Company-owned locations outside of the United States in 23 countries to provide a direct sales presence. We also maintain a network of distributors to reach countries where we do not have a direct presence.

UK, Europe, Middle East, Africa and India. Neogen Europe, Ltd., headquartered in Ayr, Scotland, sells products and services to our network of customers and distributors throughout the U.K., Europe, the Middle East and Africa. Customers in the U.K., France, Germany, Italy, the Netherlands, United Arab Emirates (U.A.E.) and India are served by our employees. In other regions, customers generally are served by distributors managed by Neogen Europe personnel.

Neogen Europe management also is responsible for various other manufacturing operations and service providers, including Quat-Chem, Ltd., Neogen Italia, Megazyme, Ltd., Delf, Ltd., and Abbott Analytical, Ltd. Neogen Europe has two additional manufacturing locations in Heywood and Liverpool, England, which manufacture culture media supplements and microbiology technologies.

Neogen also operates an accredited laboratory in India, located in Kochi, in the state of Kerala, that performs food safety and water quality testing for food producers, major hotels and restaurants in its home region, as well as safety and quality analysis for the country's expanding nutraceutical market, and growing food export businesses.

Mexico, Central and South America. Neogen maintains offices and distribution facilities in Mexico, Guatemala, Brazil, Argentina, Chile, Uruguay and Colombia. Combined, the businesses distribute Neogen's products and offer genomics services throughout Mexico, Central and South America to distributors and end customers.

Neogen do Brasil, headquartered near São Paulo, is also responsible for manufacturing, marketing and sales for Rogama, located in Pindamonhangaba, Brazil. This company operates a genomics testing laboratory (formerly named Deoxi) and develops, manufactures and markets rodent control and insect control products. Rogama offers registered pest control products to Brazil's agronomic, professional and retail markets.

Asia Pacific. Neogen maintains offices in Japan, Korea, Thailand, China, Australia and New Zealand. Combined, the businesses distribute Neogen's products throughout the Asia Pacific region to distributors and end customers.

Our Chinese subsidiary, located in Shanghai, also operates a genomics testing laboratory, focusing on swine, dairy and beef cattle markets. Neogen's Australasia subsidiary also operates a genomics testing laboratory, focusing on sheep and cattle markets in Australia and New Zealand.

Neogen Canada. This business operates a genomics testing laboratory in Edmonton, Alberta.

Other distributor partners. Outside of our physical locations, Neogen uses our own sales managers in both the Food Safety and Animal Safety segments to work closely with and coordinate the efforts of a network of approximately 800 distributors in more than 100 countries. The distributors provide local training and technical support, perform market research and promote Company products within designated countries around the world.

Sales to customers outside the United States accounted for 48.4%, 39.7%, and 39.1% of our total revenues for fiscal years ended May 31, 2023, 2022 and 2021, respectively. No individual foreign country contributed 10% or more of our revenues for those same periods.

RESEARCH AND DEVELOPMENT

Neogen has a strong commitment to its research and development activities. Our product development efforts are focused on the enhancement of existing products and on the development of new products that advance our business strategy. As of May 31, 2023, we employed 136 scientists and support staff in our worldwide research and development group, including immunologists, chemists and microbiologists. Research and development costs were approximately \$26,039, \$17,049, and \$16,247 representing 3.2%, 3.2%, and 3.5% of total revenues in fiscal years 2023, 2022 and 2021, respectively. Management currently expects our future research and development expenditures to approximate 3% to 4% of total revenues annually.

Neogen has ongoing development projects for several new and improved diagnostic tests and other complementary products for both the Food Safety and Animal Safety markets. Management expects that a number of these products will be commercially available at various times during fiscal years 2024 and 2025.

Certain technologies used in some products manufactured and marketed by Neogen were acquired from or developed in collaboration with partners, independent scientists, governmental agencies, universities and other third parties. We have entered into agreements with these parties that provide for the payment of royalties based on sales of products that use the pertinent licensed technology. Royalties, expensed to sales and marketing, under these agreements amounted to \$3,392, \$1,999, and \$2,129 in fiscal years 2023, 2022, and 2021, respectively.

PROPRIETARY PROTECTION AND APPROVALS

Neogen uses a variety of intellectual property approaches to protect the competitive position of its offerings, including the use of patents, trademarks, trade secrets, proprietary and confidential know-how, as well as branding and trademarks. Patent and trademark registration applications are submitted whenever appropriate. From its inception, Neogen has acquired and been granted numerous patents and trademark registrations and has numerous pending patents and trademark applications. Neogen's patent portfolio includes at least 48 U.S. patents, 404 patents in countries outside of the U.S., and 209 pending patent applications globally. Neogen's trademark estate includes 119 trademark registrations within the U.S., and 548 trademark registrations in countries outside of the U.S., and 24 trademark registration applications globally.

We do not expect the near-term expiration of any single patent to have a significant effect on future results of operations. Our offerings also are protected by trade secrets and proprietary know-how when appropriate. For example, many of our products employ unique antibodies capable of detecting microorganisms and other substances at minute levels. In some instances, we have chosen to keep confidential the methods and techniques used to manufacture and use those antibodies when trade secret and/or proprietary know-how protections are more appropriate.

Management believes that Neogen has adequate rights to commercialize our products. However, we are aware that substantial research is conducted at universities, governmental agencies and other companies throughout the world, and that it always is possible that patents have been applied for and could be granted that are relevant to technologies that may be used in our products. To the extent some of our products may now, or in the future, embody technologies protected by patents of others, we may need to obtain licenses to use such technologies to continue to sell the products. These licenses may not be available on commercially reasonable terms. Failure to obtain any such licenses could delay or prevent the sale of certain new or existing products. In addition, patent litigation is not uncommon. Accordingly, there can be no assurance that we will continue to have adequate rights to commercialize our new products or that we will avoid litigation.

One of the major areas affecting the success of biotechnology and pharmaceutical development involves the time, cost and uncertainty surrounding regulatory approvals. Neogen products requiring regulatory approval, which we currently have in place, include BotVax B, EqStim, ImmunoRegulin and Uniprim. Neogen's rodenticide, disinfectant, parasiticide and insecticide products are subject to registration in the United States and internationally.

Neogen utilizes third-party validations and certifications on many of our products and associated methods to provide our customers with confidence that our products perform to specified levels. These include validation by, among others, the AOAC International, independently administered third-party, multi-laboratory collaborative studies, and approvals by the USDA Food Safety Inspection Service.

PRODUCTION AND SUPPLY

Neogen manufactures products in the U.S., the U.K., Ireland and Brazil and provides genomics services in the U.S., Scotland, Brazil, Australia, China and Canada. As of May 31, 2023, there were approximately 1,168 full-time employees assigned to manufacturing operations and providing services in these locations, operating on multiple shift schedules, with occasional 24/7 production during high-demand periods. Future demand increases could be accommodated by adding shifts. Management believes we could increase the current output of our primary product lines by using the current space available. However, to do so would require investment in additional equipment.

Food safety diagnostics. Manufacturing of diagnostic tests for the detection of natural toxins, pathogens, food allergens and spoilage organisms, final kit assembly, quality assurance and shipping takes place at our facilities in Lansing, Michigan. Proprietary monoclonal and polyclonal antibodies for Neogen's diagnostic kits are produced on a regular schedule in our immunology laboratories in Lansing. Generally, the final assembly and shipment of diagnostic test kits to customers in Europe is performed in our Ayr, Scotland facility. Many of the Company's food safety diagnostic instruments and readers are produced by third-party vendors to our specifications, quality tested in Lansing, and then shipped to customers. Culture media products are manufactured in an ISO-approved facility in Lansing and in Heywood and Liverpool, England. Products are blended following strict formulations or custom blended to customer specifications and shipped directly to customers from Lansing and the U.K. The Heywood location produces prepared media plates, sterile liquid media, and other related products in ready-to-use format for food testing laboratories across the U.K. and Western Europe. Enzyme substrates are manufactured at Megazyme in Bray, Ireland. Our Clean-Trace product line is manufactured in Wales. Other FSD products are currently manufactured within 3M plants in the U.S. and Poland.

Animal health products. Manufacturing of animal health products, pharmacological diagnostic test kits, and test kits for drug residues takes place in our FDA-registered facilities in Lexington, Kentucky. In general, manufacturing operations including reagent manufacturing, quality assurance, final kit assembly and packaging are performed by Neogen personnel. Certain animal health products and veterinary instruments that are purchased finished or that are toll manufactured by third-party vendors are warehoused and shipped from our Kentucky facilities. Some veterinary instruments are produced in our facilities in Lansing and are then shipped to Kentucky for distribution to customers. Manufacturing of devices used for animal injections, topical applications and oral administration occurs in Kenansville, North Carolina.

Veterinary biologics. Neogen maintains a Lansing-based USDA-approved manufacturing facility devoted to the production of the biologic products EqStim and ImmunoRegulin. *P.acnes* seed cultures are added to media and then subjected to several stages of further processing resulting in a finished product that is filled and packaged within the facility. Our BotVax B vaccine also is produced in the Lansing facility using Type B botulism seed cultures and a traditional fermentation process. All completed biologic products are then shipped to Neogen's Lexington facilities, where they are inventoried prior to distribution to customers.

Agricultural genomics services. Neogen offers agricultural genomics laboratory services and bioinformatics at our locations in the U.S., Scotland, Brazil, Australia, China and Canada. Through our laboratory services and bioinformatics (primarily in beef and dairy cattle, pigs, sheep, poultry, horses and dogs), Neogen Genomics allows our customers to speed genetic improvement efforts, as well as identify economically important diseases.

Cleaners, disinfectants and rodent control products. Manufacturing of rodent control products and/or cleaners and disinfectants takes place in the following locations: Wisconsin, Tennessee, California, England and Brazil. Manufacturing of rodent control products consists of blending technical material (active ingredient) with bait consisting principally of various grains. Certain cleaners and disinfectants are manufactured in Neogen facilities, while others are purchased from other manufacturers for resale or toll manufactured by third parties.

Insect control products. Neogen manufactures insect control products at its facilities in Iowa and Brazil.

Neogen purchases component parts and raw materials from more than 1,000 suppliers. Though many of these items are purchased from a single source to achieve the greatest volume discounts, we believe we have identified acceptable alternative suppliers for most of our key components and raw materials where it is economically feasible to do so. There can be no assurance that we would avoid a disruption of supply in the event a supplier discontinues shipment of product. Shipments of higher volume products are generally accomplished within a 48-hour turnaround time. Our backlog of unshipped orders at any given time has historically not been significant.

COMPETITION

Although competitors vary in individual markets, management knows of no single competitor that is pursuing Neogen's fundamental strategy of developing and marketing a broad line of products, ranging from disposable tests and culture media to veterinary pharmaceuticals and instruments for a large number of food safety and animal safety concerns. For each of our individual products or product lines, we face intense competition from companies ranging from small businesses to divisions of large multinational companies. Some of these organizations have substantially greater financial resources than Neogen. We compete primarily on the basis of ease of use, speed, accuracy and other performance characteristics of our products. The breadth of our product line, the effectiveness of our sales and customer service organizations, and pricing also are components in management's competitive strategy.

Future competition may become even more intense and could result from the development of new technologies, which could affect the marketability and profitability of Neogen's products. Our competitive position also depends on our ability to continue to develop proprietary products, attract and retain qualified scientific and other personnel, develop and implement production and marketing plans and protect the intellectual property for new products. Additionally, we must continue to generate or have access to adequate capital resources to execute our strategy.

FOOD SAFETY:

With a large professional sales organization offering a comprehensive catalog of food safety solutions, management believes we maintain a general advantage over competitors offering only limited product lines. In most cases, Neogen sales and technical service personnel can offer unique insight into a customer's numerous safety and quality challenges, and offer testing and other solutions to help the customer overcome those challenges.

Competition for pathogen detection products includes traditional methods and antibody and genetic-based platforms; competition for natural toxins and allergen detection products includes instrumentation and antibody-based tests. While our offerings will not always compete on all platforms in all markets, the products we offer provide tests that can be utilized by most customers to meet their testing needs.

In addition to our extensive product offerings and robust distribution network, we focus our competitive advantage in the areas of customer service, product performance, speed, and ease of use of our products. Additionally, by aggressively maintaining Neogen's ability to produce at low cost, we believe that we can be competitive with new market entrants that may choose a low pricing strategy in an attempt to gain market share.

ANIMAL SAFETY:

Neogen's Animal Safety segment faces no single competitor across the products and markets we serve. In the life sciences and toxicology markets, we compete against several other diagnostic and reagent companies with similar product offerings.

In the veterinary market, Neogen markets BotVax B, the only USDA-approved vaccine for the prevention of botulism Type B in horses. We compete on other key products through differentiated product performance and superior customer and technical support. With some of our products, we provide solutions as a lower cost alternative and also offer a private label option for our customers.

Competition in the rodent control market includes several companies of comparable size that offer products into similar market segments. The retail rodent control market is not dominated by a single brand. While the technical

materials used by competing companies are similar, Neogen uses manufacturing and bait formula techniques, which we believe may better attract rodents to the product and thereby improves overall product performance.

Within the insect control market, Chem-Tech products specifically focus on the area of insect control for food and animal safety applications. There are several competitors offering similar products, however, we have a proprietary formulation chemistry that optimizes the delivery and safe application of insect control products at the customer's location. These products currently are only sold in the U.S. through a combination of direct sales and distributors.

Numerous companies, including a number of large multinationals, compete for sales in the cleaner and disinfectant product segment. Neogen's broad line of products is sold around the world, primarily to assist in the cleaning and disinfecting of animal production facilities.

In addition to our extensive portfolio of animal safety products, Neogen also competes in the retail market by providing solutions to common retail problems, such as stock outs, wasted floor space, and inconsistent brand identity. We differentiate ourselves by offering planograms and convenient reordering systems to maximize turns and profitability for our retail customers.

Neogen Genomics, a leading worldwide commercial animal genomics laboratory, employs cutting-edge technology in the area of genomics. The result of this technology allows the acceleration of natural selection through parentage testing and selective breeding of traits such as disease resistance, yield improvement and meat quality. Competition comes mainly from a number of service providers, some significantly larger than us as well as several smaller companies offering genomics services. Neogen Genomics is not involved in cloning or the development of transgenic animals.

GOVERNMENT REGULATION

A significant portion of Neogen's products and revenues are affected by the regulations of various domestic and foreign government agencies, including the U.S. Department of Agriculture (USDA), the Environmental Protection Agency (EPA), and the U.S. Food and Drug Administration (FDA). Changes in these regulations could affect revenues and/or costs of production and distribution.

Neogen's development and manufacturing processes involve the use of certain hazardous materials, chemicals, and compounds. Management believes that our safety procedures for handling and disposing of such commodities comply with the standards prescribed by federal, state and local regulations. However, changes in such regulations or rules could involve significant costs to us and could be materially adverse to our business.

The rodent control products, insect control products, cleaners, disinfectants and sanitizers manufactured and distributed by Neogen are subject to EPA and various U.S. state regulations as well as other analogous agencies in the markets where we sell such products. In general, any international sale of our products also must comply with similar regulatory requirements in the country of destination. Each country has its own individual regulatory construct with specific requirements. To the best of our knowledge, Neogen products are compliant with applicable regulations in the countries where such products are sold.

Many food safety diagnostic products do not require direct government approval. However, we have pursued voluntary approvals and certifications for a number of these products to enhance their marketability.

Neogen's veterinary vaccine products and some pharmaceutical products require government approval to allow for lawful sales. The vaccine products are approved by the U.S. Department of Agriculture, Center for Veterinary Biologics (USDA-CVB) and analogous agencies in jurisdictions where sold. The pharmaceutical products are approved by the FDA and analogous agencies in jurisdictions where sold. The products, and the facilities in which they are manufactured, are in a position of good standing with all agencies. We have no warning letters based on any review of these products or facility inspections and are not aware of any reason why we could not manufacture and market such products in the future.

Other animal safety and food safety products generally do not require additional registrations or approvals. However, Neogen's regulatory staff routinely monitors amendments to current regulatory requirements to ensure compliance.

HUMAN CAPITAL MANAGEMENT

Our people are a critical component in our continued success. As a team, they put Neogen's core values into action, while executing on key growth initiatives to maintain long-term sustainable growth. We strive to create a workplace of choice to attract, retain, and develop top talent to achieve our vision and deliver shareholder results. As of May 31, 2023, we employed 2,640 people worldwide, with 1,444 located in the U.S. and 1,196 international. We maintain good relations with both our union and non-union employees and have not experienced any work stoppages.

The Company is committed to fostering a diverse and inclusive workplace that attracts and retains exceptional talent. Through ongoing employee development, comprehensive compensation and benefits, and a focus on health, safety and employee wellbeing, the Company strives to help its employees in all aspects of their lives so they can do their best work.

Workplace Culture and Employee Engagement. We have established our One Neogen Pillars of Trust which are the principles that guide our decision-making every day: • Openness • Honesty • Credibility • Respect • Service. We value responsibility, consistency and integrity. Our Code of Conduct codifies our commitment to conducting business ethically.

Equity, Diversity, Inclusion, and Belonging (EDIB). We strive to create an environment where colleagues feel valued and understand the important role we play in embracing diversity to improve the quality of our innovation, collaboration and relationships. We are dedicated to executing on our equity, diversity, inclusion and belonging initiatives.

Talent Attraction, Development and Retention. We employ a variety of career development, employee benefits, policies and compensation programs designed to attract, develop and retain our colleagues. Employee benefits and policies are designed for diverse needs. We have internal programs designed to develop and retain talent, including career planning, leadership development programs, performance management and training programs.

Compensation and Benefits. We strive to support our colleagues' well-being and enable them to achieve their best at work and at home. Our compensation and benefits programs are designed to be competitive and support colleague well-being, including physical and mental health, financial wellness, and family resources.

Employee Health and Safety. We are committed to ensuring a safe working environment for our colleagues. Our sites have injury prevention programs, and we strive to build on our safety culture. Our procedures emphasize the need for the cause of injuries to be investigated and for action plans to be implemented to mitigate potential recurrence. Our safety programs have resulted in strong safety performance.

ITEM 1A. RISK FACTORS

Investing in our securities involves a variety of risks and uncertainties, known and unknown, including, among others, those discussed below. Each of the following risks should be considered carefully, together with all the other information included in this Annual Report on Form 10-K, including our consolidated financial statements and the related notes and in our other filings with the SEC. Furthermore, additional risks and uncertainty not presently known to us or that we currently believe to be immaterial also could adversely affect our business. Our business, results of operations, financial condition and cash flow could be materially and adversely affected by any of these risks or uncertainties.

Kentucky Board of Pharmacy
125 Holmes St.
Frankfort, KY 40601

Report

Pharmacy

Name: *NEOGEN CORPORATION* Permit No.: *W04825*
Address: *2001 OWINGSVILLE RD, MT STERLING, KY 40353*
Phone: *859-254-1221* Fax: . Email: *sfitzwater@neogen.com*

Inspection

Date: *05/04/2023* Time In: *9:34 AM* Time Out: *10:34 AM*
Type: *Initial*
Notes: *No Signature captured.*

Wholesaler Area

Alarm System Maintained: 201 KAR 2:105 Section 4 (2)(a)	Compliant
Authorized Access Maintained: 201 KAR 2:105 Section 4(2)(c)	Compliant
Drug Storage Area: 201 KAR 2:105 Section 1 (4)(a) and Section 4 (1)	Compliant
Lighting (Interior and Exterior): 201 KAR 2:320 Section1 (4)(a) and Section 4 (2)(b)	Compliant
Quarantine Area for Outdated, Damaged or Opened: 201 KAR 2:105 Section 1 (4)(b) and Section 4(1)(b)	Compliant
Refrigeration/Freezer: 201 KAR 2:105 Section 1 (4)(a)	Not Inspected
Sanitation: 201 KAR 2:105 Section 4 (1)(a)	Compliant
Suitable Size and Construction: 201 KAR 2:105 Section 4 (1)(a)	Compliant
Ventilation/Temperature/Humidity: 201 KAR 2:105 Section 1 (4)(a)	Compliant

General

Controlled Drugs Secure 201 KAR 2:105 Section 1(4)(d) and Section 4(12)(c), and 21 CFR 1301.72 and 1301.73	N/A
Customer Verification 201 KAR 2:105 Section 1(4)(c)	Not Inspected
<u>Comments</u> <i>performed at Lexington Facility</i>	

General (continued)

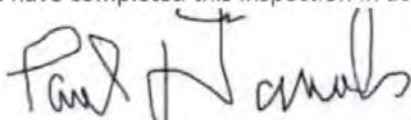
Drug Loss/Theft Records Maintained 201 KAR 2:105 Section 1(4)(d) and Section 4(4)(a) and 21 CFR 1301.76	N/A
Personnel Training Program: 201 KAR 2:105 Section 4 (2)(d)	Compliant
Product and Process Controls: 201 KAR 2:105 Section 4 (3) and (7)	Compliant
Receipt and Distribution Transaction Records for 2 Years: 201 KAR 2:105 Section 4 (3)(a)	Compliant
Records Maintained and Complete: 201 KAR 2:105 Section 4 (3)	Compliant
Records Readily Retrievable: 201 KAR 2:105 Section 4 (3)	Compliant
Stock Rotation of Pharmaceuticals: 201 KAR 2:105 Section 4 (7)(b)	Not Inspected
Employee List with Qualifications: 201 KAR 2:105 Section 4 (2)(e)	Compliant
Established Returns Process: KRS 315.404 (4)	Compliant
Employees Screened Per DEA Requirements: 21 CFR 1301.90	Compliant
Biennial Controlled Substance Inventory: KRS 218A.200 (7)(a) Date:	N/A

Written Policies and Procedures

Distressed Drugs: 201 KAR 2:105 Section 4 (4)(b) and (5)	Compliant
Correcting Errors/Inaccuracies in Inventories: 201 KAR 2:105 Section 4 (4)(b)	Compliant
Outdated Pharmaceuticals: 201 KAR 2:105 Section 4 (4)(c)	Compliant
Shipping/Receiving of Stock: 201 KAR 2:105 Section 4 (4)(d)	Compliant
Recalled Drugs: 201 KAR 2:105 Section 4 (6)	Compliant
Crisis/Emergency Situations: 201 KAR 2:105 Section 4 (4)(a)	Compliant
Security/Diversion: 201 KAR 2:105 Section 4 (2)(c)	Compliant

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.



Inspector: Paul Daniels

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or on other form that I choose to send to the department.

Pharmacist: .

4X

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable \$1,000 Fee
Rev (08/17/2022)

Y

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>02445</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Tolmar, Inc.

Physical Address: 1201 Cornerstone Drive

City: Windsor State: CO Zip: 80550

Mailing Address (if different from physical address): 701 Centre Avenue

City: Fort Collins State: CO Zip: 80526

Telephone: 970-212-4500 Website: www.tolmar.com

Name of Designated Representative (DR): Cheryl Cardoso

Licensing Company Email: licensing@tolmar.com DR Email: licensing@tolmar.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☒ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	☒	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Tolmar has surrendered licenses to the states due to change in state license requirements, business model, or change of ownership.


Original Signature (electronic, copies or stamps not accepted)

25 May 2023
Date

TOLMAR, Inc.

701 Centre Avenue, Fort Collins, CO 80526

Cancelled / Surrendered Licenses

STATE	ENTITY	LICENSING AGENCY	LICENSE TYPE	LICENSE NO.	FACILITY ADDRESS	CANCELLED / SURRENDERED	DATE ISSUED
Missouri	Tolmar, Inc.	Missouri Board of Pharmacy	Drug Distributor	2010011429	701 Centre Ave Ft Collins, CO 80526	10/31/2011	
Minnesota	Tolmar, Inc.	Minnesota Board of Pharmacy	Wholesaler	363750	701 Centre Ave Ft Collins, CO 80526	5/31/2020	6/5/2017
Minnesota	Tolmar, Inc.	Minnesota Board of Pharmacy	Wholesaler	363776	1201 Cornerstone Dr Windsor, CO 80550	5/31/2020	5/31/2017
Mississippi	Tolmar, Inc.	Mississippi Board of Pharmacy	Manufacturer (Non-Resident)	15918/16.5a	701 Centre Ave Ft Collins, CO 80526	12/31/2021	3/28/2016
Oklahoma	Tolmar, Inc.	Oklahoma State Board of Pharmacy	Manufacturer License	88-M-4666	701 Centre Ave Ft Collins, CO 80526	5/11/2023	4/8/2016
Oklahoma	Tolmar, Inc.	Oklahoma State Board of Pharmacy	Manufacturer License	88-M-5463	1201 Cornerstone Dr Windsor, CO 80550	5/1/2023	3/14/2018

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Tolmar, Inc.

Address: 701 Centre Avenue City: Fort Collins State: CO Zip: 80526

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Tolmar International, LTD

Corporation/Organization Name: Tolmar, Inc.

Mailing Address: 701 Centre Avenue

City: Fort Collins State: CO Zip: 80526

Telephone: 970-212-4500 Email: licensing@tolmar.com

Contact Person Name: Chris Cogell

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner -ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

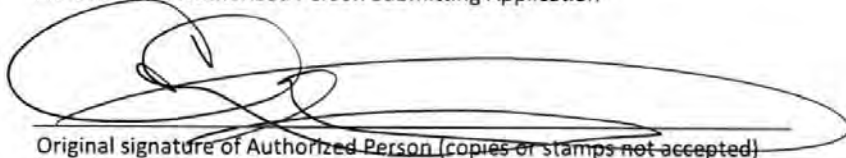
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Tolmar, Inc.

Facility Name

Christopher Masterson

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

25 May 2023

Date

Board Use Only	Date Received: 7/31/23	Amount: 1000-CK-652787
----------------	------------------------	------------------------

NABP ACCREDITED

DRUG DISTRIBUTOR

Tolmar, Inc. dba Tolmar Pharmaceuticals

located at

1201 Cornerstone Dr, Windsor, CO 80550

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/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



10/02/2021 to 10/01/2024

Period of Accreditation

Owner and Officer List

Owner

Tolmar International Ltd.,
10 Earlsfort Terrace, Dublin 2, DO2 T380, Ireland
00353 1 21 50 500
100% Ownership

Officers

Name	Title	Business Address	Phone Number	Ownership
Anil D' Souza	Chief Executive Officer & Chair of the Board	701 Centre Ave, Fort Collins, CO 80526	970-212-4500	0%
Shawn Silvestri	President & Chief Operating Officer	701 Centre Ave, Fort Collins, CO 80526	970-212-4500	0%
Christopher Masterson	Senior Vice President, Quality & Chief Quality Officer	701 Centre Ave, Fort Collins, CO 80526	970-212-4500	0%
Kevin Economos	Senior Vice President, Operations	701 Centre Ave, Fort Collins, CO 80526	970-212-4500	0%
Jeff Lederman	Chief Financial Officer & Treasurer	701 Centre Ave, Fort Collins, CO 80526	970-212-4500	0%

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOLMAR, 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 FOURTH DAY OF MAY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOLMAR, INC." WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2006.

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



4258548 8300

SR# 20231811770

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: 203277073

Date: 05-04-23

0971



COLORADO

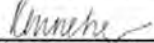
Department of
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy Tolmar, Inc.		State Board of Pharmacy Tolmar, Inc.	
Manufacturer		Manufacturer	
MFR.0001029 Number	11/01/2022 Issue Date	MFR.0001029 Number	11/01/2022 Issue Date
Active Credential Status	10/31/2024 Expire Date	Active Credential Status	10/31/2024 Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
			
Division Director: Ronne Hines Credential Holder Signature		Division Director: Ronne Hines Credential Holder Signature	



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0240919	08-31-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	MANUFACTURER	07-31-2023

CATALENT PHARMA SOLUTIONS, LLC 2725 SCHERER DR N ST PETERSBURG, FL 33716

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0240919	08-31-2024	\$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	MANUFACTURER	07-31-2023

CATALENT PHARMA SOLUTIONS, LLC 2725 SCHERER DR N ST PETERSBURG, FL 33716

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0240919	08-31-2024	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	MANUFACTURER	07-31-2023
CATALENT PHARMA SOLUTIONS, LLC 2725 SCHERER DR N ST PETERSBURG, FL 33716		

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

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

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

Form DEA-223/511 (9/2016)

**REPORT
CHANGES
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

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

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

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

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

Drug Codes

1237 4000 9143 1726 7370 7369 7360 7285 9193 9780 1100 1724

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. PR2718287

Application/License No. _____

Tolmar, Inc. _____, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
701 Centre Avenue, Fort Collins, CO 80526 and 1201 Cornerstone Dr. Windsor, CO 80550, as
Address of Applicant/Principal
PRINCIPAL, and Platte River Insurance Company, a
Surety Company
corporation organized under the laws of the state of Nebraska
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
City Place I, Suite 1600, 185 Asylum Street, Hartford, CT 06103 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 (\$25,000), 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 28, 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 \$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 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 28th day of September, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Tolmar, Inc.

Platte River Insurance Company

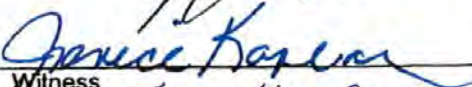

Authorized Representative
Eric Figurolli

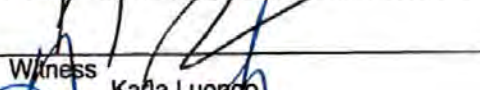
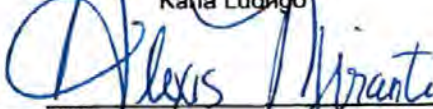

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:


Witness
Steve Griffin

Witness
Jan Kaplan


Witness
Karla Luongo

Witness
Alexis Miranti
Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

PR21718287

Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

ROBYN ROST

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-fact includes any and all consents for the release of retained percentages and or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

Attest:

Ryan J. Byrnes
Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer
Suzanne M. Broadbent
Suzanne M. Broadbent
Assistant Secretary



PLATTE RIVER INSURANCE COMPANY

John L. Sennott, Jr.
John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut, that he is Chief Executive Officer and President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



David J. Regele
David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 28th day of September, 2020



Andrew B. Diaz-Matos
Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PR-POA-M (Rev. 01-2020)

PLATTE RIVER INSURANCE COMPANY
BALANCE SHEET
December 31, 2019

Admitted Assets

Cash and invested assets:	
Bonds	\$ 136,475,878
Cash, cash equivalents and short-term investments	26,786,223
Total cash and invested assets	<u>163,262,101</u>
Investment income due and accrued	822,530
Uncollected premiums and agents' balances in course of collection	4,254,971
Deferred premiums, agents' balances and installments booked but deferred and not yet due	58,660
Amounts recoverable from reinsurers	244,086
Current federal and foreign income tax recoverable and interest thereon	345,461
Net deferred tax asset	2,121,480
Receivables from parent, subsidiaries and affiliates	1,027,574
Other admitted assets	<u>43,200</u>
Total admitted assets	<u>\$ 172,180,063</u>

Liabilities and Surplus as Regards Policyholders

Liabilities:	
Losses	\$ 47,461,731
Reinsurance payable on paid losses and loss adjustment expenses	4,628,658
Loss adjustment expenses	10,186,589
Commissions payable, contingent commissions and other similar charges	1,194,706
Other expenses (excluding taxes, licenses and fees)	92,001
Taxes, licenses and fees (excluding federal and foreign income taxes)	206,403
Unearned premiums	25,097,710
Ceded reinsurance premiums payable (net of ceding commissions)	(1,353,589)
Amounts withheld or retained by company for account of others	32,394,458
Other liabilities	<u>466,782</u>
Total liabilities	<u>120,355,429</u>
Surplus as regards policyholders:	
Common capital stock	4,800,000
Gross paid in and contributed surplus	30,739,907
Unassigned funds (surplus)	16,284,727
Surplus as regards policyholders	<u>51,824,634</u>
Total liabilities and capital and surplus	<u>\$ 172,180,063</u>

I, John L. Sennott Jr., CEO and President of Platte River Insurance Company do hereby certify that to the best of my knowledge and belief, the foregoing is a full and true statutory Statement of Admitted Assets and Liabilities, Capital and Surplus of the Operation at December 31, 2019, prepared in conformity with the accounting practices prescribed by the Insurance Department of the State of Nebraska. IN WITNESS WHEREOF, I have set my hand and affixed the seal of the Corporation at Middleton, Wisconsin.

John L. Sennott Jr.

John L. Sennott Jr.
CEO & President



**SURETY BOND SEAL AND SIGNATURE ADDENDUM
PLATTE RIVER INSURANCE COMPANY – CAPITOL INDEMNITY CORPORATION**

Due to logistical issues associated with the use of raised seals and wet signatures during the COVID-19 pandemic, CapSpecialty and its writing companies Platte River Insurance Company and Capitol Indemnity Corporation have authorized their Attorneys-in-Fact to affix Platte River Insurance Company and/or Capitol Indemnity Corporation's electronic corporate seal and electronic Attorney-In-Fact signatures to any bond executed on behalf of Platte River Insurance Company and/or Capitol Indemnity Corporation by any such Attorney-in-Fact by attaching this Addendum to said bond.

To the extent this Addendum is attached to a bond that is executed on behalf of Platte River Insurance Company and/or Capitol Indemnity Corporation by their Attorney-in-Fact, Platte River Insurance Company and/or Capitol Indemnity Corporation hereby agree that the seals below shall be deemed affixed to said bond to the same extent as if their raised corporate seal was physically affixed to the face of the bond. Additionally, Platte River Insurance Company and/or Capitol Indemnity Corporation authorize their Attorney-In-Fact to use electronic signatures to the same extent as if a wet signature was physically affixed to the face of the bond.

Dated this 20th day of March, 2020.

Platte River Insurance Company and Capitol Indemnity Corporation



By: _____



John L. Sennott, Jr., Chief Executive Officer and President

IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF AN ELECTRONICALLY SEALED AND/OR SIGNED BOND, PLEASE CALL 860-494-4914 OR EMAIL SDRAKE@CAPSPECIALTY.COM. PLEASE REFERENCE THE BOND NUMBER IN ANY CORRESPONDENCE.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Tolmar, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02445

Physical Address 1201 Cornerstone Drive

City Windsor State CO Zip 80550

Mailing Address (if different from physical address) 701 Centre Avenue

City Fort Collins State CO Zip 80526

Telephone 970-212-4500 Website www.tolmar.com

Licensing Company Email licensing@tolmar.com

Section 2: Personal Information

First Cheryl Middle Lynn Last Cardoso

Alias(es, nicknames, name changes, etc.) Cheryl Montoya

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address [REDACTED]

City Fort Collins State CO Zip 80526

Telephone 970-212-4500 Email licensing@tolmar.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Greeley Central		From - To (MM/YY - MM/YY) 08/85 - 06/88	
Address 1515 14th Ave	City Greeley	State CO	Zip 80631
Diploma/Degree obtained, if any Yes			
School Name Aims Community College		From - To (MM/YY - MM/YY) 08/88 - 08/90	
Address 5401 W 20th St.	City Greeley	State CO	Zip 80634
Diploma/Degree obtained, if any A.A.S. classes completed towards degree			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/14 - Present	Address [REDACTED]	City Loveland	State CO	Zip 80538
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Tolmar Inc		From - To (MM/YY - MM/YY) 07/11 - Present	
Business Address 1201 Cornerstone Drive		City Windsor	State CO
Phone 970-212-4500	Title Director of Warehouse & Distribution	Zip 80550	
		Number of Employed Hours 23,040	
Description of Duties Oversees warehouse and distribution operations and personnel.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

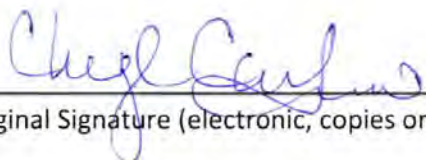
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Tolmar has surrendered licenses to the states due to change in state license requirements, business model, or change of ownership.


Original Signature (electronic, copies or stamps not accepted)

01 Jun 2023
Date

I, Cheryl Cardoso, certify that as the designated representative for
Tolmar, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Chl I am at least 21 years of age;
3. Chl I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Chl I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Chl I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Chl I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Chl I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cheryl Cardoso

Print Name (First, Last)

Chl Cardoso

Original Signature (electronic, copies or stamps not accepted)

01 Jan 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl Cardoso

Print Name (First, Last)

Cheryl Cardoso
Original Signature (electronic, copies or stamps not accepted)

01 Jun 2023
Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Weld

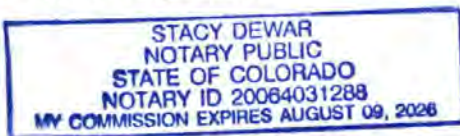
I, Cheryl Cardoso, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Cheryl Cardoso
Original Signature

01 Jun 2023
Date

Subscribed and Sworn to before me this 1 day of June, 2023.

Stacy Dewar
Notary Public Signature



(Seal)

Cheryl L. Cardoso

Summary

Experienced Supply Chain & Logistics Manager working primarily in the Manufacturing, Electronics, and Telecom industries. Consistent customer satisfaction results throughout career by improving delivery, quality and innovation. Positions also include Team Lead and Director requiring flexibility and communication with all levels of the organization.

Experience:

Tolmar, Inc – Windsor CO 80550

Develops and manufactures both proprietary and generic pharmaceutical products

Director Warehouse and Distribution – December 2021 – current

- Oversees all onsite and 3PL warehouses
- Responsible for KPI's, including cycle count accuracy, OTIF, 15Five, Sospes
- Oversees all aspects of Tolmar shipping and distribution
- On site Designated Representative

TOLMAR, Inc. – Windsor, CO 80550

Develops and manufactures both proprietary and generic pharmaceutical products

Senior Logistics Manager March 2019 – December 2021

- Primary contact for all Board of Pharmacy and VAWD site and document inspections.
- Ensure all DSCSA requirements are met including the verification of all customer licenses
- Serve as primary contact for TPI and Tolmar distribution activities and coordinate with other departments to resolve system issues

TOLMAR, Inc. – Fort Collins, CO 80526

Develops and manufactures both proprietary and generic pharmaceutical products

Logistics Manager March 2014 – March 2019

- Supervise activities in purchasing, scheduling, warehouse and procurement policies in line with Company Policy
- Review production activities, assure alignment with forecast, determine effect on supply and communicate to appropriate departments
- Administer department budget and authorize expenditures
- Review inventory on a monthly basis for obsolete materials and prepare monthly inventory and storage reports
- Serve as a project leader for inventory projects
- Support new product introductions as needed
- Ensure Supply Agreement requirements are fulfilled while minimizing inventory quantities without disrupting manufacturing
- Designated Representative for Tolmar Pharmaceutical Inc
- Oversee, report and track monthly cycle counts for Eligard product
- Entering and reporting ICS Purchase orders and Inventory consumption
- Act as liaison for both Atridox partners: Zoetis and Denmat
- Support Track and Trace program and implementation
- Support EDI program and implementation

Zila, Inc – Fort Collins, CO 80526

Dental products for the prevention, detection and treatment of periodontal disease

Materials Manager July 2011 – March 2014

- Supervise activities in purchasing, scheduling, warehouse and procurement policies in line with Company Policy

- Review production activities, assure alignment with forecast, determine effect on supply and communicate to appropriate departments
- Administer department budget and authorize expenditures
- Review inventory on a monthly basis for obsolete materials and prepare monthly inventory and storage reports
- Serve as a project leader for inventory projects
- Support new product introductions as needed
- Ensure Supply Agreement requirements are fulfilled while minimizing inventory quantities without disrupting manufacturing

Sanmina-SCI – Fremont, CA 94538

Electronics Manufacturing Services, Precision Sheetmetal and Integration division

Senior Program Manager July 2010-June 2011

- Primary interface with customers (Cisco, FSI, HP, Sun/Oracle, Bloom Energy, Purfresh)
- Interpret Weekly forecast/MRP (COPPs), translate into production schedule
- Reduce AR/AP aging from +120 days to no aging beyond terms
- Quarterly Business Reviews, Account Reviews with Senior Managers
- New Product Introduction, including project management, PPV, OTD
- Responsible for Excess & Obsolete Submissions and Recoveries
- Generate, interpret, and present waterfalls in support of customer demand fluctuations
- Improve OTD from 72% to 98% through Customer Focus Teams

Force 10 Networks – Boulder, CO 80301

Provider of Carrier Ethernet Solutions for wireline and wireless network operators

Supply Chain Program Manager September 2008 to June 2010

- Responsible for the direction and management of all aspects of the supplier relationship (Sanmina Guadalajara)
- Coordinate and maintain priorities for customer deliveries
- Support resolution of supply chain shortages
- Provide technical assistance to ensure timely resolution of supplier corrective actions and resolution of issues
- Provide leadership for strategic goal setting, quarterly business reviews, and supplier site visits
- Provide leadership for resolution of AP/AR, coordination of quote review, and final quote approval
- Communicate across stakeholders to report status and concerns

Star Precision, LLC – Longmont, CO 80550

Precision sheet metal and machining

Director of Sales July 2005 to September 2008

- Manage department of seven, including estimating, customer service, marketing and sales
- Responsible for up to 30 customers (Thunder Mountain, SUN, Augmentix, Brendle)
- Responsible for all new product introduction, profit and loss by account, gross margins for site.
- Successfully increased new customer base by 38% (45 new accounts), with gross margins exceeding 15% (target 9%)
- Successfully launched Sales and Marketing plan for Proprietary product (Brendle Climbing Wall and Gun Stand)
- Coordinated tradeshow for proprietary product (CI2007, COAPHERD, IHRSA)
- Reduced quote cycle time by more than half by implementing “quick quote” module

Celestica – Ft. Collins, CO 80528

Total solution Contract Manufacture

Materials Program Manager May 2000 – July 2005

- Customer liaison for all issues material related, including shortages, excess, and obsolete (E&O), engineering changes
- Consistently met quarterly E&O recovery for 6 quarters (Average of 46% of claims submitted)
- Successfully executed a program transfer of \$4 million in 6 weeks, from CO into Monterrey – 2004
- Coordinated sheet metal transitions for 3 different suppliers through the course of 2004 (value appx. \$4 million)
- Team Leader for E&O review with Finance each month, reviewing contract guidelines and setting appropriate reserves by customer
- Leader for zero Nonconforming material aged beyond 90 days for 2004
- Successfully increased number of parts on Supplier Manager Inventory (SMI) by 300 % - 2004
- Successfully recovered 50% of premium freight from 3 top tire suppliers (goal = 25%) – 2004
- Coordinated customer transfers/disengagements for 13 customers during 2002-2005

EM Solutions - Longmont, CO 80503

Cable Contract Manufacture

Program Manager October 1998 – April 2000

- Customer liaison for forecast, shipments, shortages for medical (Acuson) and robotic (Adept Tech) customers
- Responsible for Line Schedules with shift supervisor, including capacity analysis and On Time Delivery
- Responsible for Customer Revenue and Profitability
- Report monthly customer inventory, MVA, material turns

EFTC - Greeley, CO 80634

Contract Manufacture

Program Manager February 1991 – October 1998

- Acted as liaison between customers (Ohmeda, Cobe CV, Cobe BCT, Baxter) and manufacturing
- Consistently met or exceeded Quarterly Revenue goals of \$9 million
- Coordinated planning and execution of On-Time delivery and Full Recovery Plan for a \$10 million customer
- Actively participated in ISO 9002 registration
- Demonstrated effective leadership and encouraged team concepts
- Compiled analyzed and presented Quarterly Customer Analysis on eight customers
- Forecasted Quarterly Revenue with successful analysis of excess material
- Instructed and trained Program Buyer, Program Planner, and Deputy Program Manager

Education:

Aims Community College Greeley, CO
 A.A.S. classes completed towards degree
 Additional courses in Accounting, Business Law, Excel, and Word
 On Dean's list for three consecutive semesters
 Earned above average grades while working full-time

References:

Available upon request

Company	Employment Status	Employee Name (Last Suffix, Preferred, MI)	Job	Location
Tolmar Inc.	Active	Dionysius, Dawn M.	MF Operator III - Polymer	1201 Cornerstone Dr
Tolmar Inc.	Active	Baker, Eric L.	Prod. Supervisor - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Duran, Josh J.	Mgr Microbiology	1201 Cornerstone Dr
Tolmar Inc.	Active	Shannon, Ross R.	Sr Equipment Eng Tech	1201 Cornerstone Dr
Tolmar Inc.	Active	Chavarria, Bert	MF Lead Operator - Polyme	1201 Cornerstone Dr
Tolmar Inc.	Active	Kersten, Jennifer R.	Sr Mgr QA Operations	1201 Cornerstone Dr
Tolmar Inc.	Active	Cardoso, Cheryl	Director Wse. and Dist.	1201 Cornerstone Dr
Tolmar Inc.	Active	Graves, Jean A.	Administrative Assistant	1201 Cornerstone Dr
Tolmar Inc.	Active	Johnson, Justin M.	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Hassler, Kevin M.	Compliance Associate II	1201 Cornerstone Dr
Tolmar Inc.	Active	Tudor, Josh A.	Calibration Lead Tech	1201 Cornerstone Dr
Tolmar Inc.	Active	Keever, Diana	Compliance Associate II	1201 Cornerstone Dr
Tolmar Inc.	Active	Backo, Tony J.	EH & S Specialist	1201 Cornerstone Dr
Tolmar Inc.	Active	Clark, Eric E.	QC Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Renner, Dave D.	QC Scientist I	1201 Cornerstone Dr
Tolmar Inc.	Active	Anderson, Tom W.	MF Operator III - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Motoc, George C.	Microbiologist III	1201 Cornerstone Dr
Tolmar Inc.	Active	Olivas, Naomi R.	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Pettek, Melissa O.	QC Analyst II	1201 Cornerstone Dr
Tolmar Inc.	Active	Dale, Kendra M.	QA Supvr - Process	1201 Cornerstone Dr
Tolmar Inc.	Active	Kavanaugh, James W.	Sr Production Manager	1201 Cornerstone Dr
Tolmar Inc.	Active	Breninger, Carla S.	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Law, Andrew J.	Warehouse Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Hanson, Holden	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Spoelma, Dave R.	Mgr Warehouse	1201 Cornerstone Dr
Tolmar Inc.	Active	Dreith, Dustin R.	Warehouse Supv. - Dist.	1201 Cornerstone Dr
Tolmar Inc.	Active	Wood, Mike A.	Lead Fac. Maint. Tech.	1201 Cornerstone Dr
Tolmar Inc.	Active	Romine, Jason D.	Sr Production Maint Tech	1201 Cornerstone Dr
Tolmar Inc.	Active	Corral, Val A.	Lab Tech III	1201 Cornerstone Dr
Tolmar Inc.	Active	Taylor, Steven D.	MF Operator III - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Andrade, Joe V.	Material Handler III Dist	1201 Cornerstone Dr
Tolmar Inc.	Active	Dennis, Ashlee J.	Micro EM Supervisor	1201 Cornerstone Dr
Tolmar Inc.	Active	Toninelli, Robin E.	HR Generalist II	1201 Cornerstone Dr
Tolmar Inc.	Active	Richau, Doug E.	Prod Supvr - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Steine, Alec C.	Prod Supvr - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Chilstrom, Matt A.	Facilities Maint Tech II	1201 Cornerstone Dr
Tolmar Inc.	Active	Anthony, Rachel N.	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Hudson-Soltan, Melissa S.	Manufacturing Assistant	1201 Cornerstone Dr
Tolmar Inc.	Active	Wilson, Jacob E.	MF Lead Operator - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Cross, Pamela S.	Material Handler III	1201 Cornerstone Dr
Tolmar Inc.	Active	Cuthrell, Tony L.	Production Maint Tech II	1201 Cornerstone Dr
Tolmar Inc.	Active	Childers, Kara L.	Vis Inspection Specialist	1201 Cornerstone Dr
Tolmar Inc.	Active	Dobbins, Chris L.	QC Supvr - Lab Ops	1201 Cornerstone Dr
Tolmar Inc.	Active	Dennis, Tom O.	Mgr Automation/Calibratio	1201 Cornerstone Dr
Tolmar Inc.	Active	Richardson, Paulina M.	Sr Prod Mgr - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	ONEILL, Tim S.	Microbiology EM Lead	1201 Cornerstone Dr
Tolmar Inc.	Active	Yount, Zoe M.	Microbiology Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Groves, Gary A.	Production Maint Tech III	1201 Cornerstone Dr
Tolmar Inc.	Active	Becker, Bryson	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Belock, Chris W.	QC Trainer II	1201 Cornerstone Dr
Tolmar Inc.	Active	Riddle, Todd M.	QA Supvr - Process	1201 Cornerstone Dr
Tolmar Inc.	Active	Davis, Alia S.	Manuf. Training Spec. II	1201 Cornerstone Dr
Tolmar Inc.	Active	Bennett, Hayden N.	MF Operator I - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Andersen, Christopher N.	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Kavanaugh, Paige A.	QA Associate III-Process	1201 Cornerstone Dr
Tolmar Inc.	Active	Rickman, Steve	QA Associate III-Process	1201 Cornerstone Dr
Tolmar Inc.	Active	Collins, Lauren R.	Quality Control Planner	1201 Cornerstone Dr
Tolmar Inc.	Active	Richardson, Jacquelyn D.	QA Associate II - Process	1201 Cornerstone Dr
Tolmar Inc.	Active	Buckley, Dican	MF Operator III - Pali	1201 Cornerstone Dr

Tolmar Inc.	Active	Burris, Josh	Production Maint Tech I	1201 Cornerstone Dr
Tolmar Inc.	Active	Arvanitis, Nick	QC Investigation Spec.	1201 Cornerstone Dr
Tolmar Inc.	Active	Sereda, Sarah D.	MF Operator II - Polymer	1201 Cornerstone Dr
Tolmar Inc.	Active	Schwarz, Rich D.	Sr Production Maint Tech	1201 Cornerstone Dr
Tolmar Inc.	Active	Petersen, Zach	MF Operator III - Polymer	1201 Cornerstone Dr
Tolmar Inc.	Active	King, Rebecca	QC Analyst III	1201 Cornerstone Dr
Tolmar Inc.	Active	Reilly, Jacob	QC Analyst II	1201 Cornerstone Dr
Tolmar Inc.	Active	Clayton, Jenna	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Nugent, Eric	MF Operator I - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Harding, Dustin	Lab Instr Specialist II	1201 Cornerstone Dr
Tolmar Inc.	Active	Ricketson, Shana R.	Technical Writer II	1201 Cornerstone Dr
Tolmar Inc.	Active	Johnson, Derek	QC Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	McGinn, Greg	Building Maint Tech I	1201 Cornerstone Dr
Tolmar Inc.	Active	Grady, Jacob A.	MF Operations Engineer	1201 Cornerstone Dr
Tolmar Inc.	Active	Cardenas, Tanner R.	Microbiology EM Lead	1201 Cornerstone Dr
Tolmar Inc.	Active	Lopez, Jose	MF Operator III - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Gavin, Tim	Production Maint Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Guerra, Joshua E.	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Kinthead, Steve	Warehouse Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Vazquez-Banuelos, Octavio	MF Operator III - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Gable, Devan	Micro EM Supervisor	1201 Cornerstone Dr
Tolmar Inc.	Active	Lira, Luis E.	MF Operator II - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Munoz, Vanessa	MF Operator I - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Hodges, Mike E.	Production Maint Tech III	1201 Cornerstone Dr
Tolmar Inc.	Active	Doll, Nick C.	Microbiology EM Lead	1201 Cornerstone Dr
Tolmar Inc.	Active	Sisneros, Nicole C.	Microbiologist I	1201 Cornerstone Dr
Tolmar Inc.	Active	Pillar, Ian	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Williams, Dillon	MF Operator I - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Rooney, Shannon	QA Technician Apprentice	1201 Cornerstone Dr
Tolmar Inc.	Active	Flores, Antonio L.	Lab Instrumentation Supv	1201 Cornerstone Dr
Tolmar Inc.	Active	Moulton, Ashley	Micro EM Supervisor	1201 Cornerstone Dr
Tolmar Inc.	Active	Fall, Kylee R.	Micro EM Specialist	1201 Cornerstone Dr
Tolmar Inc.	Active	Thompson, Saisha M.	MF Operator I - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	High, Hilary L.	Production Supvr	1201 Cornerstone Dr
Tolmar Inc.	Active	Schoen, Nicole	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc.	Active	Frenton, Alison F.	Material Handler I - Dist	1201 Cornerstone Dr
Tolmar Inc.	Active	Willard, Zane D.	Calibration Tech II	1201 Cornerstone Dr
Tolmar Inc.	Active	Saloga, Tom L.	Production Maint Tech III	1201 Cornerstone Dr
Tolmar Inc.	Active	Garcia Chairez, Alexa	Maint Technician Appren	1201 Cornerstone Dr
Tolmar Inc.	Active	Smith, Liz R.	Production Maint Tech I	1201 Cornerstone Dr
Tolmar Inc.	Active	Maas, Dylan	MF Technician Apprentice	1201 Cornerstone Dr
Tolmar Inc.	Active	Oltjenbruns, Aurora D.	MF Operator I - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Weisser, Mark	Material Handler I	1201 Cornerstone Dr
Tolmar Inc.	Active	Miles, Abigail T.	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc.	Active	Stelmaszek, Gus A.	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc.	Active	Baczowski, Brooke N.	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc.	Active	Wyatt, Erik P.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Frana, Molly I.	Prod Supvr - Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Bruen, Dawn	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc.	Active	Archuleta, Anaya	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Visconti, Jeff D.	Maintenance Manager	1201 Cornerstone Dr
Tolmar Inc.	Active	Haerens, Johan	QC Analyst III	1201 Cornerstone Dr
Tolmar Inc.	Active	Krzyzkowski, Arianna	Micro EM Specialist	1201 Cornerstone Dr
Tolmar Inc.	Active	Davis Sr., Tramain	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Ramazani, Sousan	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Willis, Brandon	QA Operations Specialist	1201 Cornerstone Dr
Tolmar Inc.	Active	Espiricueta Jr., Rene J.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc.	Active	Anderson, Josh M.	Facilities Maint Tech I	1201 Cornerstone Dr
Tolmar Inc.	Active	Garcia, Gabby O.	MF Operator I - Pali	1201 Cornerstone Dr
Tolmar Inc.	Active	Anderson, Jennifer J.	QC Data Reviewer I	1201 Cornerstone Dr

Tolmar Inc. Active	Ditzenberger, Megan E.	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc. Active	Koon, Ethan A.	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Brown, Danial	QA Associate I - Process	1201 Cornerstone Dr
Tolmar Inc. Active	Maldonado, Denis	QA Associate I - Process	1201 Cornerstone Dr
Tolmar Inc. Active	Block, Cooper W.	QC Analyst I	1201 Cornerstone Dr
Tolmar Inc. Active	Jarvis, Anthony A.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Chavez, Gipzie U.	Micro EM Specialist	1201 Cornerstone Dr
Tolmar Inc. Active	Singh, Urmilla	Sr Dir Manufacturing	1201 Cornerstone Dr
Tolmar Inc. Active	Tracey, Shaun T.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Burtness, Tara	Intern - Admin	1201 Cornerstone Dr
Tolmar Inc. Active	Woerner, Hannah	QA Associate I - Process	1201 Cornerstone Dr
Tolmar Inc. Active	Weems, Matt A.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Zamora, Tristan A.	MF Technician II-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Prantis, Michael P.	Microbiology Lab Tech	1201 Cornerstone Dr
Tolmar Inc. Active	Rawls, Jake C.	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Brady, Hunter C.	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Holcomb, Kade	Env. Monitoring Assoc. I	1201 Cornerstone Dr
Tolmar Inc. Active	Peterson, Mark D.	MF Lead Operator-Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Rasmus, Francesca D.	Env. Monitoring Assoc. I	1201 Cornerstone Dr
Tolmar Inc. Active	Zimmerman, John	Env. Monitoring Assoc. I	1201 Cornerstone Dr
Tolmar Inc. Active	Guadarrama, Daisy	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Eckre, James E.	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Forrest, Robin M.	QA Associate I - Process	1201 Cornerstone Dr
Tolmar Inc. Active	Gutierrez, Isaiah A.	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	McMahon, Conor T.	Intern - Mfg	1201 Cornerstone Dr
Tolmar Inc. Active	Vasquez, Josiah H.	MF Technician I - Aseptic	1201 Cornerstone Dr
Tolmar Inc. Active	Hailey, Tess	Env. Monitoring Assoc. I	1201 Cornerstone Dr
Tolmar Inc. Active	Padilla, Miguel A.	Lab Tech II	1201 Cornerstone Dr
Tolmar Inc. Active	Plascencia, Angel	MF Technician I - Aseptic	1201 Cornerstone Dr

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Ritedose Pharmaceuticals, LLC</u>		
Physical Address: <u>1135 Performance Parkway</u>		
City: <u>Columbia</u> State: <u>SC</u> Zip: <u>29203</u>		
Mailing Address (if different from physical address): <u>Same as above</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>(803) 806-3300</u> Website: <u>www.ritedose.com</u>		
Name of Designated Representative (DR): <u>Connie Bradley</u>		
Licensing Company Email: <u>sbo@ritedose.com</u> DR Email: <u>bradleyc@ritedose.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others: _____	☒ Dangerous Drugs ☐ Controlled Substances ☒ Medical devices, equipment, supplies, gases ☐ Others: _____	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____, Provide all the following where applicable: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

03/14/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:	The Ritedose Corporation			
Address:	1 Technology Circle	City:	Columbia	State: SC Zip: 29203
Name:				
Address:		City:		State: Zip:
Name:				
Address:		City:		State: Zip:
Name:				
Address:		City:		State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:	N/A		
Parent Company (if any):			
Corporation Name:			
Mailing Address:			
City:		State:	Zip:
Telephone:		Email:	
Contact Person Name:			
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:	

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:	Delaware		
Parent Company (if any):	The Ritedose Corporation		
Corporation/Organization Name:	Ritedose Pharmaceuticals, LLC		
Mailing Address:	1135 Performance Parkway, Attn: Connie Bradley		
City:	Columbia	State:	SC Zip: 29203
Telephone:	(803) 806-3300	Email:	sbop@ritedose.com
Contact Person Name:	Cynthia Avants		

Section 6: Partnership

Partnership Name:	N/A		
Mailing Address:			
City:		State:	Zip:
Telephone:		Email:	
Contact Person Name:			

Section 7: Sole Owner

Owner's Name:	N/A		
Business Name:			
Business Address:			
City:		State:	Zip:
Telephone:		Email:	

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months .	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Ritedose Pharmaceuticals, LLC

Facility Name

Jody Chastain

Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

03/14/24
Date

Board Use Only

Date Received: 4/19/24

Amount: \$1000-check 656226

NABP ACCREDITED

DRUG DISTRIBUTOR

Ritedose Pharmaceuticals, LLC

located at

1135 Performance Parkway, Columbia, SC 29203

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/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



9/2/2021 - 9/1/2024

Period of Accreditation

Facility Name

State

(All)



Search

Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Ritedose Pharmaceuticals, LLC	1135 Performance Pkwy Columbia, SC 29203	09/02/21

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[Contact](#)



NABP

National Association of
Boards of Pharmacy

1600 Feehanville Dr Mount Prospect, IL 60056

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Live Chat

1001

Officer List

Ritedose Pharmaceuticals, LLC
1135 Performance Parkway
Columbia, SC 29203
FEIN: 27-3907624

Parent Company:
The Ritedose Corporation
1 Technology Circle
Columbia, SC 29203

Jody Chastain – President & CEO
Address: 1 Technology Circle, Columbia SC 29203
Phone: 803-806-3300

Duane Miskelly – Secretary, Treasurer, & CFO
Address: 1 Technology Circle, Columbia SC 29203
Phone: 803-806-3300

Shawn Miller – Chief Information Officer
Address: 1 Technology Circle, Columbia SC 29203
Phone: 803-806-3300

PERMIT NO. 19028
DATE ISSUED: 04/26/2023

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy
Wholesale Distributor/Broker
2023-2024

Expires 06/30/2024

RITEDOSE PHARMACEUTICALS, LLC

Permit Holder: CONNIE MARIE BRADLEY
1135 PERFORMANCE PARKWAY
COLUMBIA SC 29203

Traci Collier

Traci Collier, Administrator

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight

Archie "Artie" McKnight, Vice Chair

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RITEDOSE 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2023.



4895310 8300

SR# 20232880469

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: 203650311

Date: 06-28-23



CERTIFICATE OF LIABILITY INSURANCE

6/21/2024

DATE (MM/DD/YYYY)

6/16/2023

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 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
	PHONE (A/C, No, Ext):	
INSURED 1514314 THE RITEDOSE CORPORATION 1 TECHNOLOGY CIRCLE COLUMBIA SC 29203	FAX (A/C, No):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sompo America Insurance Company	
	INSURER B: Sompo America Fire & Marine Insurance Company	
	INSURER C: Endurance Assurance Corporation	
INSURER D: ProAssurance Specialty Insurance Company		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 19095678 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	N	N	LGM30039559600	6/21/2023	6/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ See Below \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	N	N	LAM30021109701	6/21/2023	6/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000	N	N	LUM0001755103	6/21/2023	6/21/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
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	WCDS1146U0	6/21/2023	6/21/2024	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	☒ GL PRODUCTS/COMPLETED OPERATIONS	N	N	N22SC380002	6/7/2023	6/21/2024	AGG: \$10,000,000 OCC: \$10,000,000

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

CERTIFICATE HOLDER

19095678
Proof of Insurance

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

Joseph M. Agnello

Proof of Surety Bond

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. 9455252

Application/License No. _____

Ritedose Pharmaceuticals, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1135 Performance Parkway, Columbia, SC 29203, 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 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 April 19, 2024.
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:

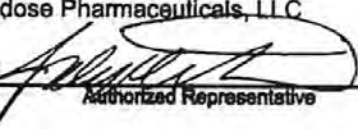
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
19th day of April, 2024.

APPLICANT/PRINCIPAL

Ritedose Pharmaceuticals, LLC

By: 

Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

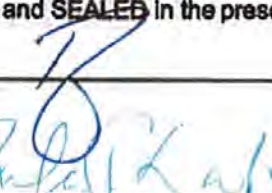
By: 

Surety Company Representative

Kellie A. Meyer, Attorney-in-fact
print name

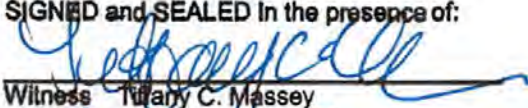
Surety Phone No. 847-605-6000

SIGNED and SEALED in the presence of:

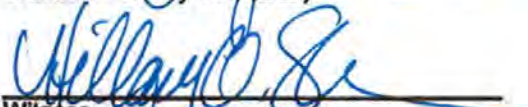
Witness 

Witness 

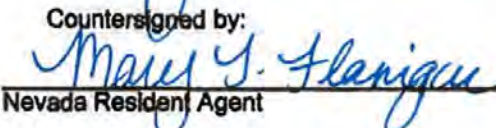
SIGNED and SEALED in the presence of:

Witness 

Tiffany C. Massey

Witness 

Countersigned by:


Nevada Resident Agent

Posted February 20, 2020

**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 Debra J. SCARBOROUGH, Kellie A. MEYER, Christy M. BRAILE, Mary T. FLANIGAN, Tahitia M. FRY, Rebecca S. LEAL, C. STEPHENS GRIGGS, Lauren SCOTT, Veronica LAWVER, Danielle R. CAPPs, Kristin D. THURBER, Patrick T. PRIBYL, Evan D. SIZEMORE, Jeffrey C. CAREY, Charles R. TETER, III, Hillary D. SHEPARD, Erin C. LAVIN, Mariana WALKER, all of Kansas City, Missouri, 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.

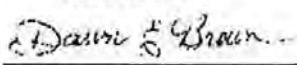
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

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 6th day of December, A.D. 2023.

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




By: Robert D. Murray
Vice President

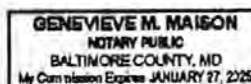

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 6th day of December, A.D. 2023, 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.

Genevieve M. Maison



Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

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 19th day of April, 2024.



Thomas O. McClellan

Thomas O. McClellan
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
reports@claims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Ritedose Pharmaceuticals, LLC MDEG License # (if applicable) Initial, pending
Physical Address 1135 Performance Parkway
City Columbia, State SC Zip 29203
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone (803) 806-3300 Website www.ritedose.com
Licensing Company Email sbop@ritedose.com

Section 2: Personal Information

First Connie Middle Marie Last Bradley
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Columbia State SC Zip 29223
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name North Buncombe Highschool		From - To (MM/YY – MM/YY)	
Address	City Weaverville	State NC	Zip
Diploma/Degree obtained, if any High School Graduate			
School Name Western Carolina University		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any MBA			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/09 to Present	Address [REDACTED]	City Columbia	State SC	Zip 29223
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Ritedose Pharmaceuticals, LLC		From - To (MM/YY – MM/YY) 1/1/2013 to present	
Business Address 1135 Performance Parkway	City Columbia	State SC	Zip 29203
Phone (803) 806-3300	Title Warehouse Supervisor	Number of Employed Hours approx. 20,800 hrs	

Description of Duties
Responsible for overseeing the day-to-day operations of the warehouse and monitoring the productivity of its staff.

Business Name The Ritedose Corporation		From - To (MM/YY – MM/YY)	
Business Address 1 Technology Circle	City Columbia	State SC	Zip 29203
Phone (803) 806-3300	Title Warehouse Supervisor	Number of Employed Hours approx. 10,400 hrs	

Description of Duties
Responsible for overseeing the day-to-day operations of the warehouse and monitoring the productivity of its staff.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Connie Bradley

Original Signature (electronic, copies or stamps not accepted)

03/14/24

Date

I, Connie Marie Bradley, certify that as the MDEG Administrator for
Ritedose Pharmaceuticals, LLC

that I (initial that you have read and meet the following requirements):

1. CB Have a high school diploma or its equivalent;
2. CB Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. CB Will be employed by 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
4. CB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Connie Bradley
Print Name (First, Last)

Connie Bradley
Original Signature (electronic, copies or stamps not accepted)

03/14/24
Date

Board Use Only	Date Received: <u>4/18/2021</u>
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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Ritedose Pharmaceuticals, LLC
Pharmacy/Wholesaler License # (if applicable) Initial, in process
Physical Address 1135 Performance Parkway
City Columbia State SC Zip 29203
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone (803) 806-3300 Website www.ritedose.com
Licensing Company Email sbop@ritedose.com

Section 2: Personal Information

First Connie Middle Marie Last Bradley
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED]
City Columbia State SC Zip 29223
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name North Buncombe Highschool		From - To (MM/YY – MM/YY)	
Address	City Weaverville	State NC	Zip 29223
Diploma/Degree obtained, if any High School Graduate			
School Name Western Carolina University		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any MBA			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/09 to Present	Address [REDACTED]	City Columbia	State SC	Zip 29223
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Ritedose Pharmaceuticals, LLC		From - To (MM/YY – MM/YY) 1/1/2013 to present	
Business Address 1135 Performance Parkway	City Columbia	State SC	Zip 29203
Phone (803) 806-3300	Title Warehouse Supervisor	Number of Employed Hours approx. 20,800 hrs	
Description of Duties Responsible for overseeing the day-to-day operations of the warehouse and monitoring the productivity of its staff.			
Business Name The Ritedose Corporation		From - To (MM/YY – MM/YY) 11/19/07 to 12/31/2012	
Business Address 1 Technology Circle	City Columbia	State SC	Zip 29203
Phone (803) 806-3300	Title Warehouse Supervisor	Number of Employed Hours approx. 10,400 hrs	
Description of Duties Responsible for overseeing the day-to-day operations of the warehouse and monitoring the productivity of its staff.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided. N/A

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Cecilia Marie Bradley

Original Signature (electronic, copies or stamps not accepted)

03/14/24

Date

I, Connie Marie Bradley, certify that as the designated representative for

Ritedose Pharmaceuticals, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CB I am at least 21 years of age;
3. CB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Connie Bradley

Print Name (First, Last)

Connie Bradley

Original Signature (electronic, copies or stamps not accepted)

03/14/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Connie Bradley

Print Name (First, Last)

Connie Bradley

Original Signature (electronic, copies or stamps not accepted)

03/14/24

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Lexington

I, Connie Bradley, 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 the license, registration, permit, certificate or certification for which I am applying for.

Connie Bradley

Original Signature

03/14/24

Date

Subscribed and Sworn to before me this 14th day of March, 2024

Alexis Crooke

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Ritedose Pharmaceuticals, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Pending. Initial app
Physical Address 1135 Performance Parkway
City Columbia State SC Zip 29203
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone (803) 806-3300 Website www.ritedose.com
Licensing Company Email sbop@ritedose.com

Section 2: Personal Information

First Shawn Middle _____ Last Miller
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Columbia State SC Zip 29223
Telephone 803-806-3300 Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
		Columbia	SC	29223
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Ritedose Pharmaceuticals, LLC		From - To (MM/YY – MM/YY)	
Business Address 1135 Performance Parkway	City Columbia	State SC	Zip 29203
Phone 803-806-3300	Title Chief Information officer		
Description of Duties Responsible for implementing IT strategies in the company's operations			
Business Name The Ritedose Corporation		From - To (MM/YY – MM/YY)	
Business Address 1 Technology Circle	City Columbia	State SC	Zip 29203
Phone 803-806-3300	Title Chief Information officer		
Description of Duties Responsible for implementing IT strategies in the company's operations			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

03/14/2024
 Date

Personal History Application

(Applicant's Initials



6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn Miller

Print Name (First, Last)

Shawn W. Miller
Original Signature (electronic, copies or stamps not accepted)

03/14/2024
Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Lexington

I, Shawn Miller, 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 the license, registration, permit, certificate or certification for which I am applying for.

Shawn W. Miller
Original Signature

03/14/2024
Date

Subscribed and Sworn to before me this 14th day of March, 2024

Alexis Crooke
Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Ritedose Pharmaceuticals, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Pending, Initial app
Physical Address 1135 Performance Parkway
City Columbia State SC Zip 29203
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone (803) 806-3300 Website www.ritedose.com
Licensing Company Email sbop@ritedose.com

Section 2: Personal Information

First Duane Middle _____ Last Miskelly
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Charleston State SC Zip 29412
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Personal History Application (Applicant's Initials DM) 1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Randolph High School		From - To (MM/YY – MM/YY)	
Address	City San Antonio	State TX	Zip
Diploma/Degree obtained, if any High School Graduate			
School Name University of Maryland		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any BS Accounting			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 6/2022 to Present	Address 	City Charleston	State SC	Zip 29412
From - To (MM/YY – MM/YY) 9/2016 to 6/2022		City Columbia	State SC	Zip 29205
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Ritedose Pharmaceuticals, LLC		From - To (MM/YY - MM/YY) 4/2022 to Present	
Business Address 1135 Performance Parkway	City Columbia	State SC	Zip 29203
Phone 803-873-2059	Title Chief Financial officer		
Description of Duties As a senior executive responsible for managing the financial actions the company.			
Business Name The Ritedose Corporation		From - To (MM/YY - MM/YY) 4/2022 to Present	
Business Address 1 Technology Circle	City Columbia	State SC	Zip 29203
Phone 803-873-2059	Title Chief Financial officer		
Description of Duties As a senior executive responsible for managing the financial actions the company.			
Business Name Benefitfocus		From - To (MM/YY - MM/YY) 11/2019 to 4/2022	
Business Address 100 Benefitfocus Way	City Charleston	State SC	Zip 29429
Phone 855-221-6400	Title VP, FPA		
Description of Duties Managed the organization's financial department.			
Business Name Nephron Pharmaceuticals		From - To (MM/YY - MM/YY) 9/2016 to 9/2018	
Business Address 4500 12th Street Ext	City West Columbia	State SC	Zip 29172
Phone 800- 443-4313	Title Chief Financial officer		
Description of Duties As a senior executive responsible for managing the financial actions the company.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.



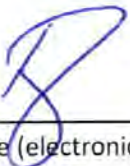
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)


Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Duane Miskelly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

3/27/2024

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Lexington

I, Duane Miskelly, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date



3/27/2024

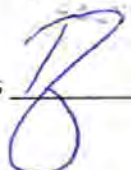
Subscribed and Sworn to before me this 27th day of March, 2024

Notary Public Signature



(Seal)

Personal History Application

(Applicant's Initials )

7 of 7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Ritedose Pharmaceuticals, LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Pending, Initial app
 Physical Address 1135 Performance Parkway
 City Columbia State SC Zip 29203
 Mailing Address (if different from physical address) Same as above
 City _____ State _____ Zip _____
 Telephone (803) 806-3300 Website www.ritedose.com
 Licensing Company Email sbox@ritedose.com

Section 2: Personal Information

First Jody Middle _____ Last Chastain
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City West Columbia State SC Zip 29170
 Telephone (803) 806-3300 Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Personal History Application (Applicant's Initials JS)

1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
		West Columbia	SC	29170
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Ritedose Pharmaceuticals, LLC		From - To (MM/YY - MM/YY)	
Business Address 1135 Performance Parkway	City Columbia	State SC	Zip 29203
Phone 803-806-3300	Title President & CEO		
Description of Duties Top leadership job as head and outward facing member of the executive management team.			
Business Name The Ritedose Corporation		From - To (MM/YY - MM/YY)	
Business Address 1 Technology Circle	City Columbia	State SC	Zip 29203
Phone 803-806-3300	Title President & CEO		
Description of Duties Top leadership job as head and outward facing member of the executive management team.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ Provide all the following where applicable: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

03/14/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jody Chastain

Print Name (First, Last)



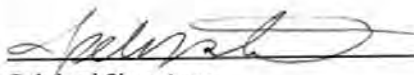
Original Signature (electronic, copies or stamps not accepted)

03/14/24
Date

Please have this section completed in the presence of a Notary Public.

State of SOUTH Carolina, ss. County of Lexington

I, Jody Chastain, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

03/14/24
Date

Subscribed and Sworn to before me this 14th day of March, 2024

Alexis Crooke

Notary Public Signature

(Seal)

Employee List:

Connie Bradley

Jody Chastain

Duane Miskelly

Shawn Miller

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>01950</u>	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Health Coalition, LLC</u>		
Physical Address: <u>8324 NW 30th Terrace</u>		
City: <u>Doral</u> State: <u>FL</u> Zip: <u>33122</u>		
Mailing Address (if different from physical address): <u>8320 NW 30th Terrace</u>		
City: <u>Doral</u> State: <u>FL</u> Zip: <u>33122</u>		
Telephone: <u>305-662-2988</u> Website: <u>www.healthcoalition.com</u>		
Name of Designated Representative (DR): <u>Walter R Shikany III</u>		
Licensing Company Email: <u>licensing@healthcoalition.com</u> DR Email: <u>licensing@healthcoalition.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: <u>clinics & infusion centers</u>	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			X



HEALTH COALITION, INC.

DISCIPLINARY ACTIONS

Issuing Entity:	Board of Pharmacy, Department of Consumer Affairs, State of California
Date of Occurrence:	October 4, 2016
Offense Details:	Failure to notify the Board of the change of Designated Representative in Charge within 30 days of the change. New (current) DR had to take the California Designated Representative test prior to submitting the change.
Outcome:	Administrative fine was paid, and our license remained active and clear.
Issuing Entity:	Board of Pharmacy, Department of Consumer Affairs, State of California
Date of Occurrence:	June 21, 2011
Offense Details:	Failure to notify the Board of the change of Designated Representative in Charge within 30 days of the change. New DR had to take the California Designated Representative test prior to submitting the change.
Outcome:	Administrative fine was paid, and our license remained active and clear.
Issuing Entity:	Florida Department of Health
Date of Occurrence:	February 8, 1999
Offense Details:	Purchase of prescription drugs from a vendor not permitted to engage in distribution in the State of Florida at the time.
Outcome:	Administrative fine was paid, and our license remained active and clear.
Issuing Entity:	Florida Department of Health
Date of Occurrence:	March 26, 1997
Offense Details:	Storage of prescription drugs at a third-party cold storage location not permitted to store it on behalf of Health Coalition, Inc. by the State of Florida. Purchase of prescription drugs from a vendor not permitted to engage in distribution in the State of Florida at the time.
Outcome:	Administrative fine was paid, and our license remained active and clear.



California State Board of Pharmacy

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

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

October 04, 2016

RECEIVED OCT 10 2016

HEALTH COALITION INC
ATTN: WALTER R. SHIKANY III, EIC
8324 NW 30TH TERRACE
MIAMI, FL 33122

RE: CI 2016 72440
HEALTH COALITION INC
OSD 4205

The attached Citation CI 2016 72440, has been issued to HEALTH COALITION INC, OSD 4205. A copy has been sent to the main offices, and a copy is being sent to the designated-representative-in-charge for informational purposes only. As designated-representative-in-charge it is your responsibility to ensure the out of state distributor's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the out of state distributor's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2016 72440	HEALTH COALITION INC, OSD 4205

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	\$400.00

CONDUCT:

Business and Professions Code section 4161(j) requires a representative-in-charge to be responsible for compliance with state and federal laws governing wholesalers. Additionally, the section requires every nonresident wholesaler to notify the board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge. Specifically, Giovana Flores (EXC 21314) dissociated as designated representative-in-charge on March 25, 2016 and Walter Shikany III (EXC 23936) took over as the new designated representative-in-charge on September 9, 2016. Health Coalition Inc. operated without the supervision of a designated representative-in-charge for 168 days and failed to notify the board in writing until September 12, 2016, 171 days later.

CITATION ISSUED ON: October 04, 2016

TOTAL AMOUNT OF FINE(S): \$400.00

PAYMENT OF FINE(S) DUE BY: November 03, 2016



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

June 21, 2011

DATED MATERIAL ENCLOSED

HEALTH COALITION INC
ATTN: WALTER SHIKANY, PRESIDENT
8324 NW 30TH TERRACE
MIAMI, FL 33122

**RE: CI 2010 46515
HEALTH COALITION INC
OSD 4205**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- July 21, 2011: Unless the Citation is contested payment of fine(s) must be received by the Board.
- July 05, 2011: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- July 21, 2011: Any contest of the Citation by request for a formal Appeal must be received by the Board.

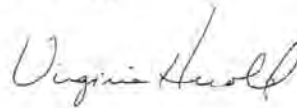
Page two
HEALTH COALITION INC
CI 2010 46515

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Linda Kapovich at (916) 574-7924.

Sincerely



Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2010 46515	HEALTH COALITION INC, OSD 4205

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	Nonresident wholesaler; shall identify and notify the board within 30 days for the date that a Designated representative-in-charge ceases to be the Designated representative-in-charge	\$500.00

CONDUCT:

Failure to Notify & Identify of a Change in Designated Representative-in-charge – Health Coalition Inc (OSD 4205) was not in compliance with Business and Professions Code section 4161 (j), which requires a nonresident wholesaler to identify and notify the Board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge. On 12/23/2010, Health Coalition Inc (located at 8324 NW 30th Terrace, Miami, FL 33122) failed to identify and notify the Board of a new designated representative-in-charge within 30 days of prior designated representative-in-charge Maria Rodriguez's disassociation on 8/4/2010. This is a violation of pharmacy law.

CITATION ISSUED ON: June 21, 2011

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: July 21, 2011

Jeb Bush
Governor



Robert G. Brooks, M.D.
Secretary

- CERTIFIED MAIL/RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION

Case No: 98-03657

Current Permit No: 22:00344

February 8, 1999

Terri Shikani, President
Health Coalition
4906 S.W. 72 Avenue
Miami, FL 33155

Dear Ms. Shikani:

Agents of the Department of Health detected the following violation of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (F.S.) and Florida Administrative Code Rule 64F-12, Regulation for Drugs Devices and Cosmetics during an inspection of your facility located at the above address on September 10, 1998:

Health Coalition purchased prescription drugs from persons not permitted by the department to engage in the wholesale distribution of prescription drugs in or into the state of Florida. The following entities were not permitted at the time of the transactions: Genetics Institute; Millenium Health, Inc.; Medical Distribution, Inc.; Biologic, Inc.; J-Mark Enterprises; Ultracare; Blood Community Center; and MedImmune, Inc.; Medcare Infusion Services; and Option Care. This is a violation of s. 499.005(14), F.S. (Fine \$2,500) Health Coalition was previously cited for this violation in case #96-03321. (See Exhibit A for policies and procedures previously submitted)

The above referenced violation should not be regarded as an all-inclusive list of deficiencies that may be or may have been in existence at your facility, and violations may not be limited to the products cited above. It is your responsibility to ensure that your facility is in compliance with all requirements of the Florida Drug and Cosmetic Act and the rules adopted thereunder.

In order to resolve this matter, the department proposes the following alternatives, either of which must be accomplished by your firm within thirty (30) days of its receipt of this letter:

- A. If your firm agrees with the findings in this letter and further agrees to waive its right to an administrative hearing pursuant to Florida law (ss. 120.569 and 120.57, Florida Statutes), the department and Health Coalition can resolve this matter by your execution of the enclosed Agreement, which includes payment of an administrative fine. You are also required to send the department supporting documentation describing the actions taken and the policies and procedures put into place to prevent the recurrence of these violations. This corrective action should address monitoring or other activities to assure the policies and procedures are implemented and functioning as intended.

TELEPHONE: 670-1010
AREA CODE: 904
TELECOPIER NO: 670-0228

LAW OFFICES
PETER G. GRUBER, P.A.
ATTORNEY AND COUNSELOR

ONE DAIRAN CENTER, SUITE 910
2100 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

March 18, 1999

Sandra R. Stovall
Compliance Officer
Florida Department of Health
Bureau of Pharmacy Services
2818-A Mahan Drive
Tallahassee, Florida 32308

Re: *Our client: Health Coalition, Inc.*
Notice of Violation
Case No. 98-03657
Current Permit No. 22:00344
Payment of fine and submission of Agreement

Dear Ms. Stovall:

Pursuant to our several telephone conversations enclosed please find the following:

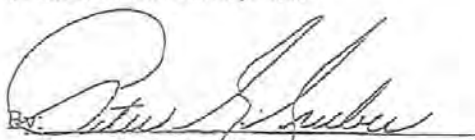
1. *An Agreement* duly executed by Walter R. Shikany, Jr., President of Health Coalition, Inc. and attested by the corporate secretary.
2. Our client's check in the amount of One Thousand Five Hundred and 00/100 (\$1,500.00) Dollars payable to Florida Drug, Device and Cosmetic Trust Fund as per your correspondence of March 4, 1999 reducing the previous fine.

This shall confirm that Health Coalition, Inc., agrees to adhere to the procedures and policies previously set forth in correspondence to the Department of Health and that it will more closely monitor its activities therewith. Our client now appreciates that any entity with which it does business must be registered with the State of Florida.

Please allow me to take this opportunity to personally convey my appreciation to you for the courtesies you have extended and your cooperation in expeditiously and effectively resolving this matter with our client. It was a pleasure to have worked with you. Thank you again for your prompt attention.

Very truly yours,

PETER G. GRUBER, P.A.

By: 
Peter G. Gruber, Esquire

AGREEMENT

Case No. 98-03657
Current Permit No. 22:00344

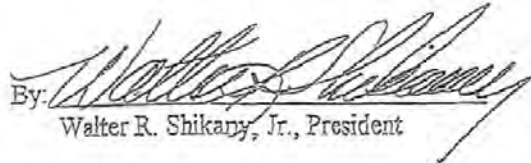
Health Coalition, Inc., by and through its President, Walter R. Shikany, Jr., hereby acknowledges the payment of a fine in the amount of One Thousand Five Hundred and 00/100 (\$1,500.00) Dollars and further waives its right to a hearing pursuant to Chapter 120, Florida Statutes, related to a *Notice of Violation*, Case No. 98-03657.

The payment of the aforementioned fine and waiver of the right to a hearing is not intended nor does it constitute an admission of liability or violation of Florida Statutes which is hereby expressly denied. Health Coalition, Inc., agrees to comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes and the rules promulgated and adopted thereunder.

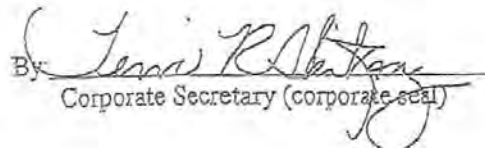
I am fully authorized to bind Health Coalition, Inc., to the terms of this *Agreement*.

Dated this 8 day of March, 1999.

HEALTH COALITION, INC.

By: 
Walter R. Shikany, Jr., President

Attest:

By: 
Corporate Secretary (corporate seal)

HEALTH COALITION INC.
4906 SW 72 AVENUE
MIAMI, FL 33155

FIRST UNION NATIONAL BANK
OF FLORIDA
MIAMI SPRING, FL 33166
63-1012/632

10537

10537

***One Thousand Five Hundred & no/100 Dollars DATE

AMOUNT

03/18/99

***1,500.00

PAY
TO THE
ORDER
OF

FLORIDA DRUGS, DEVICES & COSMETICS
TRUST FUND
HSFP - 2818-A MAHAN DRIVE
TALLAHASSEE, FL 32308


AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED: SEE REVERSE

Fedex Janbird 4/23
-AP

— HEALTH COALITION

4906 S.W. 72nd Avenue
Miami, Florida 33155
(305) 662-2988

April 23, 1997

Ms. Sandra R. Stovall
Bureau of Pharmacy Services
Department of Health
2633 Mahan Drive
Tallahassee, FL 32308

Dear Ms. Stovall,

Enclosed please find the administrative fine in the amount of \$1,000 (\$750 from Health Coalition and \$250 from NABI) and documentation describing the actions Health Coalition has taken to prevent the violations cited in your notice.

Health Coalition was unaware at the time of the violation that a permit was needed for each storage facility, but has now instituted this as part of our Standard Operating Procedures (see attached excerpt).

Also attached is a copy of NABI's Prescription Drug Wholesaler license (expired 3/31/97) and their completed application for renewal. As requested, we have also enclosed the original signed "Notice of Violation." If you have any additional questions, please call me at (800)456-7283.

Sincerely,


Walter R. Shikany
Vice President of Sales

Lawton Chiles
Governor



James T. Howell, M.D., M.P.H.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
Case No: 96-03321
Current Permit No: 22:00344

March 26, 1997

Ms. Terri Shikany, President
Health Coalition, Inc.
4906 S.W. 72nd Avenue
Miami, Florida 33155

Dear Ms. Shikany:

Investigators of the Department of Health detected the following violations of Chapter 499, Florida Statutes (F.S.) and Florida Administrative Code Rule 10D-45, Regulation for Drugs, Devices and Cosmetics during an inspection of your facility located at the above address and Jacob Fleishman & Sons, Inc., at 1177 N.W. 81 Street, Miami, on December 30, 1996.

Health Coalition, Inc., was wholesaling prescription drugs in an unpermitted establishment. Health Coalition, Inc., was storing its prescription drugs at Jacob Fleishman & Sons. Each establishment in which prescription drugs are held must be permitted. (See s. 499.01(1)(d), F.S.) This is a violation of s. 499.005(22), F.S. (Fine \$750)

Health Coalition, Inc., purchased prescription drugs from a person not permitted by the department to engage in the wholesale distribution of prescription drugs. In 1995, Health Coalition, Inc., purchased prescription drugs from Univax Biologics, Inc., (a company that is no longer in business). However, at the time, Univax Biologics, Inc., was not permitted by the department as an out-of-state prescription drug wholesaler. This is a violation of ss. 499.012(2)(c) and (3)(a), F.S., and s. 499.005(14), F.S. (Fine \$250)

The above referenced violations should not be regarded as an all-inclusive list of deficiencies which may be or may have been in existence at your facility, and violations may not be limited to the above cited products. It is your responsibility to ensure that your facility is in compliance with all requirements of the Florida Drug and Cosmetic Act and the rules adopted thereunder.

In order to resolve this matter, the department proposes the following alternatives, either of which must be accomplished by your firm within thirty (30) days of its receipt of this letter:

- A. If your firm agrees with the findings in this letter and further agrees to waive its right to an administrative hearing pursuant to Florida law (s. 120.57, Florida Statutes and Rule 10-2.036, Florida Administrative Code), the department and Health Coalition, Inc., can resolve this matter by your execution of the attached Agreement, which includes

Health Coalition, Inc.
Case No.: 96-03321
Page Two

payment of an administrative fine. You are also required to send the department supporting documentation describing the actions taken and the policies and procedures put into place to prevent the recurrence of these violations.

If you agree to this resolution, please sign and date the Agreement. Return the original signed Agreement and the original NOTICE OF VIOLATION, an attached cashier's check, certified check, or money order for One Thousand Dollars (\$1,000) made payable to the Florida Drug, Device and Cosmetic Trust Fund, and your plan of corrective action to:

Bureau of Pharmacy Services
Department of Health
2633 Mahan Drive
Tallahassee, FL 32308

B. However, if you believe circumstances exist that the department should consider before concluding this investigation, you may provide the department, within fifteen (15) days of receipt of this letter, your rationale and evidence to support your position. If the department does not agree with the rationale and evidence submitted by your firm, or we cannot reach a satisfactory resolution of this matter, the department may, thirty (30) days after your firm's receipt of this letter, initiate appropriate legal action, including:

1. Filing and serving of an administrative complaint for a hearing pursuant to Chapter 120, F.S., which can result in the imposition of an administrative fine not to exceed Five Thousand Dollars (\$5,000.00) per violation per day. Each day the violation continues constitutes a separate violation. Each such separate violation is subject to a separate fine.
2. Revocation or suspension of the firm's permit.
3. Seizure for destruction of adulterated or misbranded products.
4. Seeking an injunction in Circuit Court to obtain compliance.
5. Initiating any other remedy authorized by law.

If you have any questions, or need further assistance in this matter, please contact me at the address identified above or by telephone at (904) 487-1257.

Sincerely,

Sandra R. Stovall

Sandra R. Stovall
Compliance Officer

Attachment: Agreement Form

AGREEMENT

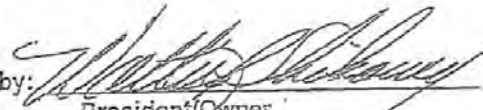
Case No: 96-03321

Current Permit No: 22:00344

Health Coalition, Inc., by and through its president / owner, Terri Shikany, hereby agrees to pay a fine of One Thousand Dollars (\$1,000) and submit corrective action documentation. By signing this Agreement, Health Coalition, Inc., agrees to waive its right to a hearing under Chapter 120, Florida Statutes related to this Notice of Violation Letter.

I am fully authorized to bind Health Coalition, Inc., to the terms of this Agreement. I hereby affirm the violations cited in this letter have been corrected and that Health Coalition, Inc., will comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, F.S., and the rules adopted thereunder.

Corporate Seal:

by:  4/22/97
President/Owner Date
attested by:  4/22/97
Corporate Secretary Date

HEALTH COALITION INC.

63

Vendor No / Name: FDOFH / FLORIDA DEPARTMENT OF HEALTH

6

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Am
032697		03/26/97	750.00	750.00	0.00	0.00	750.0

(Acct 00106-)

Check Date = 04/22/97

Check Total = 750.0

HEALTH COALITION INC.
4908 SW 72 AVENUE
MIAMI, FL 33155

FIRST UNION NATIONAL BANK
OF FLORIDA
MIAMI SPRING, FL 33165
63-1012/032

63

6393

***Seven Hundred Fifty & no/100 Dollars

DATE

AMOUNT

04/22/97

****750.0

PAY
TO THE
ORDER
OF

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF PHARMACY SERVICES
2623 MAHAN DRIVE
TALLAHASSEE, FL 32308


AUTHORIZED SIGNATURE

FLORIDA DEPT OF HEALTH

NORTH AMERICAN BIOLOGICALS, INC.

CHECK NO. 26051

VENDOR: 012516

VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET AMOUNT
042301	040997 7350-993-8000	04/09/97	250.00	250.00	.00	250.
				Check Total		250.

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK

THE FACE OF THIS DOCUMENT HAS A MULTICOLORED BACKGROUND ON WHITE PAPER

 P.O. BOX 310701
BOCA RATON, FL 33431-0701
PHONE: (561) 989-5800
TELEFAX (561) 989-5882

NATIONSBANK OF GEORGIA
DEKALB, GEORGIA

63-63
631

CHECK NO. 26051

MATCH THE AMOUNT IN WORDS WITH THE AMOUNT IN NUMBERS

DATE: 04/14/97 VENDOR NO: 012516

PAY TWO HUNDRED FIFTY DOLLARS AND 00 CENTS *****

TO THE ORDER OF FLORIDA DEPT OF HEALTH

VOID OVER \$250.00

PAY TO THE ORDER OF **250.00**
ONLY TWO FIVE ZERO DOLLARS AND 00 CENTS
*****\$250.00



Health Coalition Standard Operating Procedures: Compliance

Health Coalition maintains and adheres to the laws and guidelines set forth for wholesale drug distributors by the State of Florida. The following descriptions highlight specific policies and procedures that Health Coalition implements with respect to licenses and permits, inventory management, recall/withdrawal procedures, crisis management, and the disposition of outdated and/or expired product.

Drug Licenses & Permits

State Licensing

Evidence and documentation of a permit to engage in the wholesale distribution of prescription drugs must be presented to Health Coalition before any product may be purchased. In addition, Health Coalition holds a license to distribute prescription drugs in the State of Florida and in each state where it is required. All licenses are reviewed annually in order that they meet the requirements of the state laws and that they may be kept current. Upon receipt of a notice of expiration of a license, actions are taken immediately to renew the drug license.

Permits for Storage Facilities

Health Coalition, Inc. will hold a permit for each location or site where prescription drugs are stored. In the event that Health Coalition obtains a new site for the storage of its products, a separate license must be obtained for each new establishment before storage will commence.

Crisis Management

Health Coalition follows a Disaster Preparedness and Recovery Plan in the event of a crisis situation such as a strike, fire, flood, hurricane, or other natural disasters and/or emergencies (See Attached).

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

03/25/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Octapharma USA, Inc
Address: 117 W Century Road City: Paramus State: NJ Zip: 07652
Name: Pfizer Inc
Address: 1855 Shelby Oaks Drive North City: Memphis State: TN Zip: 38134
Name: Amneal Pharmaceuticals
Address: 118 Beaver Trail City: Glasgow State: KY Zip: 42141
Name: Apotex Corp
Address: 2516 Airwest Blvd City: Plainfield State: IN Zip: 46168

Section 4: Publicly Traded Corporation N/A

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): Pharmacy Partners Acquisition, LLC attachment # 2
Corporation/Organization Name: Health Coalition, LLC
Mailing Address: 8320 NW 30th Terrace
City: Doral State: FL Zip: 33122
Telephone: 305-662-2988 Email: licensing@healthcoalition.com
Contact Person Name: Walter R Shikany III

Section 6: Partnership N/A

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner N/A

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X	
1. Copy of Certification attachment # 3 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . attachment # 4			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			X
1. Copy of FDA registration N/A 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . N/A			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors. attachment # 5	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. attachment # 2		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months. attachment # 1	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ . attachment # 6		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ . attachment # 7 but N/A - owned by legal entity		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. N/A	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable) attachment # 8	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ . N/A	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00). N/A	✓	✓	✓	✓
N/A ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8) N/A				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Health Coalition, LLC

Facility Name

Walter R Shikany III

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

03/25/24

Date

Board Use Only	Date Received: <u>3/26/24</u>	Amount: <u>\$1000 - check 10741</u>
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2024 OWNERSHIP CHANGE APPLICATION

Attachment # 3

NABP DDA Certificate expires 02/07/25

Debra Kalata

From: vawd@nabp.pharmacy
Sent: Wednesday, April 17, 2024 1:22 PM
To: Debra Kalata
Cc: Walter Shikany III; Terri Shikany
Subject: RE: Status of Change of Ownership Application

Hello Debbie,

The initial review of the ownership change information has been completed and it is now with our legal department for their review. Should we have any further questions or need anything else, we will let you know. We do not have a timeframe to provide to you unfortunately.

You may want to inquire with the states requesting a copy of the certificate if there is an alternative that would suffice. I have not heard of other facilities having ownership or name changes running into issues getting their licenses updated or issued due to not having an updated certificate. We would be happy to confirm the facility is currently accredited and that NABP is aware of and reviewing the name and ownership change.

Regards,

Kevin McGlynn

Director, Accreditation and Inspection Programs
T: 847.391.4539



National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy



From: Debra Kalata <dkalata@healthcoalition.com>
Sent: Wednesday, April 17, 2024 11:52 AM
To: vawd@nabp.pharmacy
Cc: Walter Shikany III <WShikanyIII@healthcoalition.com>; Terri Shikany <tshikany@healthcoalition.com>
Subject: RE: Status of Change of Ownership Application

Good Afternoon Danielle –

When can we expect the Terms & Conditions for Walter to sign?

Thanks....

Thank you and best regards,

Debbie Kalata
Controller & Compliance Officer

DKalata@healthcoalition.com

www.healthcoalition.com



HEALTH COALITION, INC.

Knowledge, Reliability, Service

8320 NW 30th Terrace • Doral, FL 33122-1915

T (800) 456-7283 • L (305) 662-2988 • F (305) 667-5389

Consider the environment. Please don't print this e-mail unless you really need to.

The information contained in this message may be privileged and confidential and protected from disclosure.

If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

Notice required by law: This email may constitute an advertisement of solicitation under U.S. law, if its primary purpose is to advertise or promote a commercial product or service. You may choose not to receive advertising and promotional messages from Health Coalition, Inc. (except for the www.healthcoalition.com website, which tracks e-mail preferences through a separate process) at this e-mail address by forwarding this message to postmaster@healthcoalition.com. If you do so, the sender of this message will be notified promptly. Our principal postal address is 8320 NW 30 Terrace, Doral, FL 33122. Thank you, Health Coalition, Inc.

From: vawd@nabp.pharmacy <vawd@nabp.pharmacy>

Sent: Monday, April 15, 2024 4:24 PM

To: Debra Kalata <dkalata@healthcoalition.com>; vawd@nabp.pharmacy

Cc: Walter Shikany III <WShikanyIII@healthcoalition.com>; Terri Shikany <tshikany@healthcoalition.com>

Subject: RE: Status of Change of Ownership Application

Thank you Debbie!

Cordially,

Danielle McFarland

Evaluator, Accreditation Programs

847/391-4441



National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy

From: Debra Kalata <dkalata@healthcoalition.com>
Sent: Monday, April 15, 2024 3:08 PM
To: vawd@nabp.pharmacy
Cc: Walter Shikany III <WShikanyIII@healthcoalition.com>; Terri Shikany <tshikany@healthcoalition.com>
Subject: RE: Status of Change of Ownership Application

Hi Danielle –

Walter is the appropriate person to sign the Terms & Conditions. His information is below.

Walter R. Shikany III
President and Manager
Health Coalition, LLC
wshikanyiii@healthcoalition.com

Please let me know if you need anything else or have any questions.

Thank you very much for all of your help Danielle!!

Thank you and best regards,

Debbie Kalata
Controller & Compliance Officer

DKalata@healthcoalition.com
www.healthcoalition.com



Knowledge, Reliability, Service

8320 NW 30th Terrace • Doral, FL 33122-1915
T (800) 456-7283 • L (305) 662-2988 • F (305) 667-5389

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From: vawd@nabp.pharmacy <vawd@nabp.pharmacy>
Sent: Monday, April 15, 2024 4:03 PM
To: Debra Kalata <dkalata@healthcoalition.com>; vawd@nabp.pharmacy

Cc: Walter Shikany III <WShikanyIII@healthcoalition.com>; Terri Shikany <tshikany@healthcoalition.com>
Subject: RE: Status of Change of Ownership Application

Hello Debbie,

I wanted to reach out to you and get some additional information in order for NABP to complete your ownership change we need updated T&Cs signed. Please provide me the name of the individual who can sign the documents, along with email address and title. Please reach out to me if you have any questions.

Cordially,

Danielle McFarland
Evaluator, Accreditation Programs
847/391-4441



National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy

From: Debra Kalata <dkalata@healthcoalition.com>
Sent: Tuesday, April 2, 2024 8:31 AM
To: vawd@nabp.pharmacy
Cc: Walter Shikany III <WShikanyIII@healthcoalition.com>; Terri Shikany <tshikany@healthcoalition.com>
Subject: Status of Change of Ownership Application

Good Morning Danielle –

Attached please find the change of ownership application, support, and cover letter sent for Health Coalition sent UPS overnight on March 12th. As per the application, this also includes a name change from Health Coalition, Inc. to Health Coalition, LLC though our EIN remained the same.

As we submit change of ownership applications with the various states we hold a wholesale drug distributor license, several of the regulatory boards are requesting a copy of our NABP DDA certificate reflecting the name change.

Please let me know when this will be available so I can respond to their questions.

Thank you for all your help!!

Thank you and best regards,

Debbie Kalata
Controller & Compliance Officer

DKalata@healthcoalition.com
www.healthcoalition.com



HEALTH COALITION, INC.

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NABP ACCREDITED

DRUG DISTRIBUTOR

Health Coalition, Inc

located at

8324 Northwest 30th Terrace, Doral, FL, 33122

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/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



02/08/2022 to 02/07/2025

Period of Accreditation

2024 OWNERSHIP CHANGE APPLICATION

Attachment # 5

Company Profile with Officers Listed



HEALTH COALITION, INC.

knowledge
reliability
service

Officers:

Walter R. Shikany III, President & Manager

SS#: [REDACTED]

DOB: [REDACTED]

Residence: [REDACTED]

Terri R. Shikany – Vice President & Manager

SS#: [REDACTED]

DOB: [REDACTED]

Residence: [REDACTED]

Ownership:

Pharmacy Partners Acquisition, LLC (100%)
11233 Shadow Creek Parkway, Suite 313
Pearland, TX 77584
713-570-1815

E-mail Address:

licensing@healthcoalition.com

Website:

www.healthcoalition.com

Affiliation:

VAWD certified (Verified Accredited Wholesale Distributor)

HDA (Healthcare Distribution Alliance)



Corporate Profile

Description of Business:

Health Coalition, LLC is a nationally licensed wholesale drug distributor, VAWD accredited, DQSA compliant, and fully insured. We have offered unsurpassed reliability for over 30 years. As an innovator in the specialty pharmaceutical distribution marketplace since 1988, we were the first wholesale distributor to introduce 24-hour service. Our customer base consists of many facets in the industry, such as acute care and non-acute care facilities with prescription pharmaceuticals and supplies.

Date of Incorporation:	August 4, 1988
State of Incorporation:	Florida
Federal I.D. Number:	65-0068208
Sales Tax Resale Certificate Number:	23-8012097979-5
Florida Drug Wholesale Permit:	TEMP20314
HIN:	6B4MF9V00
SIC:	51220308
NAICS:	424210

Receiving Address:

8324 NW 30th Terrace
Doral, FL 33122

Remit to Address:

8320 NW 30th Terrace
Doral, FL 33122-1915

Telephone Numbers:

(305) 662-2988
(800) 456-7283

Fax Number:

(305) 667-5389

Designated Representative:

Walter R. Shikany III, Esquire

2024 OWNERSHIP CHANGE APPLICATION

Attachment # 1

**Acknowledgement of Sale, Current Florida
SOS Status Certificate, and Evidence of
Conversion to LLC**

ACKNOWLEDGMENT OF SALE

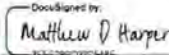
Reference is hereby made to that certain EQUITY PURCHASE AGREEMENT (the "Purchase Agreement") which was entered into as of February 28, 2024 (the "Effective Date") by and among (i) Health Coalition, LLC, a Florida limited liability company (the "Company")¹, (ii) H2 Health Inc., a Florida corporation ("Seller"), (iii) Terri R. Shikany, as the sole trustee of the Shikany Marital Trust (the "Shikany Trust"), (iv) Walter R. Shikany, III and Clay Parker, as the sole trustees of The WRS III Trust dated December 21, 2012 (the "WRT Trust" and, together with the Shikany Trust, each, a "Trust" and collectively, the "Trusts"), (v) Terri R. Shikany, in her individual capacity ("Terri"), (vi) Walter R. Shikany, III, in his individual capacity ("Walter", and, together with Terri, and the Trusts, each, a "Beneficial Owner" and collectively, the "Beneficial Owners"), and (vii) Pharmacy Partners Acquisition, LLC, a Delaware limited liability company ("Buyer").

In connection with the foregoing, the undersigned hereby certify that as of the Effective Date, Buyer owns all of the issued and outstanding equity interests of and in Health Coalition, LLC.

This Acknowledgment of Sale is being delivered in connection with the Purchase Agreement. No provision of this Acknowledgment of Sale shall in any way modify, replace, amend, change, rescind, waive or in any way affect the express provisions set forth in the Purchase Agreement, this Acknowledgment of Sale being intended solely to certify the transfer pursuant to and in accordance with the Purchase Agreement.

IN WITNESS WHEREOF, this Acknowledgment of Sale is executed and effective this 28 day of February, 2024.

PHARMACY PARTNERS ACQUISITION, LLC

By: 
Name: Matthew Harper
Title: Chief Executive Officer


Walter R. Shikany, III

Terri R. Shikany

¹ One day prior to the Effective Date, in connection with an internal tax reorganization, Health Coalition, Inc., a Florida corporation, was converted to Health Coalition, LLC, a Florida limited liability company, by filing Articles of Conversion with the Florida Secretary of State.

State of Florida

Department of State

I certify from the records of this office that **HEALTH COALITION, LLC** is a limited liability company organized under the laws of the State of Florida, filed on February 26, 2024, effective August 4, 1988.

The document number of this limited liability company is L24000095228.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024 and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-eighth day of
February, 2024*




Secretary of State

Tracking Number: 0270000113CU

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

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

2024 OWNERSHIP CHANGE APPLICATION

Attachment # 2

Organizational Chart from Ultimate Parent Company Down to Applicant

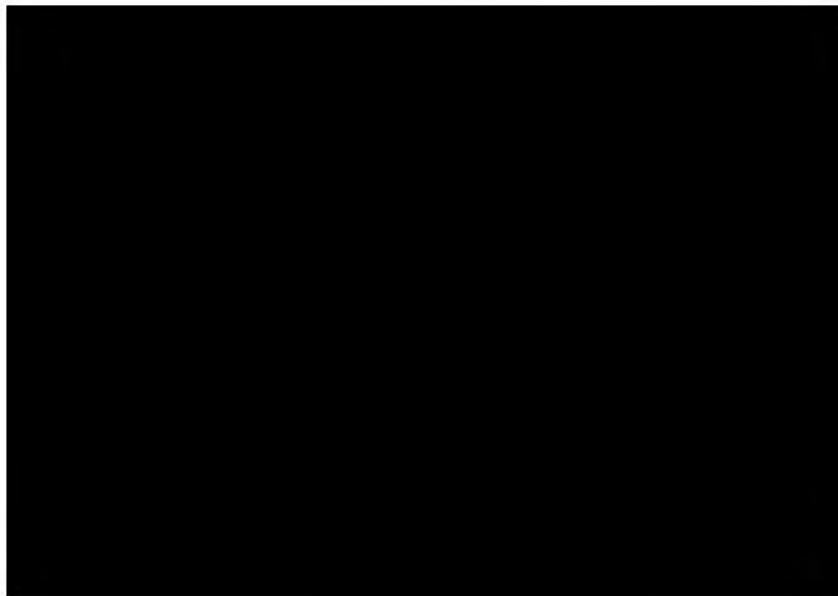
&

**Denotes 100% ownership by Pharmacy
Partners Acquisition, LLC**



New Ownership Structure

Effective 02/28/24



2024 OWNERSHIP CHANGE APPLICATION

Attachment # 8

**Home State of Florida Temporary Permit
Online Verification from the Florida
Department of Business & Professional
Regulation Website**



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

HEALTH COALITION, LLC

8320 & 8324 NW 30TH TERRACE
DORAL FL 33122

LICENSE NUMBER: 2220319

EXPIRATION DATE: MAY 31, 2026

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 05/28/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



2024 OWNERSHIP CHANGE APPLICATION

Attachment # 4

\$25,000 Surety Bond and Verification Certificate

BOND NUMBER 0852118

RIDER

To be attached to and form a part of the PHARMACEUTICAL WHOLESALER BOND, issued by the undersigned Company, as Surety on behalf of HEALTH COALITION, LLC as principal, and in favor of STATE OF NEVADA AND THE NEVADA BOARD OF PHARMACY as Obligee.

The Principal and the Surety hereby agree to amend the Bond as follows:

To add the following additional address of the Principal to the bond:

**8324 NW 30TH TERRACE
DORAL, FL 33122**

Provided that the liability under this endorsement shall be part of and not in addition to the liability under the Bond, and in no event cumulative.

Nothing herein contained shall vary, alter or extend any of the provisions, conditions or other terms of the Bond except as above stated.

The effective date of this rider is FEBRUARY 28, 2024

Signed, sealed and dated this 25TH day of APRIL, 2024.

HARCO NATIONAL INSURANCE COMPANY

BY: _____

DAVID C. JOSEPH, Attorney-In-Fact

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

SARA S. DEJARNETTE, CONWAY C. MARSHALL, STEPHEN BEAHM, ELIZABETH SCHOTT, DAVID C. JOSEPH, JESSICA PALMERI, KELLI R. CROSS, AMANDA RIEDL, ANDRE AUTIN, VICTORIA SCRUGGS, CLARK P. FITZ-HUGH, CATHERINE C. KEHOE, KRISTINE DONOVAN

New Orleans, LA.

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023



STATE OF NEW JERSEY
County of Essex

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2023, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 25, 2024

A00586

Irene Martins, Assistant Secretary

2024 OWNERSHIP CHANGE APPLICATION

Attachment # 6

Designated Representative Application with Resume Attached

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Health Coalition, LLC
Pharmacy/Wholesaler License # (if applicable) WH04950 (filing a change in ownership application)
Physical Address 8324 NW 30th Terrace
City Doral State FL Zip 33122
Mailing Address (if different from physical address) 8320 NW 30th Terrace
City Doral State FL Zip 33122
Telephone 305-662-2988 Website www.healthcoalition.com
Licensing Company Email licensing@healthcoalition.com

Section 2: Personal Information

First Walter Middle Robbins Last Shikany III
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Coral Gables State FL Zip 33134
Telephone 305-662-2988 Email licensing@healthcoalition.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? <u>N/A</u>		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Miami Law School		From - To (MM/YY - MM/YY) 08/02 - 05/05	
Address 1320 S Dixie Highway	City Coral Gables	State FL	Zip 33146
Diploma/Degree obtained, if any Juris Doctorate			
School Name University of Miami		From - To (MM/YY - MM/YY) 08/96 - 05/00	
Address 1320 S Dixie Highway	City Coral Gables	State FL	Zip 33146
Diploma/Degree obtained, if any Bachelor of Business Administration - Finance			
School Name Gulliver Prep		From - To (MM/YY - MM/YY)	
Address 6575 N Kendall Drive	City Pinecrest	State FL	Zip 33156
Diploma/Degree obtained, if any High School			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/19 - Present	Address [REDACTED]	City Coral Gables	State FL	Zip 33134
From - To (MM/YY - MM/YY) 10/13 - 09/19	Address [REDACTED]	City Miami	State FL	Zip 33133
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Health Coalition		From - To (MM/YY – MM/YY) 2000 to Present	
Business Address 8320 NW 30th Terrace		City Doral	State FL
Phone 305-662-2988	Title President and Manager since 02/28/24		Zip 33122
Description of Duties attachment # 1			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		Zip
Description of Duties		Number of Employed Hours	

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy? N/A		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

03/25/24
Date

I, Walter R Shikany III, certify that as the designated representative for
Health Coalition, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WRS I am at least 21 years of age;
3. WRS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WRS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WRS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WRS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WRS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Walter Shikany III

Print Name (First, Last)

[Handwritten Signature]

Original Signature (electronic, copies or stamps not accepted)

Date

03/25/24

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Shikany III

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Walter R Shikany III, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

2024 OWNERSHIP CHANGE APPLICATION
Designated Representative Application
Attachment # 1
Walter R Shikany III Resume

Walter B. Shikany III

Tel: [REDACTED]

WORK EXPERIENCE

Health Coalition, LLC (f/k/a Health Coalition, Inc.), Miami, FL
Wholesale Distributor of Pharmaceuticals – Domestic

President & Manager

2024 - Present

- Responsible for strategic vision and leadership, long and short-range financial plans, and supervision of all departments.

President & CEO

2020 - 2024

- Responsible for strategic vision and leadership, long and short-range financial plans, and supervision of all departments.

Acting Director of Sales

2005 - Present

- Responsible for the administration and guidance of the Sales Team including Territory Business Managers and Call Center Team.
- Maintain and develop sales and business for the company to meet sales budget and gross profit for the company.

Corporate Counsel

2005 – Present

- Responsible for review of legal documents and engaging outside counsel.

Certified Designated Representative

2009 – Present

- Responsible for overseeing the acquisition, storage, and regulation requirements including receiving and shipping for all warehousing aspects including but not limited to compliance and perfect inspection reports by all government agencies.
- Maintain all state requirements for Certified Designated Representative for the state of Florida and/or any other governmental agency requiring such designation.

Sales Executive

2000 - 2002

- Twice awarded Sales Executive of the Month for overachieving sales target 134% of quota.
- Developed strategic relationships with hospitals, homecare centers, and physicians' offices.
- Created and managed a \$2.5 million dollar territory.

- Introduced comprehensive pharmaceutical consignment programs to major university hospital systems.
- Proficient in Pivotal customer relationship management software.

Florida Agency for Healthcare Administration, Miami, FL

Spring 2005

Litigation Skills Clinical

Trescott, Drucker, and Vasallo, PL., Coral Gables, FL

Summer 2004

Law Clerk

- Successfully worked on multiple cases bringing them through discovery, pleadings, trial, and post trial stages.
- Researched various tax law issues.
- Assisted in the development and maintenance of estate plans.

Thomas Morgan, PA., Coconut Grove, FL

Spring 2004

Law Clerk

- Prepared pleadings, memorandums of law, and summarized depositions.
- Succeeded on motions in opposition to summary judgment.

EDUCATION

University of Miami School of Law, Coral Gables, FL

Juris Doctorate May 2005

Admitted to Florida Bar November 10, 2005

Honors:

- Selected as mentor to incoming law students.
- Received Litigation Certification in the State of Florida.

University of Miami, Coral Gables, FL

Bachelor of Business Administration / Finance May 2000

Honors:

- Graduated with Honors and member of honors program.
- Member of Golden Key Honor Society.
- Dean's List 4 semesters.
- Provost's Honor Roll 1 semester.

2024 OWNERSHIP CHANGE APPLICATION

Attachment # 7

Personal History Application

N/A

**100% is owned by Pharmacy Partners
Acquisition, LLC (legal entity)**

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on February 26, 2024, with an organizational date deemed effective August 4, 1988, for HEALTH COALITION, INC., the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L24000095228.



CR2E022 (01-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-seventh day of February, 2024

A handwritten signature in black ink, appearing to read "C. Byrd".

Cord Byrd
Secretary of State

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Health Coalition, Inc

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on August 4, 1988
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Health Coalition, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 26 day of February 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Walter R. Shikany, III Title: President and Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Walter R. Shikany, III Title: President and CEO

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED
2024 FEB 26 AM 11:20
CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Health Coalition, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8320 NW 30th Terrace, Doral, FL 33122

Mailing Address:

8320 NW 30th Terrace, Doral, FL 33122

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

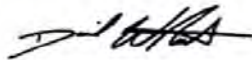
Plantation

City

FL 33324

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Walter R. Shikany, III

8320 NW 30th Terrace, Doral, FL 33122

MGR

Terri R. Shikany

8320 NW 30th Terrace, Doral, FL 33122

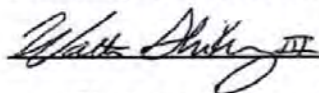
(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

Walter R. Shikany, III shall serve as President and CEO of Health Coalition, LLC.

Terri R. Shikany shall serve as Secretary and Treasurer of Health Coalition, LLC.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Walter R. Shikany, III

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

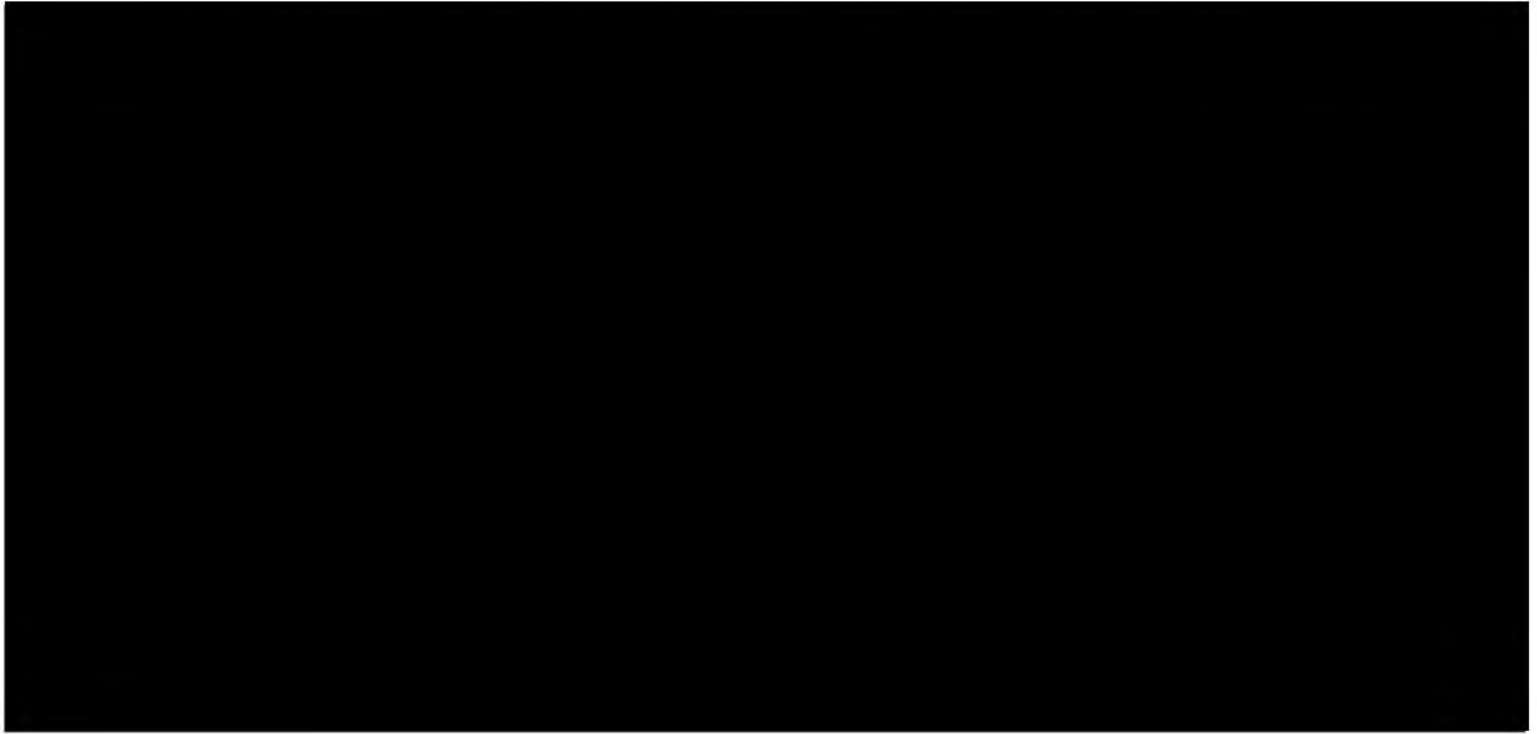
\$ 5.00 Certificate of Status (Optional)



HEALTH COALITION, INC.

knowledge
reliability
service

*** CONFIDENTIAL *** HEALTH COALITION, LLC EMPLOYEE LIST *** CONFIDENTIAL ***



4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Glaukos Corporation</u>		
Physical Address: <u>One Glaukos Way</u>		
City: <u>Aliso Viejo</u> State: <u>CA</u> Zip: <u>92656</u>		
Mailing Address (if different from physical address): <u>Same as above</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>949-367-9600</u> Website: <u>www.glaukos.com</u>		
Name of Designated Representative (DR): <u>Emily Bibak</u>		
Licensing Company Email: <u>dlaack@glaukos.com</u> DR Email: <u>ebibak@glaukos.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Veterinarians ☒ Others: Surgery Centers	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☒ Others: Sales and Marketing

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Healthlink International, Inc.
Address: 4049 Willow Lake Blvd. Suite 100 City: Memphis State: TN Zip: 38118
Name: Glaukos Corporation
Address: 229 Avenida Fabricante City: San Clemente State: CA Zip: 92672
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Glaukos Corporation
Parent Company (if any): N/A
Corporation Name: Glaukos Corporation
Mailing Address: One Glaukos Way
City: Aliso Viejo State: CA Zip: 92656
Telephone: 949-367-9600 Email: dlaack@glaukos.com
Contact Person Name: Dana Laack
Date of SEC Registration: 1/1/2001 SEC Registration Number: 0001192448 Stock Exchange Symbol: GKOS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

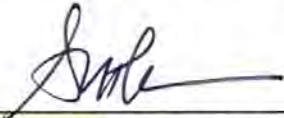
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Glaukos Corporation
Facility Name

Alex Thurman
Print Name of Authorized Person Submitting Application


Original signature of Authorized Person (copies or stamps not accepted)

3/6/2024
Date

Board Use Only

Date Received: 5/20/24

Amount: \$1000-CH 656228

National Drug Code Directory

Current through February 09, 2024

You have searched Finished drug products

Search Results: 'glaukos'

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

CSV Excel

Display 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 Market Date
+ IDose TR	25357-100-01	75 ug/1	IMPLANT	INTRACAMERAL	NDA218010	Glaukos Corporation	25357-100	Travoprost Intracameral	TRAVOPROST	HUMAN PRESCRIPTION DRUG	12/13/2023	N/A
+ Photrexa Cross-linking Kit	25357-025-03		KIT	OPHTHALMIC	NDA203324	Glaukos Corporation	25357-025	riboflavin 5-phosphate ophthalmic		HUMAN PRESCRIPTION DRUG	09/25/2017	N/A

Showing 1 to 2 of 2 entries

Previous 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

Glaukos Corporation
One Glaukos Way
Aliso Viejo, CA 92656

Officers

Thomas Burns Chairman & CEO
Address: One Glaukos Way, Aliso Viejo, CA 92656

Joseph Gilliam President & COO
Address: One Glaukos Way, Aliso Viejo, CA 9265603

Alex Thurman Senior VP & CFO
Address: One Glaukos Way, Aliso Viejo, CA 92656

Tomas Navratil, Chief Development officer
Address: One Glaukos Way, Aliso Viejo, CA 92656

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLAUKOS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLAUKOS CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 1998.

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



2895968 8300

SR# 20231412641

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: 203127199

Date: 04-12-23

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH
DRUG MANUFACTURING LICENSE

Glaukos Corporation
One Glaukos Way
Aliso Viejo , CA 92656

LICENSE NUMBER: 114784
EXPIRATION DATE: 8/26/2025

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/26/2023

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 Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC 1 Polaris Way #300 Aliso Viejo, CA 92656		CONTACT NAME: Simson Soetanto PHONE (A/C, No, Ext): 949-900-1211 FAX (A/C, No): 858-452-7530 E-MAIL ADDRESS: Simson.Soetanto@marshmma.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company	NAIC # 20281
INSURED Glaukos Corporation Avedro, Inc. One Glaukos Way Aliso Viejo, CA 92656		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL 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:		35832258	08/01/2023	08/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$EXCLUDED \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		70205842	08/01/2023	08/01/2024	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 \$		79838398	08/01/2023	08/01/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 PRODUCTS \$EXCLUDED
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		71835446	08/01/2023	08/01/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Products/Human Clinical Trials Retro: 12/1/2001		35832259	08/01/2023	08/01/2024	\$10,000,000 Ea Occ/Agg \$100k Ded/\$500k Agg Claims Made

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

Evidence of Insurance

Worldwide Coverage: General Liability, Product Liability, Clinical Trials and Umbrella

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Glaukos Corporation MDEG License # (if applicable) N/A
Physical Address One Glaukos Way
City Aliso Viejo State CA Zip 92656
Mailing Address (if different from physical address) Same as above
City _____ State _____ Zip _____
Telephone 949-367-9600 Website www.glaukos.com
Licensing Company Email dlaack@glaukos.com

Section 2: Personal Information

First Emily Middle _____ Last Bibak
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address _____
City Laguna Niguel State CA Zip 92677
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name De Geer Gymnasium		From - To (MM/YY - MM/YY) 06/1990 - 09/1993	
Address Nygatan 68	City Norrkoping, Sweden	State	Zip 60234
Diploma/Degree obtained, if any High School Diploma			
School Name University of Linköping Linköping University		From - To (MM/YY - MM/YY) 09/1993 - 06/1997	
Address SE-581 83 Linköping	City Linköping - Sweden	State	Zip 581 83
Diploma/Degree obtained, if any Master of Science			
School Name University of Heidelberg		From - To (MM/YY - MM/YY) 09/1997 - 03/2001	
Address Grabengasse 1	City Heidelberg - Germany	State	Zip 69117
Diploma/Degree obtained, if any PhD			
School Name University of California		From - To (MM/YY - MM/YY) 09/2020 - 06/2022	
Address University of California, Irvine	City Irvine	State CA	Zip 92697
Diploma/Degree obtained, if any MBA			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 4/2020 to Present	Address [REDACTED]	City Laguna Niguel	State CA	Zip 92677
From - To (MM/YY - MM/YY) 9/2007 to 5/2020	Address [REDACTED]	City Laguna Niguel	State CA	Zip 92677
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Glaukos Coporation		From - To (MM/YY - MM/YY) 2014 to present	
Business Address One Glaukos Way	City Aliso Viejo	State CA	Zip 92656
Phone 949-481-0744	Title Director Analytical Technologies	Number of Employed Hours 6720 hrs	
Description of Duties Responsible for providing technical leadership and managerial guidance for development of analytical methods.			

Business Name Epirium Bio		From - To (MM/YY - MM/YY) 6/2021 to 10/2021	
Business Address 9171 Towne Center Drive, Suite 270	City San Diego	State CA	Zip 92122
Phone 858-568-8102	Title Director Analytical Development/CMC	Number of Employed Hours 480hrs	
Description of Duties Overseeing the analytical activities, method development, validation, release testing of drug substance and drug product.			

Business Name SHC Hyland's		From - To (MM/YY - MM/YY) 8/2019 to 4/2021	
Business Address 13301 South Main Street	City Los Angeles	State CA	Zip 90061
Phone 310-749-6954	Title Vice President, R&D	Number of Employed Hours 2560hrs	
Description of Duties Leading and managing analytical team, developing methods, release testing and stability studies for drug substance and drug product.			

Business Name Allergan		From - To (MM/YY - MM/YY) 3/2017 to 8/2019	
Business Address 2525 Dupont Drive	City Irvine	State CA	Zip
Phone 714-246-4500	Title Associate Director SMPD	Number of Employed Hours 4640hrs	
Description of Duties Leading analytical development department, development and validation of methods, supporting ^{release} and stability of drug products for clinical studies			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

03/06/2024

Date

I, Emily Bibak, certify that as the MDEG Administrator for
Glaukos Corporation

that I (initial that you have read and meet the following requirements):

1. EB Have a high school diploma or its equivalent;
2. EB Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. EB Will be employed by 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
4. EB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Emily Bibak

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

03/06/2024

Date

Board Use Only

Date Received: _____

First Name	Last Name
David	Haffner
Thomas	Burns
Gary	Rangel-Friedman
Jane Ellen	Giamporcaro
Todd	Fjeld
Kenneth	Curry
Chris	Calcaterra
Douglas	Crimaldi
Istvan	Nadaskai
Jana	Kutyba
Edward	Collins
Michael	Neilon
Debbie	Capel
Richard	Martin
Chris	Kuo
Ryan	Friedman
Johnny	Le
Lori	Wallace
Charles	Kalina
Huong	Huynh
Mariz	Hanna
Robert	Balsamo
Michele	Allegretto
Robert	Davis
Robert	Sanchez
Gabriella	Szekely
Jia-Ying	Yang
Scott	Kirkwood
Alma	Toggenburger
David	Fernquist
Christina	Young
Kristine	Velasco
Tim	Daly
Long	Doan
Dana	Hornbeak
Jack	Xie
Tyler	Brown
Ryan	Portwood
Melissa	Chaves
Mitchell	Gray
John	McLean
Alex	Thurman
Chelsey	Eager

Carlye	Fletcher
Adele	Simmons
Tina	Ho
Diana	Scherer
Alexandra	Bellomo
Chang	Vangyi
Laura	Breaux
Michael	Rivera
Justin	Grimes
Nicholas	Gunn
Brett	Nishina
Jill	Prochot
Seth	Gustine
Cesario	Dos Santos
Heather	Bradley
Anileni	Ortiz
Joseph	Gilliam
Will	Burns
Donna	Toleno
Tam	Bui
Rachel	Teel
Christopher	Kuo
Chris	Lewis
Sara	Kerrane
Cody	McKenzie
Andrew	Johnson
Julie	Papp
Virginia	Nebria
Gavin Angelo	Arellano
Brian	Sonico
Christopher	Torres
James	Shiah
David	Bardin
Ricardo	Cruz
Angela	Anderson
Alexander	Milewski
William	Tran
Jason	Schmitt
Risto	Lempiainen
Marco	Armijo
Girish	Rajendran
Michelle	Bedard Erickson
Teresa	Mena
Mary	Lattin
Melanie	Hazlett
Xiaojun	Liu

Astasya	Sajadi
Robert	Stiefel
Naga Swetha	Kondraganti
Karyn	Natale
Christopher	Gibbs
Courtney	Brumm
Kun	Zheng
Liliane	Phan
Sara	Culver
Inhou	Chu
John	Martinez
Marin	Burns
Terence	Koritz
Alan	Husted
Jennifer	Frey
Wing Yan	Hoh
Kevin	Sauer
Joshua	Felix
Jonathon	Coy
Jade	Orzol
John	Ahn
Jennifer	Cannivet
John	Muri
Alex	Bhaskarla
Metaksya	Fjeld
Steve	Pommerenk
Kenneth	Chik
Kali	Cottingame
Jeffrey	Manning
Iona	Raymond
Tomas	Navratil
Sarah	Santos
Dari	Parizadeh
Ziad	Ghannoum
Venkata	Akunuri
Alborz	Jooyaie
Claudine	Reider
Nils	Hauptmann
Erick	Gordon
Shveta	Rane
Hadi	Ghasemi
Bryan	Dighera
Puiwah	Braswell
Joseph	Tsai
Tiffany	Dam
Alejandro	Perez Meza

Justin	Lin
Sam	Placinta
Esha	Patel
Ramiro	Villa
Victoria	Wu
Linda	Pham
Thomas	Osbrink
Steven	Perkins
Suzanne	Vea
Rachel	Wilson
David	Nguyen
Zachary	Coverston
Brian	Smith
Alberto	DeJesus
Emily	Bibak
Harsha	Sayala
Jacklyn	Hinh
Serene	Smith
Alice	Sanchez
Savannah	Bettis
Christopher	Damien
Reesha Faye	Alvarado
Sara	Heedy
Max	Saenz
Tara	Nadeau
Sathya	Akunuri
Charles	Kamen
Kimberly	Luc
Joseph	Briskorn
Theresa	McDowell
Charles	Petersen
Pedro	Ramirez
Luis	Montes
Duane	Mauzey
Molly	Brennan
Hugo	Bravo
Cameron	Sequeira
Edward	Sanchez
Nur	Hamideh
Frederick	Okamoto
Thomas	Burns
Ryan	Smith
Yung	Kuo
Joycelyn	Nguyen
Steve	Kim
Lijie	Li

Danielle	Armijo
Jennifer	Ringdahl
Sonoma	DeMato
Katelyn	Arden
Jinwoo	Choi
Alexander	Christou
Omar	Sadrudin
Krishna kumar	Beta
Danica	Ferrer
Abbas	Sedigh
Yi	Gao
Molly	Sype
Dana	Lombardi
Majida	Tabbara
Patricia	Davino
Jacob	Mackenzie
Timothy	Louie
Darren	Inouye
Emma	Wellmeyer
Carolyn	White
Jonathan	Perez
Julia	Clark
Carlos	Hernandez
Joanna	Chavez
Jennifer	Seal
Evan	Hockman
Narendar	Dudhipala
Christine	Loya
Lisa	Jensen
Jesus	Gutierrez
Ya-Ting	Hu
Alazar	Ghebremeskel
Eric	Newton
Jazmine	Pouzbouris
LeAnne	Connolly
Brian	Truong
Naga Deepthi	Kolagani
Sasidhar	Boddapati
Kyle	Styck
Kristin	Weckerle
Santiago	Echeverry
Amber	Ramsay
Abigail	Day
Carla	Connolly
Thomas	Ward

Madison	Johnston
Helen	Au
Kristen	Carter
William	Dismuke
Muge	Wang
Ramon	Dimalanta
Leah	Fuller
Paul	Henson
Guy	Stroscher
Haideh	Jalali
Brian	Landino
Alexandria	Von Tersch Pohrer
Oscar	Cai
Nirmalan	Yogarathnam
Corynn	West
David	Jensen
Alexander	Estevez
Leah	Rzeszutek
Hugh	Ross
David	Hohler
Michael	Gelvin
David	Lamas

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

(Mark one)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

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 No. 001-37463

GLAUKOS CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

33-0945406

(I.R.S. Employer Identification No.)

229 Avenida Fabricante

San Clemente, California

(Address of principal executive office)

92672

(Zip Code)

(949) 367-9600

(Registrant's telephone number, including area code)

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	GKOS	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-T (§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, or a smaller reporting company or an emerging growth company. (See definitions of "large accelerated filer", "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act).
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 ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second quarter, the aggregate market value of common stock held by non-affiliates of the registrant, based on the closing sales price for the registrant's common stock as reported on The New York Stock Exchange, was \$3,792 million.

The number of shares of the Registrant's common stock outstanding as of February 23, 2022 (latest practicable date) was 47,053,318 shares.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's Proxy Statement for the 2022 Annual Meeting of Stockholders are incorporated herein by reference in Part III of this Annual Report on Form 10-K to the extent stated herein. Such Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the close of the registrant's fiscal year ended December 31, 2021.

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We use *Glaukos*, our logo, *iStent*, *iStent inject*, *iStent infinite*, *iPrism*, *iDose*, *iPRIME*, *MIGS*, *Avedro*, *Photrex*, *iLink*, *KXL*, *Epioxa*, *iLution*, *Retina XR* and other marks as trademarks. This report contains references to our trademarks and service marks and to those belonging to other entities. Solely for convenience, trademarks and trade names referred to in this report, including logos, artwork and other visual displays, may appear without the ® or ™ symbols, but such references are not intended to indicate in any way that we will not assert, to the fullest extent under applicable law, our rights or the rights of the applicable licensor to these trademarks and trade names. We do not intend our use or display of other entities’ trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

References throughout this document to the “Company,” “we,” “us,” “our,” or “Glaukos” refer to Glaukos Corporation and its consolidated subsidiaries.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (Securities Act), and Section 21E of the Securities Exchange Act of 1934, as amended (Exchange Act). These statements are based on management's beliefs and assumptions and on information currently available to management. Some of the statements under Item 1 - "Business," Item 1A - "Risk Factors," Item 7 - "Management's Discussion and Analysis of Financial Condition and Results of Operations" and elsewhere in this Annual Report on Form 10-K contain forward-looking statements. In some cases, you can identify forward-looking statements by the following words: "may," "will," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "continue," "ongoing" or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words.

These statements involve risks, uncertainties and other factors that may cause actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this Annual Report on Form 10-K, we caution you that these statements are based on a combination of facts and factors currently known by us and our projections of the future, about which we cannot be certain.

In addition, you should refer to the "Risk Factors" section of this Annual Report on Form 10-K for a discussion of important factors that may cause actual results to differ materially from those expressed or implied by the forward-looking statements. As a result of these factors, we cannot assure you that the forward-looking statements in this Annual Report on Form 10-K will prove to be accurate. Furthermore, if the forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. We undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

This Annual Report on Form 10-K contains market data and industry forecasts that were obtained from industry publications. These data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such information. Although we believe that the industry publications on which the market and industry statements are based are reliable and we are not aware of any misstatements regarding any market data or industry forecasts presented herein, we have not independently verified any of the third party information. Statements in this Annual Report on Form 10-K regarding our market position, market opportunity, market size and our general expectations involve risks and uncertainties and are subject to change based on various factors, including those discussed under Item 1A - "Risk Factors" and Item 7 - "Management's Discussion and Analysis of Financial Condition and Results of Operations" included elsewhere in this Annual Report on Form 10-K.

PART I

ITEM 1. BUSINESS

Overview

Glaukos is an ophthalmic medical technology and pharmaceutical company focused on developing novel therapies for the treatment of glaucoma, corneal disorders, and retinal disease. We first developed Micro-Invasive Glaucoma Surgery (MIGS) as an alternative to the traditional glaucoma treatment paradigm, launching our first MIGS device commercially in 2012, and have since developed a portfolio of technologically distinct and leverageable platforms to support ongoing pharmaceutical and medical device innovations. Products or product candidates for each of these platforms are designed to advance the standard of care through better treatment options across the areas of glaucoma, corneal disorders such as keratoconus, dry eye and refractive vision correction, and retinal diseases such as neovascular age-related macular degeneration (AMD), diabetic macular edema (DME), and retinal vein occlusion (RVO).

Ophthalmic diseases and disorders are a national and global health concern and, as the population ages, the number of individuals with vision impairment and blindness is increasing. Moreover, improving access to cost-effective tools is increasing the diagnosis of sight-threatening ocular diseases globally and driving demand for innovative products, technologies, and therapies that improve clinical outcomes, and provide ease of use and reliability. In response to the significant unmet needs that exist within ophthalmology we have designed commercial and development-stage solutions to provide ophthalmologists with various treatment options.

Our commercial solutions and development-stage product candidates include:

- MIGS products that primarily involve the insertion of a micro-scale device or drug delivery system designed to reduce intraocular pressure (IOP) by restoring the natural aqueous humor outflow pathways for patients suffering from glaucoma and MIGS biosensors to measure pressure within the eye;
- bio-activated pharmaceuticals that are intended to strengthen, stabilize, and reshape the cornea for patients impacted by corneal ectatic disorders such as keratoconus or refractive disorders;
- transdermal pharmaceuticals that are applied to the eyelid and designed to treat dry eye, presbyopia, glaucoma and other ocular surface diseases and disorders; and
- proprietary micro-invasive, bio-erodible sustained release drug delivery implants that are designed to elute pharmaceuticals over time to improve the vision of patients impacted by retinal diseases such as AMD, DME, and RVO;

Impact of COVID-19 Pandemic and Current Economic Environment

While the COVID-19 pandemic and subsequent economic slowdown materially impacted the global demand for our products starting March 2020, we began to see an early recovery toward more normalized levels for cataract and keratoconus procedures as early as May 2020, a trend that generally continued, with periodic volatility in certain geographies in which we operate, through December 31, 2021. Most recently the Omicron variant has led to a material increase in diagnosed cases worldwide, creating new government restrictions in select geographies and impacting elective procedures in hospital and ambulatory surgery center sites. Additionally, the COVID-19 pandemic has led to widespread staffing shortages, including in ambulatory surgery centers, which may also impact elective procedures. These trends accelerated at the end of December 2021 and continued through the date herein.

We continue to actively assess the impact of COVID-19 on our clinical trials and other pipeline products. The closure of ophthalmic practices and deferral of elective procedures beginning in the first quarter of 2020 in response to COVID-19 disrupted new patient enrollment in our ongoing clinical trials. While we cannot predict the full impact of

COVID-19 on the timing of completion of our clinical trials and the expected regulatory approvals for our pipeline products, our disclosed targeted approval dates anticipate, to our best estimate, such impact.

Additionally, some of our vendors are continuing to experience supply challenges, both in the acquisition of raw materials as well as due to limited headcount resources, and we have experienced higher costs for certain raw materials. These challenges have led to delays and partial or unfulfilled deliveries of certain components needed for the manufacture of our products, in some cases requiring us to find second sources for materials. If these delays and partial or unfulfilled deliveries persist, they could impact our ability to ship some of our products to our customers, or bring some of our pipeline products to market, in a timely manner. We believe that much of these supply challenges and higher costs stem from the ongoing obstacles presented by COVID-19.

The ultimate impact of the COVID-19 pandemic on our operations going forward is unknown and will depend on future developments which are highly uncertain and cannot be predicted with confidence, including the duration and severity of the COVID-19 outbreak, the status of health and safety actions taken to contain its spread, the severity and transmission rates of new variants of COVID-19 such as the Omicron strain, the availability, distribution, and efficacy of vaccines for COVID-19, any additional preventative and protective actions that governments, or we, may take, any future surges of COVID-19 that may occur, the dynamics associated with the rollout of the COVID-19 vaccines, and how quickly and to what extent economic and operating conditions normalize within the markets in which we operate. For additional information, see the section titled *Risks Related to Our Business* within Item 1A. Risk Factors of this Annual Report on Form 10-K.

Recent Developments

2022 U.S. reimbursement rates

On November 2, 2021, the United States (U.S.) Centers for Medicare & Medicaid Services (CMS) published its final rules for 2022 Medicare physician fee payment rates and 2022 Medicare facility fee payment rates for services furnished in both the ambulatory surgery center and hospital outpatient settings (Final Rules). These Final Rules superseded the proposed rates that were issued by CMS in July 2021 which were much lower than the rates issued in the Final Rules. Compared to the 2021 reimbursement rates, the Final Rules contained a new, significantly lower physician fee related to the implantation of trabecular bypass stents, such as our *iStent* family of products, in conjunction with cataract surgery. Conversely, the facility fee schedule related to surgeries that include implantation of trabecular bypass stents, such as our *iStent* family of products, in conjunction with cataract surgery, slightly decreases reimbursements to an ambulatory surgery center and increases reimbursements to a hospital. We estimate that approximately 80% of procedures utilizing our trabecular micro-bypass technologies in the U.S. are performed in the ambulatory surgery center setting and the remaining estimated 20% of procedures are performed in the hospital. Additionally, the Final Rules established facility fee payment rates that were lower than anticipated for standalone insertion of an aqueous drainage device in the ambulatory surgery center and hospital settings, which would be the procedure that such facilities would use with our *iStent infinite* product, which is not yet approved by the U.S. Food & Drug Administration. These CMS reimbursement rates contained in the Final Rules took effect January 1, 2022.

U.S. Glaucoma volumes were negatively impacted during our third and fourth quarter of 2021 as typical customer ordering patterns were disrupted and trialing of competitive products increased in anticipation of the potential 2022 CMS physician and facility fee reimbursement rate decreases becoming effective as originally proposed in July 2021. The physician fee reimbursement rate as issued in the Final Rules may have an adverse impact on 2022 procedural *iStent* family product volumes, in conjunction with cataract surgery as well as on our 2022 U.S. combo-cataract Glaucoma revenues, gross profit, and net income, the full extent of which is not known at this time.

Attillaps License Agreement

On September 20, 2021, we announced that we had entered into a licensing agreement (Attillaps License Agreement) with Attillaps Holdings, Inc. (Attillaps) under which Attillaps granted us a global exclusive license to Attillaps' proprietary library of investigational pharmaceutical compounds that target the eradication of Demodex mites, which are the root cause of Demodex blepharitis and often associated with meibomian gland dysfunction and related ophthalmic diseases. Under the Attillaps Licensing Agreement, we have the exclusive global right to research, develop, manufacture and commercialize products using certain acetylcholinesterase inhibitors for the treatment of ophthalmic

diseases caused by Demodex mites. We paid \$5.0 million upon the signing of the Attilaps License Agreement and will have ongoing milestone and royalty payment obligations depending on the success of the development, approval and commercialization of the compounds.

Settlement of Patent Litigation

On September 14, 2021, we entered into a settlement agreement (Settlement Agreement) with Ivantis, Inc. (Ivantis), pursuant to which we and Ivantis agreed to terminate the patent infringement lawsuit we had filed against Ivantis on April 14, 2018 in the U.S. District Court for the Central District of California, Southern Division (the Lawsuit). In the Lawsuit, we alleged that Ivantis' Hydrus® Microstent device infringes our U.S. Patent Nos. 6,626,858 and 9,827,143. Pursuant to the terms of the Settlement Agreement, Ivantis has made cash payments totaling \$60.0 million, \$30.0 million of which was paid to us during the year ended December 31, 2021, and \$30.0 million of which was paid to us in January 2022.

Additionally, Ivantis will make quarterly royalty payments to us in the amount of 10% of Ivantis' Hydrus Microstent U.S. sales and any international sales supplied out of the U.S. beginning in the fourth quarter of 2021 through April 26, 2025, subject to a per-unit minimum payment. We and Ivantis have dismissed with prejudice all of our claims against each other in the Lawsuit, which was scheduled for trial beginning on or around September 28, 2021, and in related lawsuits in other forums and jurisdictions. The parties also have agreed to mutual licenses and covenants not to sue the other party for patent infringement relating to Ivantis' Hydrus Microstent or our micro-stent devices.

Santen License Agreement

On May 18, 2021, we announced that we entered into a new development and commercialization license agreement with Santen Pharmaceutical Co., Ltd. (Santen) for the PreserFlo MicroShunt, superseding the previous collaboration and distribution agreements between the two parties. Under the new agreement, we obtain exclusive commercialization rights for the MicroShunt in the United States, Australia, New Zealand, Canada, Brazil, Mexico and the remainder of Latin America. The new agreement also provides us with control over development activities for the MicroShunt in these same territories, including clinical development and regulatory affairs activities in the United States following a transition period. We did not make any payment in connection with the execution of the license agreement; however, should we be successful in obtaining regulatory approval for the PreserFlo MicroShunt, we would be required to pay Santen a milestone payment, followed by royalties and other potential future milestones depending on the success of the commercialization of the product.

Intratus License Amendment

On April 14, 2021, we announced that we had entered into an amended licensing agreement with Intratus, Inc. (Intratus) under which Intratus granted us a global exclusive license to research, develop, manufacture and commercialize Intratus' patented, non-invasive drug delivery platform for application in the treatment of presbyopia. The addition of presbyopia expands upon the existing agreement between us and Intratus announced on July 22, 2019. The amendment includes a mechanism to further expand the existing agreement to other indications, applying the active pharmaceutical ingredients being advanced by us in glaucoma, corneal disorders and presbyopia to new ophthalmic fields.

Products and Pipeline

We operate in one operating segment and our primary business activity is the development and commercialization of therapies across several end markets within ophthalmology. In an effort to provide greater visibility into our business, the following discussion is presented based on our three principal end markets within ophthalmology: glaucoma, corneal disorders and retinal diseases.

Glaucoma

Glaucoma is a group of eye diseases characterized by progressive, irreversible and largely asymptomatic vision loss in which elevated levels of IOP are often associated with optic nerve damage that can cause blindness. While some glaucoma patients do not experience an increase in IOP, it is widely considered a major risk factor in glaucoma's progression, and reduction in IOP is the only clinically proven treatment for the disease. Elevated IOP occurs when aqueous humor is not circulating normally or properly draining from the front part of the eye.

We have three primary commercialized products designed to treat mild-to-moderate open-angle glaucoma: the *iStent*, the *iStent inject*, and the *iStent inject W*. The *iStent*, the *iStent inject*, and the *iStent inject W* are FDA-approved micro-bypass stents that improve aqueous humor outflow and are inserted through the small corneal incision made during cataract surgery. Our *iStent*, a single stent device which reduces IOP by restoring the natural physiologic pathways for aqueous humor, was the first commercially available MIGS treatment solution. Our next generation *iStent inject* and *iStent inject W* devices include two stents pre-loaded in an auto-injection system designed to allow the surgeon to inject stents through a single corneal entry. The *iStent*, *iStent inject*, and *iStent inject W* procedures are currently reimbursed in the U.S. by Medicare and all major national private payors. The *iStent* technologies are commercially available in numerous countries, including Australia, Brazil, Canada and Japan and certain European Union (EU) and other countries, even though reimbursement may not always be available for all such procedures.

We are also developing several pipeline products for glaucoma, including the *iStent infinite* and *iDose TR*, neither of which have yet been approved for commercialization. The *iStent infinite* consists of three stents that are designed for use as a standalone procedure in glaucoma patients. In 2021, we submitted our 510(k) clearance application for the *iStent infinite* for the treatment of glaucoma patients who have failed prior surgical therapy and estimate that we will receive clearance in the first half of 2022.

The *iDose* drug delivery system is a targeted injectable implant based on our micro-scale device-platform that is designed to continuously deliver therapeutic levels of medication from within the eye for extended periods of time. We completed patient enrollment and randomization in our Phase 3 clinical trials in 2021 for *iDose TR* and now anticipate submitting a new drug application (NDA) in 2022 with potential FDA approval of this product in 2023. Additionally, our glaucoma pipeline includes the next-generation extended release *iDose (TRES)*; *iDose (ROCK)* which would include proprietary Rho Kinase inhibitor compounds from a research and development collaboration agreement with D. Western Therapeutics Institute; programs for our *iLution* platform; and the IOP Sensor which are still in a research and development (R&D) stage.

In addition to our organic R&D efforts, we have licensed from Santen the PreserFlo MicroShunt. The MicroShunt is an ab-exerno device being developed for treatment of glaucoma where IOP is uncontrolled with maximum tolerated medical therapy or where progression of the disease warrants surgery. Santen submitted a PMA application to the FDA in June 2020, and the FDA currently is reviewing additional input obtained from glaucoma surgeons to ensure a complete evaluation of the clinical data submitted in the PMA, and as such the timing of a potential approval, and U.S. commercial launch is currently unknown. We did commence initial commercial launch activity in Australia and Canada during the fourth quarter of 2021.

Corneal Disorders

The cornea, the eye's outermost layer, is a clear, dome-shaped surface that functions best as a lens when the cornea is strong and shaped properly. The cornea is responsible for the majority of the eye's total focusing power and corneal disorders, including ectasia, refractive vision errors and dry eye, among others, can cause vision impairment. Corneal ectatic disorders are comprised of a class of diseases characterized by an ectatic, or misshaped, cornea. Corneal ectasia is typically caused by a weakening of the cornea, which can be due to a number of factors, including genetic causes, adverse side effects from ophthalmic refractive procedures such as LASIK, or excessive eye rubbing. We are currently targeting corneal disorders with our bio-activated pharmaceuticals including keratoconus, and corneal ectasia following refractive surgery. Keratoconus is mostly a hereditary, degenerative ectatic disease that is often first seen in older children or young adults in which the typically round, dome-shaped cornea progressively thins and weakens, causing a cone-like corneal bulge due to normal internal pressure of the eye. Corneal ectasia following refractive surgery is a serious complication that involves the cornea becoming weakened following a refractive procedure, such as LASIK, with symptoms similar to naturally occurring keratoconus. Refractive vision errors, or the inability of the cornea to properly focus light, are prevalent in the U.S. and abroad and include disorders such as presbyopia and myopia. Presbyopia is a natural part of aging due to the hardening of the eye's crystalline lens over time, resulting in a loss of lens elasticity or the ability of the lens to change shape in order to focus incoming light on the retina. Myopia, or nearsightedness, is a vision condition in which close objects are seen clearly, but objects farther away appear blurred, and is usually caused by an elongation of the eyeball or a cornea having too much curvature. Presbyopia affects nearly everyone over the age of 40 while myopia first occurs in school-age children and typically progresses until about age 20.

Our pharmaceutical *iLink* platform uses a suite of novel single-use drug formulations that are bio-activated by our proprietary systems to address these corneal diseases. The *iLink* therapies, bioactivated upon the delivery of ultraviolet A (UVA) light to the cornea, induce a biochemical reaction called corneal collagen cross-linking, or corneal cross-linking (CXL). CXL strengthens, stabilizes and reshapes the cornea to treat corneal ectatic disorders. Our KXL System, which delivers UVA light to a large portion of the cornea, and Photrexa therapy, is approved by the FDA for use in the U.S. following removal of the epithelium (often referred to as “*iLink* epi-off”), a procedure familiar to ophthalmologists. In May 2019, patient enrollment in a pivotal Phase 3 clinical trial was completed to evaluate the safety and efficacy of our next generation pharmaceutical *iLink* therapeutic system for the treatment of keratoconus without the removal of the epithelium (often referred to as “*iLink* epi-on”). We expect a U.S. NDA submission during 2022 and potential approval of the *iLink* epi-on product in 2023. We also expect to advance a third generation *iLink* therapeutic system into clinical trials during 2022. Internationally, our pharmaceutical therapies can also be administered with the KXL System to address corneal weakening caused by refractive surgery such as LASIK. Our bio-activated pharmaceutical products may also offer a means of improving the vision of patients with presbyopia, myopia or other corneal diseases.

We have also developed our *iLution* platform of cream-based drug formulations that are applied to the outer surface of the eyelid for dropless transdermal delivery of pharmaceutically active compounds for the treatment of eye disorders. Several *iLution* platform products leverage an exclusive global licensing arrangement with Intratus to research, develop, manufacture and commercialize a patented, non-invasive, transdermal drug delivery formulation designed for application on the eyelid in the treatment of dry eye disease, presbyopia, glaucoma, and other ocular surface diseases and disorders. In January 2022, we commenced patient enrollment in Phase 2 clinical trials of two investigational drug candidates for the treatment of signs and symptoms of dry eye disease (GLK-301) and presbyopia (GLK-302).

Lastly, in September 2021, we entered into a licensing agreement with Attilaps Holdings, Inc. (Attilaps) to research, develop, manufacture and commercialize Attilaps’ proprietary library of investigational pharmaceutical compounds that target the eradication of Demodex mites, which are the root cause of Demodex blepharitis and often associated with meibomian gland dysfunction and related ophthalmic diseases.

Retinal Diseases

Retinal diseases vary widely but universally affect the retina, a thin layer of tissue inside the back wall of the eye containing light-sensitive cells that convert light into neural signals. Most retinal diseases cause visual impairment, including blurred or distorted vision and vision loss. Our R&D efforts in our retinal franchise are focused on treating AMD, DME, RVO, and other retinal diseases. AMD is a progressive disease that occurs when the macula, the central portion of the retina, is impaired, which can result in severe vision problems. DME is highly prevalent among individuals with type 2 diabetes and is associated with DR, the impairment of small blood vessels in the retina caused by increased glucose levels. Advanced DR can lead to fluid leaking into the macula, which causes DME and severe vision impairment. RVO occurs when the flow of blood from the retina is blocked, often due to a blood clot blocking the retinal vein, which can result in severe vision problems.

We are developing sustained release pharmaceutical retinal platforms leveraging our expanded pharmaceutical and sustained drug delivery R&D capabilities, including Triamcinolone Acetonide SR, Multi-Kinase Inhibitor SR and Anti-VEGF SR. If commercialized, these platforms would be designed to treat AMD, DME, RVO, and other retinal diseases. The focus of our retinal research and development efforts is to develop potential treatment options with a longer duration-of-effect than current standards of care products.

Research & Development

We devote significant resources to our R&D efforts, which are focused on developing new products, and enhancing the effectiveness, ease of use, safety, and reliability of our commercialized products. Our R&D objectives are:

- to advance glaucoma patient care through continuous improvement of our MIGS technologies through our *iStent* platform;

- to further enhance treatment options for keratoconus, while expanding *iLink* and CXL indications to include treatment for certain refractive and other corneal conditions;
- to develop dropless, transdermal pharmaceutical therapies for dry eye disease, presbyopia, glaucoma and other corneal disorders; and
- to leverage our expertise in sustained release pharmaceutical retinal platforms to identify and develop viable treatment options for retinal diseases such as AMD, DME and RVO.

A considerable portion of our R&D investment includes clinical trials and the collection of evidence that provide data for use in regulatory submissions and required post-market approval studies involving applications of our products. We expect our R&D and clinical expenditures to increase as we continue to devote significant resources to clinical trials and regulatory approvals of our pipeline products. We currently conduct R&D activities primarily in the U.S. but are expanding our clinical capabilities to sites internationally.

Sales and Marketing

Our global sales efforts and promotional activities are currently aimed at ophthalmic surgeons and other eye care professionals. Our primary customers include ambulatory surgery centers, hospitals and physician private practices. In the U.S., we sell the majority of our products through a direct sales organization. Internationally, we sell our products through direct sales organizations in seventeen countries and a network of distribution partners in other markets where we do not have a direct commercial presence or maintain a modest commercial presence. In 2021, sales to customers inside U.S. and internationally accounted for 76% and 24% of our net sales, respectively. No single customer or distributor accounted for more than 10% of our total net sales in 2021. For the year ended December 31, 2021, our *iStent* technologies, the *iStent*, the *iStent inject*, and the *iStent inject W* and related accessories, which comprise our key *iStent* platform, accounted for approximately 79% of our net sales, while our *iLink* therapies accounted for approximately 21% of our net sales.

Competition

The medical technology and pharmaceutical industries are highly competitive. We may compete with many companies, including divisions of companies much larger than us that may have greater resources and name recognition, and smaller companies that compete against specific products or in certain geographies. Furthermore, new product development, discoveries, and technological change characterize the areas in which we compete. Our present or future products could be rendered obsolete as a result of advances by one or more of our present or future competitors or by other surgical or pharmaceutical therapy development. We must continue to develop and commercialize new products, technologies and therapies to remain competitive in the ophthalmology industry. We believe that we compete primarily on the basis of clinical superiority supported by extensive data and innovative features that enhance patient benefit, product performance, and safety.

The ophthalmic segment of the medical technology and pharmaceutical industries is dynamic and subject to significant change due to cost-of-care considerations, regulatory reform, industry and customer consolidation and evolving patient needs. The ability to provide products, technologies and therapies that demonstrate value, are reimbursed through government or third-party payors, improve clinical outcomes and provide ease of use and reliability is becoming increasingly important for companies within ophthalmology.

In glaucoma, our MIGS offerings primarily compete against Ivantis (which was acquired by Alcon in January 2022), however there are a considerable number of large and small companies providing more invasive surgical glaucoma technologies, laser-based therapies, and pharmaceuticals that may provide indirect competition or with whom we may compete should our broad clinical development pipeline be approved and commercialized. In corneal disorders, we have, under an orphan drug designation, the only FDA approved bio-activated pharmaceutical therapy for the treatment of keratoconus but globally we compete against numerous providers of corneal crosslinking therapies such as PeschkeTrade GmbH. Our corneal disorder pipeline, if approved, would vastly expand our competition to numerous large companies such as AbbVie Inc., Alcon and Johnson & Johnson, as well as some small companies that provide medical technology and pharmaceutical therapies for several areas including dry eye and refractive conditions. Our

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retinal health pipeline, if approved, may face substantial competition from large pharmaceutical companies such as AbbVie Inc., Novartis AG, Genentech/Roche, Regeneron and Bayer, and there are also a considerable number of large and small companies with development efforts in the field.

Facilities, Manufacturing and Distribution

Our corporate headquarters and our manufacturing operations for the *iStent*, *iStent inject* and *iStent inject W* are located in an approximately 98,000 square foot campus in San Clemente, California which is comprised of two main buildings. Our pharmaceutical therapies for keratoconus are primarily manufactured and supplied by third parties in the U.S. and Germany. We lease approximately 27,000 square feet of office and laboratory space in Waltham, Massachusetts, pursuant to a lease that expires in 2023, and our manufacturing operations for the majority of our proprietary systems are located in approximately 60,000 square feet of space located in Burlington, Massachusetts under a lease that expires on July 31, 2033 and contains one option to extend for a five-year period at market rates. In the first quarter of 2022, we relocated certain administrative, laboratory, R&D and warehouse space to three office buildings, comprising approximately 160,000 rentable square feet of space, located in Aliso Viejo, California (Aliso Facility). The term of the Aliso Facility lease commenced on May 1, 2019 and will continue for thirteen years, with an option to extend the lease for two additional five-year periods at market rates. We currently intend to maintain manufacturing facilities for the *iStent*, *iStent inject*, and *iStent inject W* at our San Clemente location for the foreseeable future. Our international subsidiaries also lease facilities in Australia, Brazil, Canada, Germany, Japan and the United Kingdom.

Intellectual Property

The strength of our competitive position depends substantially upon our ability to obtain and enforce intellectual property rights protecting our technology both domestically and internationally. We rely on a combination of intellectual property rights, including patents, trademarks, service marks, copyrights, trade secrets and other similar intellectual property, as well as customary contractual protections and security measures used to protect our proprietary, trade secret information.

In the aggregate, our intellectual property assets are of material importance to our business. We are significantly dependent on our patent and other intellectual property rights and the failure to protect such rights could negatively impact our ability to sell current or future products or prohibit us from enforcing our patents or other intellectual property rights against others. For additional information see the section titled *Risks Related to Our Intellectual Property* within Item 1A. Risk Factors of this Annual Report on Form 10-K.

As of December 31, 2021, we owned or exclusively licensed in certain fields of use over 300 issued patents, pending U.S. patent applications, issued foreign patents and pending foreign patent applications. We may, from time to time, choose to acquire or license additional patents and patent applications, or we may choose to abandon, sell, or license certain Company patents and patent applications, depending on our needs. The issued patents that protect our commercial products and current product pipeline expire between 2022 and 2038.

Government Regulation

Our products and operations are subject to extensive and rigorous regulation by federal, state, and local authorities, as well as foreign regulatory authorities. These governmental agencies regulate, among other things, the research, development, testing, manufacturing, approval, labeling, storage, recordkeeping, advertising, promotion and marketing, distribution, post approval monitoring and reporting, and import and export of medical devices and drugs (including drug/device combination products) in their respective jurisdictions to assure the safety and effectiveness of medical products and pharmaceuticals for their intended use. In general, there has been a trend of increased regulation of medical device and drug products, which has resulted in, and will likely continue to result in, increased prices to bring new products to market.

U.S. Regulation & Reimbursement

The FDA has broad regulatory authority over medical devices and drugs in the U.S. The FDA regulates, among other things, product safety, efficacy, manufacturing, advertising, labeling and safety reporting.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH <u>pending</u>	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Janssen Pharmaceuticals, Inc.</u>		
Physical Address: <u>1125 Trenton-Harbouton Rd.</u>		
City: <u>Titusville</u> State: <u>NJ</u> Zip: <u>08560</u>		
Mailing Address (if different from physical address): <u>same as above</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>609-730-2000</u> Website: <u>https://www.janssen.com/</u>		
Name of Designated Representative (DR): <u>Richard Cansfield</u>		
Licensing Company Email: <u>rcansfie@its.jnj.com</u> DR Email: <u>rcansfie@its.jnj.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: <u>solid dose & injectables</u>	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: <u>Pennsylvania</u>		
Parent Company (if any): <u>Johnson & Johnson</u>		
Corporation Name: <u>Janssen Pharmaceuticals, Inc.</u>		
Mailing Address: <u>1125 Trenton-Harbouton Rd.</u>		
City: <u>Titusville</u>	State: <u>NJ</u>	Zip: <u>08560</u>
Telephone: <u>609-730-2000</u>	Email: <u>rcansfie@its.jnj.com</u>	
Contact Person Name: <u>Richard Cansfield</u>		
Date of SEC Registration: report from fiscal year 2023	SEC Registration Number: <u>1-3215</u>	Stock Exchange Symbol: <u>JNJ</u>

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____		
Parent Company (if any): _____		
Corporation/Organization Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 6: Partnership

Partnership Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 7: Sole Owner

Owner's Name: _____		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ . See Attachment F		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment B	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. N/A	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. See Attachment B		✓		
• List of <u>all</u> partners and their percent ownership. N/A			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months. See Attachment C	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only) N/A	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment D	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable) See Attachment E	✓	✓	✓	✓
• *Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of N/A insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ . N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Janssen Pharmaceuticals, Inc.

Facility Name

Richard Cansfield

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

April 2, 2024

Date

Board Use Only

Date Received:

5/14/24

Amount:

\$1000-check 1611

[/ NDC \(index.cfm\)](#)

National Drug Code Directory

Current through March 28, 2024

You have searched Finished drug products

Search Results: 'Janssen Pharmaceutical'

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

CSV Excel

Display All records per page

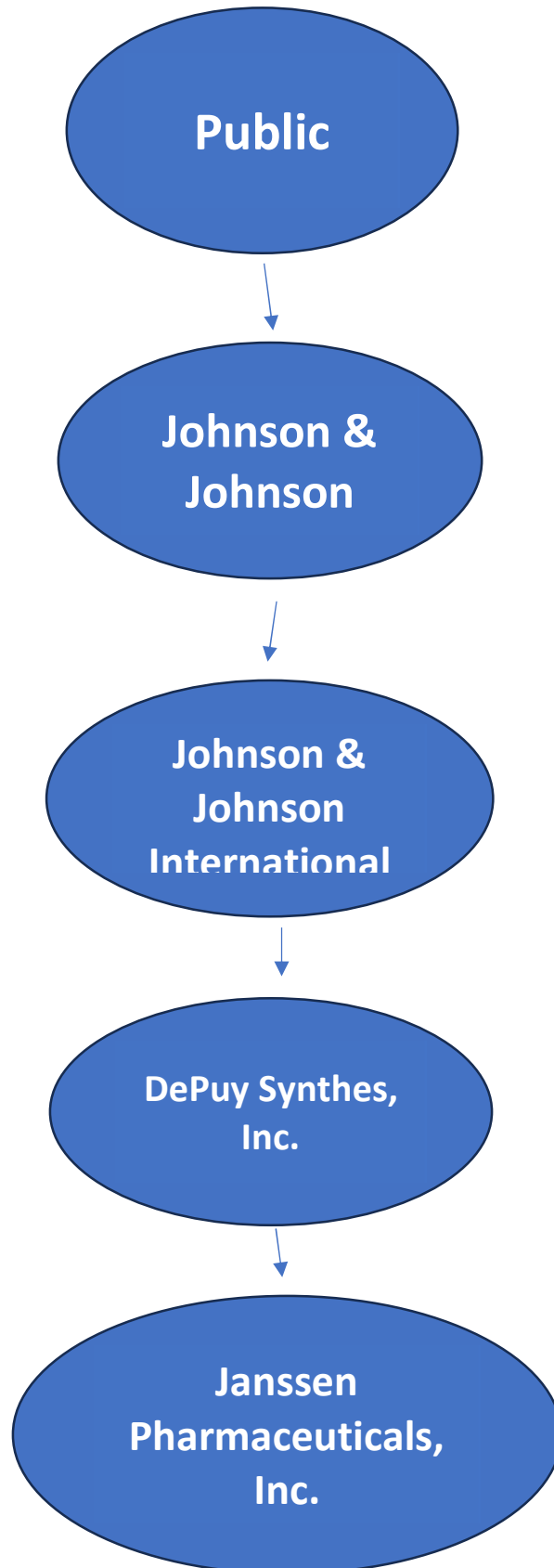
Search for text in the table:

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
CONCERTA	50458-585-01	18 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021121	Janssen Pharmaceuticals, Inc.	50458-585	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/01/2000	N/A	NDA
CONCERTA	50458-588-01	27 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021121	Janssen Pharmaceuticals, Inc.	50458-588	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/01/2000	N/A	NDA
CONCERTA	50458-587-01	54 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021121	Janssen Pharmaceuticals, Inc.	50458-587	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/01/2000	N/A	NDA
CONCERTA	50458-586-01	36 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021121	Janssen Pharmaceuticals, Inc.	50458-586	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/01/2000	N/A	NDA
ELMIRON	50458-098-01	100 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA020193	Janssen Pharmaceuticals, Inc.	50458-098	PENTOSAN POLYSULFATE SODIUM	PENTOSAN POLYSULFATE SODIUM	HUMAN PRESCRIPTION DRUG 	09/26/1996	N/A	NDA

[Top \(https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Attachment

Organizational Chart



Attachment B
Corporate Officer Information

Janssen Pharmaceuticals, Inc.
1125 Trenton-Harbouton Rd.
Titusville, NJ 08560

Corporate Officers:

Pearl Pugh
President, Janssen Neuroscience

Randall Nixon
Vice President, Low

Susan Hohenleitner
VP & CFO of Janssen NA Finance

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Janssen Pharmaceuticals, Inc.

Request Type: Subsistence Certificate

Issuance Date: October 27, 2023

Request No.: 024486734

File No.: 0000681308

Receipt No.: 000745173

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: December 18, 1978

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Janssen Pharmaceuticals, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

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

0751551

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:

1125 TRENTON-HARBOUTON RD TITUSVILLE, NJ 08560-

Reg. No.
5006448

JANSSEN PHARMACEUTICALS, INC.
1125 TRENTON-HARBOUTON RD
TITUSVILLE, NJ 08560-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2025

Establishment Copy

Attachment F

Regarding the Surety Bond

Janssen Pharmaceuticals Inc. is a wholly-owned subsidiary of a publicly-held company, Johnson & Johnson. Therefore, a surety bond is not required.

Attachment D

List of Employees

Designated Representative:

Richard Canfield

Senior Director, Planning + Customer Management +

Phone #: [REDACTED]

E-mail: [REDACTED]

Corporate Officers:

Pearl Pugh
President +

Phone #: [REDACTED]

E-mail: [REDACTED]

Randall Nixon
Vice President, Law

Phone #: [REDACTED]

E-mail: [REDACTED]

[REDACTED]

Susan Hohenleither

VP + CFO

Phone #: [REDACTED]

E-mail: [REDACTED]

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2023
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 1-3215

Johnson & Johnson

(Exact name of registrant as specified in its charter)

New Jersey

(State of incorporation)

One Johnson & Johnson Plaza
New Brunswick, New Jersey

(Address of principal executive offices)

22-1024240

(I.R.S. Employer Identification No.)

08933

(Zip Code)

One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933
(Address of principal executive offices)
Registrant's telephone number, including area code: (732) 524-0400

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, Par Value \$1.00	JNJ	New York Stock Exchange
0.650% Notes Due May 2024	JNJ24C	New York Stock Exchange
5.50% Notes Due November 2024	JNJ24BP	New York Stock Exchange
1.150% Notes Due November 2028	JNJ28	New York Stock Exchange
1.650% Notes Due May 2035	JNJ35	New York Stock Exchange

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 Section 15(d) of the Exchange 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 Exchange Act 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-T 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 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.

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. Yes ☒ No ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the Common Stock held by non-affiliates computed by reference to the price at which the Common Stock was last sold as of the last business day of the registrant's most recently completed second fiscal quarter was approximately \$430 billion.

On February 9, 2024, there were 2,408,767,226 shares of Common Stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Part III: Portions of the registrant's proxy statement for its 2024 annual meeting of shareholders filed within 120 days after the close of the registrant's fiscal year (the "Proxy Statement"), are incorporated by reference to this report on Form 10-K (this "Report").

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Cautionary note regarding forward-looking statements

This Annual Report on Form 10-K and Johnson & Johnson's other publicly available documents contain "forward-looking statements" within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. Management and representatives of Johnson & Johnson and its subsidiaries (the Company) also may from time to time make forward-looking statements. Forward-looking statements do not relate strictly to historical or current facts and reflect management's assumptions, views, plans, objectives and projections about the future. Forward-looking statements may be identified by the use of words such as "plans," "expects," "will," "anticipates," "estimates" and other words of similar meaning in conjunction with, among other things: discussions of future operations; expected operating results and financial performance; impact of planned acquisitions and dispositions; impact and timing of restructuring initiatives, including associated cost savings and other benefits; the Company's strategy for growth; product development activities; regulatory approvals; market position and expenditures.

Because forward-looking statements are based on current beliefs, expectations and assumptions regarding future events, they are subject to uncertainties, risks and changes that are difficult to predict and many of which are outside of the Company's control. Investors should realize that if underlying assumptions prove inaccurate, or known or unknown risks or uncertainties materialize, the Company's actual results and financial condition could vary materially from expectations and projections expressed or implied in its forward-looking statements. Investors are therefore cautioned not to rely on these forward-looking statements. Risks and uncertainties include, but are not limited to:

Risks related to product development, market success and competition

- Challenges and uncertainties inherent in innovation and development of new and improved products and technologies on which the Company's continued growth and success depend, including uncertainty of clinical outcomes, additional analysis of existing clinical data, obtaining regulatory approvals, health plan coverage and customer access, and initial and continued commercial success;
- Challenges to the Company's ability to obtain and protect adequate patent and other intellectual property rights for new and existing products and technologies in the United States and other important markets;
- The impact of patent expirations, typically followed by the introduction of competing generic, biosimilar or other products and resulting revenue and market share losses;
- Increasingly aggressive and frequent challenges to the Company's patents by competitors and others seeking to launch competing generic, biosimilar or other products and increased receptivity of courts, the United States Patent and Trademark Office and other decision makers to such challenges, potentially resulting in loss of market exclusivity and rapid decline in sales for the relevant product sooner than expected;
- Competition in research and development of new and improved products, processes and technologies, which can result in product and process obsolescence;
- Competition to reach agreement with third parties for collaboration, licensing, development and marketing agreements for products and technologies;
- Competition based on cost-effectiveness, product performance, technological advances and patents attained by competitors; and
- Allegations that the Company's products infringe the patents and other intellectual property rights of third parties, which could adversely affect the Company's ability to sell the products in question and require the payment of money damages and future royalties.

Risks related to product liability, litigation and regulatory activity

- Product efficacy or safety concerns, whether or not based on scientific evidence, potentially resulting in product withdrawals, recalls, regulatory action on the part of the United States Food and Drug Administration (U.S. FDA) (or international counterparts), declining sales, reputational damage, increased litigation expense and share price impact;
- The impact, including declining sales and reputational damage, of significant litigation or government action adverse to the Company, including product liability claims and allegations related to pharmaceutical marketing practices and contracting strategies;
- The impact of an adverse judgment or settlement and the adequacy of reserves related to legal proceedings, including patent litigation, product liability, personal injury claims, securities class actions, government investigations, employment and other legal proceedings;

- Increased scrutiny of the healthcare industry by government agencies and state attorneys general resulting in investigations and prosecutions, which carry the risk of significant civil and criminal penalties, including, but not limited to, debarment from government business;
- Failure to meet compliance obligations in compliance agreements with governments or government agencies, which could result in significant sanctions;
- Potential changes to applicable laws and regulations affecting United States and international operations, including relating to: approval of new products; licensing and patent rights; sales and promotion of healthcare products; access to, and reimbursement and pricing for, healthcare products and services; environmental protection; and sourcing of raw materials;
- Compliance with local regulations and laws that may restrict the Company's ability to manufacture or sell its products in relevant markets, including requirements to comply with medical device reporting regulations and other requirements such as the European Union's Medical Devices Regulation;
- Changes in domestic and international tax laws and regulations, increasing audit scrutiny by tax authorities around the world and exposures to additional tax liabilities potentially in excess of existing reserves; and
- The issuance of new or revised accounting standards by the Financial Accounting Standards Board and regulations by the Securities and Exchange Commission.

Risks related to the Company's strategic initiatives, healthcare market trends and the realization of benefits from the separation of the Company's Consumer Health Business

- Pricing pressures resulting from trends toward healthcare cost containment, including the continued consolidation among healthcare providers and other market participants, trends toward managed care, the shift toward governments increasingly becoming the primary payors of healthcare expenses, significant new entrants to the healthcare markets seeking to reduce costs and government pressure on companies to voluntarily reduce costs and price increases;
- Restricted spending patterns of individual, institutional and governmental purchasers of healthcare products and services due to economic hardship and budgetary constraints;
- Challenges to the Company's ability to realize its strategy for growth including through externally sourced innovations, such as development collaborations, strategic acquisitions, licensing and marketing agreements, and the potential heightened costs of any such external arrangements due to competitive pressures;
- The potential that the expected strategic benefits and opportunities from any planned or completed acquisition or divestiture by the Company may not be realized or may take longer to realize than expected;
- The potential that the expected benefits and opportunities related to past and ongoing restructuring actions may not be realized or may take longer to realize than expected;
- The Company's ability to divest the Company's remaining ownership interest in Kenvue Inc. (Kenvue) and realize the anticipated benefits from the separation; and
- Kenvue's ability to succeed as a standalone publicly traded company.

Risks related to economic conditions, financial markets and operating internationally

- The risks associated with global operations on the Company and its customers and suppliers, including foreign governments in countries in which the Company operates;
- The impact of inflation and fluctuations in interest rates and currency exchange rates and the potential effect of such fluctuations on revenues, expenses and resulting margins;
- Potential changes in export/import and trade laws, regulations and policies of the United States and other countries, including any increased trade restrictions or tariffs and potential drug reimportation legislation;
- The impact on international operations from financial instability in international economies, sovereign risk, possible imposition of governmental controls and restrictive economic policies, and unstable international governments and legal systems;
- The impact of global public health crises and pandemics;

- Changes to global climate, extreme weather and natural disasters that could affect demand for the Company's products and services, cause disruptions in manufacturing and distribution networks, alter the availability of goods and services within the supply chain, and affect the overall design and integrity of the Company's products and operations;
- The impact of global or economic changes or events, including global tensions and war; and
- The impact of armed conflicts and terrorist attacks in the United States and other parts of the world, including social and economic disruptions and instability of financial and other markets.

Risks related to supply chain and operations

- Difficulties and delays in manufacturing, internally, through third-party providers or otherwise within the supply chain, that may lead to voluntary or involuntary business interruptions or shutdowns, product shortages, withdrawals or suspensions of products from the market, and potential regulatory action;
- Interruptions and breaches of the Company's information technology systems or those of the Company's vendors, which could result in reputational, competitive, operational or other business harm as well as financial costs and regulatory action;
- Reliance on global supply chains and production and distribution processes that are complex and subject to increasing regulatory requirements that may adversely affect supply, sourcing and pricing of materials used in the Company's products; and
- The potential that the expected benefits and opportunities related to restructuring actions may not be realized or may take longer to realize than expected, including due to any required approvals from applicable regulatory authorities.

Investors also should carefully read the risk factors described in Item 1A of this Annual Report on Form 10-K for a description of certain risks that could, among other things, cause the Company's actual results to differ materially from those expressed in its forward-looking statements. Investors should understand that it is not possible to predict or identify all such factors and should not consider the risks described above and in Item 1A to be a complete statement of all potential risks and uncertainties. The Company does not undertake to publicly update any forward-looking statement that may be made from time to time, whether as a result of new information or future events or developments.

Part I

Item 1. Business

General

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. Johnson & Johnson is a holding company, with operating companies conducting business in virtually all countries of the world. The Company's primary focus is products related to human health and well-being. Johnson & Johnson was incorporated in the State of New Jersey in 1887.

The Executive Committee of Johnson & Johnson is the principal management group responsible for the strategic operations and allocation of the resources of the Company. This Committee oversees and coordinates the activities of the Company's two business segments: Innovative Medicine (previously referred to as Pharmaceutical) and MedTech. Within the strategic parameters provided by the Committee, senior management groups at U.S. and international operating companies are each responsible for their own strategic plans and the day-to-day operations of those companies. Each subsidiary within the business segments is, with limited exceptions, managed by residents of the country where located.

Segments of business

Following the completion of the separation of the Consumer Health business (Kenvue) in August 2023, the Company is now organized into two business segments: Innovative Medicine and MedTech. Additional information required by this item is incorporated herein by reference to the narrative and tabular descriptions of segments and operating results under: Item 7. Management's discussion and analysis of results of operations and financial condition of this Report; and Note 17 Segments of business and geographic areas of the notes to consolidated financial statements included in Item 8 of this Report.

Innovative Medicine

The Innovative Medicine segment is focused on the following therapeutic areas: Immunology (e.g., rheumatoid arthritis, psoriatic arthritis, inflammatory bowel disease and psoriasis), Infectious Diseases (e.g., HIV/AIDS), Neuroscience (e.g., mood disorders, neurodegenerative disorders and schizophrenia), Oncology (e.g., prostate cancer, hematologic malignancies, lung cancer and bladder cancer), Cardiovascular and Metabolism (e.g., thrombosis, diabetes and macular degeneration) and Pulmonary Hypertension (e.g., Pulmonary Arterial Hypertension). Medicines in this segment are distributed directly to retailers, wholesalers, distributors, hospitals and healthcare professionals for prescription use. Key products in the Innovative Medicine segment include: REMICADE (infliximab), a treatment for a number of immune-mediated inflammatory diseases; SIMPONI (golimumab), a subcutaneous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis and moderately active to severely active ulcerative colitis; SIMPONI ARIA (golimumab), an intravenous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis and active ankylosing spondylitis and active polyarticular juvenile idiopathic arthritis (pJIA) in people 2 years of age and older; STELARA (ustekinumab), a treatment for adults and children with moderate to severe plaque psoriasis, for adults with active psoriatic arthritis, for adults with moderately to severely active Crohn's disease and treatment of moderately to severely active ulcerative colitis; TREMFYA (guselkumab), a treatment for adults with moderate to severe plaque psoriasis and active psoriatic arthritis; EDURANT (rilpivirine), PREZISTA (darunavir) and PREZCOBIX/REZOLSTA (darunavir/cobicistat), antiretroviral medicines for the treatment of human immunodeficiency virus (HIV) in combination with other antiretroviral products and SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir alafenamide), a once-daily single tablet regimen for the treatment of HIV; CONCERTA (methylphenidate HCl) extended-release tablets CII, a treatment for attention deficit hyperactivity disorder; INVEGA SUSTENNA/XEPLION (paliperidone palmitate), for the treatment of schizophrenia and schizoaffective disorder in adults; INVEGA TRINZA/TREVICTA (paliperidone palmitate), for the treatment of schizophrenia in patients after they have been adequately treated with INVEGA SUSTENNA for at least four months; SPRAVATO (Esketamine), a nasal spray, used along with an oral antidepressant, to treat adults with treatment-resistant depression (TRD) and depressive symptoms in adults with major depressive disorder (MDD) with suicidal thoughts or actions; CARVYKTI (ciltacabtagene autoleucel), a chimeric antigen receptor (CAR)-T-cell therapy for the treatment of patients with relapsed/refractory multiple myeloma; ZYTIGA (abiraterone

acetate), a treatment for patients with prostate cancer; ERLEADA (apalutamide), a next-generation androgen receptor inhibitor for the treatment of patients with prostate cancer; IMBRUVICA (ibrutinib), a treatment for certain B-cell malignancies, or blood cancers and chronic graft versus host disease; DARZALEX (daratumumab), a treatment for multiple myeloma; DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), a treatment for multiple myeloma and light chain (AL) Amyloidosis; XARELTO (rivaroxaban), an oral anticoagulant for the prevention of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing hip or knee replacement surgery, to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation, and for the treatment and reduction of risk of recurrence of DVT and PE to reduce the risk of major cardiovascular events in patients with coronary artery disease (CAD) and peripheral artery disease (PAD), for the treatment and secondary prevention of thromboembolism in pediatric patients, and for thromboprophylaxis in pediatric patients following the Fontan procedure; OPSUMIT (macitentan) as monotherapy or in combination, indicated for the long-term treatment of pulmonary arterial hypertension (PAH); UPTRAVI (selexipag), the only approved oral and intravenous, selective IP receptor agonist targeting a prostacyclin pathway in PAH. Many of these medicines were developed in collaboration with strategic partners or are licensed from other companies and maintain active lifecycle development programs.

MedTech

The MedTech segment includes a broad portfolio of products used in the Interventional Solutions, Orthopaedics, Surgery and Vision categories. Interventional Solutions include electrophysiology products (Biosense Webster) to treat heart rhythm disorders, the heart recovery portfolio (Abiomed) which includes technologies to treat severe coronary artery disease requiring high-risk PCI or AMI cardiogenic shock, and Neurovascular care (Cerenovus) that treats hemorrhagic and ischemic stroke. The Orthopaedics portfolio (DePuy Synthes) includes products and enabling technologies that support Hips, Knees, Trauma, and Spine, Sports & Other. The Surgery portfolios include advanced and general surgery technologies (Ethicon), as well as solutions that focus on breast aesthetics (Mentor), and Ear, Nose and Throat (Acclarent) procedures. Johnson & Johnson Vision products include ACUVUE Brand contact lenses and TECNIS intraocular lenses for cataract surgery. These products are distributed to wholesalers, hospitals and retailers, and used predominantly in the professional fields by physicians, nurses, hospitals, eye care professionals and clinics.

Geographic areas

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. The Company conducts business in virtually all countries of the world with the primary focus on products related to human health and well-being.

The products made and sold in the international business include many of those described above under Segments of Business – Innovative Medicine and MedTech. However, the principal markets, products and methods of distribution in the international business vary with the country and the culture. The products sold in international business include those developed in the U.S. and by subsidiaries abroad.

Investments and activities in some countries outside the U.S. are subject to higher risks than comparable U.S. activities because the investment and commercial climate may be influenced by financial instability in international economies, restrictive economic policies and political and legal system uncertainties.

Raw materials

Raw materials essential to the Company's business are generally readily available from multiple sources. Where there are exceptions, the temporary unavailability of those raw materials would not likely have a material adverse effect on the financial results of the Company.

Patents

The Company's subsidiaries have made a practice of obtaining patent protection on their products and processes where possible. They own, or are licensed under, a significant number of patents in the U.S. and other countries relating to their products, product uses, formulations and manufacturing processes, which in the aggregate are believed to be of material importance to the Company in the operation of its businesses. The Company's subsidiaries face patent challenges from third parties, including challenges seeking to manufacture and market generic and biosimilar versions of the Company's key

pharmaceutical products prior to expiration of the applicable patents covering those products. Significant legal proceedings and claims involving the Company's patent and other intellectual property are described in Note 19 Legal proceedings—Intellectual property of the Notes to Consolidated Financial Statements included in Item 8 of this Report.

Sales of the Company's largest product, STELARA (ustekinumab) accounted for approximately 12.8% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Janssen Biotech, Inc., a wholly-owned subsidiary of Johnson & Johnson, owns patents specifically related to STELARA. The latest expiring United States composition of matter patent expired in 2023. As a result of settlements and other agreements with third parties, the Company does not anticipate the launch of a biosimilar version of STELARA before January 1, 2025 in the United States. The latest expiring European composition of matter patent (Supplementary Protection Certificate) expires in 2024.

Sales of the Company's second largest product, collectively DARZALEX (daratumumab) and DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), accounted for approximately 11.4% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Genmab A/S owns two patent families related to DARZALEX, and Janssen Biotech, Inc. has an exclusive license to those patent families. The two patent families both expire in the United States in 2029, and in Europe, compound patent protection in select countries extends to 2031/2032. Janssen Biotech, Inc. owns a separate patent portfolio related to DARZALEX FASPRO.

Trademarks

The Company's subsidiaries have made a practice of selling their products under trademarks and of obtaining protection for these trademarks by all available means. These trademarks are protected by registration in the U.S. and other countries where such products are marketed. The Company considers these trademarks in the aggregate to be of material importance in the operation of its businesses.

Seasonality

Worldwide sales do not reflect any significant degree of seasonality; however, spending has typically been heavier in the fourth quarter of each year than in other quarters. This reflects increased spending decisions, principally for research and development activity.

Competition

In all of their product lines, the Company's subsidiaries compete with companies both locally and globally. Competition exists in all product lines without regard to the number and size of the competing companies involved. Competition in research, both internally and externally sourced, involving the development and the improvement of new and existing products and processes, is particularly significant. The development of new and innovative products, as well as protecting the underlying intellectual property of the Company's product portfolio, is important to the Company's success in all areas of its business. The competitive environment requires substantial investments in continuing research.

Environment

The Company is subject to a variety of environmental laws and regulations in the United States and other jurisdictions. The Company believes that its operations comply in all material respects with applicable environmental laws and regulations. The Company's compliance with these requirements is not expected to have a material effect upon its capital expenditures, cash flows, earnings or competitive position.

Regulation

The Company's businesses are subject to varying degrees of governmental regulation in the countries in which operations are conducted, and the general trend is toward increasingly stringent regulation and enforcement. The Company is subject to costly and complex U.S. and foreign laws and governmental regulations and any adverse regulatory action may materially adversely affect the Company's financial condition and business operations. In the U.S., the pharmaceutical product and medical technology industries have long been subject to regulation by various federal and state agencies, primarily as to product safety, efficacy, manufacturing, advertising, labeling and safety reporting. The exercise of broad regulatory powers by the U.S. Food and Drug Administration (the U.S. FDA) continues to result in increases in the amounts of testing and documentation required for U.S. FDA approval of new drugs and devices and a corresponding increase in the expense of product introduction. Similar trends are also evident in major markets outside of the U.S.

The new medical device regulatory framework and the evolving privacy, data localization, and emerging cyber security laws and regulations around the world are examples of such increased regulation. Within the U.S., an increasing number of U.S. States have enacted comprehensive privacy laws and federal regulators (e.g., the U.S. FDA, FTC and HHS) continue to stress the intersection of health and privacy as a compliance and enforcement priority. In the EU, multiple directives and laws (including NIS2, EHDS, the Data Act, the Cyber Resilience Act, and the AI Act) are rapidly changing privacy and cybersecurity compliance requirements while introducing new enforcement risks. In addition, China has introduced broad personal information protection and data security regulations, with more anticipated, thereby increasing China's scrutiny of company compliance and data transfer practices. With other jurisdictions enacting similar privacy laws, local data protection authorities will force greater accountability on the collection, access and use of personal data in the healthcare industry. These laws can also restrict transfers of data across borders, potentially impacting how data-driven health care solutions are developed and deployed globally in a compliant manner. Moreover, as a result of the broad scale release and availability of Artificial Intelligence (AI) technologies such as generative AI, a global trend towards more comprehensive and nuanced regulation (e.g., White House's Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence; the EU AI Act) to ensure the ethical use, privacy, and security of AI is underway that includes standards for transparency, accountability, and fairness, which will require compliance developments or enhancements.

The regulatory agencies under whose purview the Company operates have administrative powers that may subject it to actions such as product withdrawals, recalls, seizure of products and other civil and criminal sanctions. In some cases, the Company's subsidiaries may deem it advisable to initiate product recalls regardless of whether it has been required or directed to.

The U.S. FDA and regulatory agencies around the globe are also increasing their enforcement activities. If the U.S. FDA were to conclude that we are not in compliance with applicable laws or regulations, or that any of our pharmaceutical products or medical technologies are ineffective or pose an unreasonable health risk, the U.S. FDA could ban such products, detain or seize adulterated or misbranded products, order a recall, repair, replacement, or refund of such products, refuse to grant pending applications for marketing authorization or require certificates of foreign governments for exports, and/or require us to notify health professionals and others that the products present unreasonable risks of substantial harm to the public health. The U.S. FDA may also assess civil or criminal penalties against us, our officers or employees and impose operating restrictions on a company-wide basis, or enjoin and/or restrain certain conduct resulting in violations of applicable law. The U.S. FDA may also recommend prosecution to the U.S. Department of Justice. Any adverse regulatory action, depending on its magnitude, may restrict us from effectively marketing and selling our products and limit our ability to obtain future clearances or approvals, and could result in a substantial modification to our business practices and operations. Equivalent enforcement mechanisms exist in different countries in which we conduct business.

The costs of human healthcare have been and continue to be a subject of study, investigation and regulation by governmental agencies and legislative bodies around the world. In the U.S., attention has been focused by states, regulatory agencies and Congress on prices, profits, overutilization and the quality and costs of healthcare generally. Laws and regulations have been enacted to require adherence to strict compliance standards and prevent fraud and abuse in the healthcare industry. There is increased focus on interactions and financial relationships between healthcare companies and healthcare providers. Various state and federal transparency laws and regulations require disclosures of payments and other transfers of value made to certain healthcare practitioners, including physicians, teaching hospitals, and certain non-physician practitioners. Federal and foreign laws governing international business practices require strict compliance with anti-bribery standards and certain prohibitions with respect to payments to any foreign government official. Payors and Pharmacy Benefit Managers (PBMs) are a potent force in the marketplace, and increased attention is being paid to the impact of PBM practices on healthcare cost and access in the U.S.

Our business has been and continues to be affected by federal and state legislation that alters the pricing, coverage, and reimbursement landscape. At the federal level, in August 2022, President Biden signed into law the Inflation Reduction Act

(IRA), which includes provisions that effectively authorize the government to establish prices for certain high-spend single-source drugs and biologics reimbursed by the Medicare program, starting in 2026 for Medicare Part D drugs and 2028 for Medicare Part B drugs. On August 29, 2023, the Centers for Medicare & Medicaid Services ("CMS") published the first "Selected Drug" list, which includes XARELTO and STELARA as well as IMBRUVICA, which is developed in collaboration and co-commercialized in the U.S. with Pharmacyclics LLC, an AbbVie company. The Selected Drug list also included other medicines targeting disease states that are prevalent in the Medicare population. There remains uncertainty, however, regarding how the federal government will establish prices for the selected products, as the IRA specifies a ceiling price but not a minimum price. In any event, we anticipate that the selected products will be subjected to a government-established price for the Medicare population.

The IRA also contains provisions that impose rebates if certain prices increase at a rate that outpaces the rate of inflation, beginning October 1, 2022, for Medicare Part D drugs and January 1, 2023, for Medicare Part B drugs. Separate IRA provisions redesign the Medicare Part D benefit in various ways, including by shifting a greater portion of costs to manufacturers within certain coverage phases and replacing the Part D coverage gap discount program with a new manufacturer discounting program. Failure to comply with IRA provisions may subject manufacturers to various penalties, including civil monetary penalties.

In July 2023, Janssen Pharmaceuticals, Inc. (Janssen) filed litigation against the U.S. Department of Health and Human Services as well as the Centers for Medicare and Medicaid Services challenging the constitutionality of the Inflation Reduction Act's (IRA) Medicare Drug Price Negotiation Program. The litigation requests a declaration that the IRA violates Janssen's rights under the First Amendment and the Fifth Amendment to the Constitution and therefore that Janssen is not subject to the IRA's mandatory pricing scheme. The impact of the IRA on our business and the broader pharmaceutical industry remains uncertain, as litigation filed by Janssen and other pharmaceutical companies remains ongoing and CMS has yet to publicly announce the maximum fair price for each of the selected drugs.

Additionally, we expect continued scrutiny on drug pricing and government price reporting from Congress, agencies, and other bodies at the federal and state levels, which may result in additional regulations or other mechanisms to increase pricing transparency and controls.

There are a number of additional bills pending in Congress and healthcare reform proposals at the state level that would affect drug pricing, including in the Medicare and Medicaid programs. This changing legal landscape has both positive and negative impacts on the U.S. healthcare industry with much remaining uncertain as to how various provisions of federal and state law, and potential modification or repeal of these laws, will ultimately affect the industry. The IRA and any other federal or state legislative change could affect the pricing and market conditions for our products.

In addition, business practices in the healthcare industry have come under increased scrutiny, particularly in the U.S., by government agencies and state attorneys general, and resulting investigations and prosecutions carry the risk of significant civil and criminal penalties. Of note is the increased enforcement activity by data protection authorities in various jurisdictions, particularly in the European Union, where significant fines have been levied on companies for data breaches, violations of privacy requirements, and unlawful cross-border data transfers. In the U.S., the Federal Trade Commission has stepped up enforcement of data privacy with several significant settlements (including settlements concerning the downstream sharing of personal information and use and disclosure of personal health data) and there have been a material increase in class-action lawsuits linked to the collection and use of biometric data and use of tracking technologies.

Further, the Company relies on global supply chains, and production and distribution processes, that are complex, and subject to increasing regulatory requirements that may affect sourcing, supply and pricing of materials used in the Company's products. These processes also are subject to complex and lengthy regulatory approvals.

Employees and human capital management

As of December 31, 2023, the number of employees was approximately:

	2023
Employees ¹	134,400
Full-time equivalent (FTE) positions ²	131,900

¹ "Employee" is defined as an individual working full-time or part-time, excluding fixed term employees, interns and co-op employees. Employee data may not include full population from more recently acquired companies and individuals on long-term disability are excluded. Contingent workers, contractors and subcontractors are also excluded.

² FTE represents the total number of full-time equivalent positions and does not reflect the total number of individual employees as some work part-time.

Employees by region (in percentages)



Strategy

The Company believes that its employees are critical to its continued success and are an essential element of its long-term strategy. Management is responsible for ensuring that its policies and processes reflect and reinforce the Company's desired corporate culture, including policies and processes related to strategy, risk management, and ethics and compliance. The Company's human capital management strategy is built on three fundamental focus areas:

- Attracting and recruiting the best talent
- Developing and retaining talent
- Empowering and inspiring talent

Underpinning these focus areas are ongoing efforts to cultivate and foster a culture built on diversity, equity and inclusion (DEI), innovation, health, well-being and safety, where the Company's employees are encouraged to succeed both professionally and personally while helping the Company achieve its business goals.

Culture and employee engagement

At the Company, employees are guided by Our Credo which sets forth the Company's responsibilities to patients, consumers, customers, healthcare professionals, employees, communities and shareholders. Employees worldwide must adhere to the Company's Code of Business Conduct which sets basic requirements and serves as a foundation for the Company policies, procedures and guidelines, all of which provide additional guidance on expected employee behaviors in every market where it operates. The Company conducts global surveys that offer its employees the ability to provide feedback and valuable insight to help address potential human resources risks and identify opportunities to improve. In 2023, 94% of global employees across 76 countries participated in Our Credo Survey which was offered in 36 languages.

Growth and development

To lead in the changing healthcare landscape, it is crucial that the Company continue to attract and retain top talent. In 2023, the Company's voluntary turnover rate was 7%. The Company believes that its employees must be equipped with the right knowledge and skills and be provided with opportunities to grow and develop in their careers. Accordingly, professional development programs and educational resources are available to all employees. The Company's objective is to foster a learning culture that helps shape each person's unique career path while creating a robust pipeline of talent to deliver on the Company's long-term strategies. In furtherance of this objective, the Company deploys a global approach to ensure development is for everyone, regardless of where they are on their career journey. To prioritize learning, the Company recently held Johnson & Johnson's first Global Learning Day. Employees were encouraged to set aside a full day to explore skill-building courses across five areas: leadership, business skills, digital upskilling, DEI, and well-being, on J&J Learn, the Company's new learning platform.

Diversity, equity, and inclusion (DEI)

The Company is committed to workplace diversity and to cultivating, fostering, and advancing a culture of equity and inclusion. The Company's evidenced-based global enterprise Diversity, Equity and Inclusion strategy recognizes how DEI accelerates the Company's ability to meet the changing needs of the communities the Company serves in, as outlined in Our Credo. The Company's DEI Vision is: *Be yourself, change the world*. The Company's DEI Mission is: *Make diversity, equity and inclusion how we work everyday*. The Company's enterprise DEI Strategy is aligned to the DEI Vision and Mission and rests on four core pillars:

- Build a workforce of individuals with diverse backgrounds, cultures, abilities and perspectives
- Foster a culture of inclusion where every individual belongs
- Transform talent and business processes to achieve equitable opportunities for all
- Drive innovation and growth with our business to serve diverse markets around the world

The Company's DEI strategy is guided by internal and external insights, global best practices and continual employee feedback and recognizes that while diversity changes by location, inclusion is the same everywhere.

Compensation and benefits

As part of the Company's total rewards philosophy, the Company offers competitive compensation and benefits to attract and retain top talent. The Company is committed to fairness and equitable treatment in its compensation and benefits for employees at all levels. The Company observes legal minimum wage provisions and exceeds them where possible. The Company's total rewards offerings include an array of programs to support its employees' well-being, including annual performance incentive opportunities, pension and retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance programs. In recognition of the Company's commitment to help employees balance their personal and professional responsibilities, the Company enhanced its caregiver, bereavement, and volunteer paid leave benefits, effective July 2023.

Health, wellness and safety

The Company's investment in employee health, well-being and safety is built on its conviction that advancing health for humanity starts with advancing the health of its employees. With the right awareness, focus, practices and tools, the Company ensures that all its employees around the world, as well as temporary contractors and visitors to the Company's sites, can work safely. The Company has continuously expanded health and well-being programs throughout the Company and across the globe, incorporating new thinking and technologies to keep its offerings best-in-class and to help employees achieve their personal health goals. The programs and practices the Company advances for total health—physical, mental, emotional and financial—ensure employee health protection for emerging health risks. The Company continues to address our employees needs through J&J Flex, a hybrid model that empowers the Company's office-based employees to find the right productivity and balance of in-person and remote work.

Available information

The Company's main corporate website address is www.jnj.com. The Company makes its SEC filings available on the Company's website at www.investor.jnj.com/financials/sec-filings, as soon as reasonably practicable after having been electronically filed or furnished to the SEC. The Company's SEC filings are also available at the SEC's website at www.sec.gov.

Investors and the public should note that the Company also announces information at www.factsaboutourprescriptionopioids.com, www.factsabouttalca.com and www.LLTManagementInformation.com. We use these websites to communicate with investors and the public about our products, litigation and other matters. It is possible that the information we post to these websites could be deemed to be material information. Therefore, we encourage investors and others interested in the Company to review the information posted to these websites in conjunction with www.jnj.com, the Company's SEC filings, press releases, public conference calls and webcasts.

In addition, the Amended and Restated Certificate of Incorporation, By-Laws, the written charters of the Audit Committee, the Compensation & Benefits Committee, the Nominating & Corporate Governance Committee, the Regulatory Compliance & Sustainability Committee, the Science & Technology Committee and any special committee of the Board of Directors and the Company's Principles of Corporate Governance, Code of Business Conduct (for employees), Code of Business Conduct & Ethics for Members of the Board of Directors and Executive Officers, and other corporate governance materials, are available at www.investor.jnj.com/governance/corporate-governance-overview on the Company's website and will be provided without charge to any shareholder submitting a written request, as provided above. The information on www.jnj.com, www.factsaboutourprescriptionopioids.com, www.factsabouttalca.com and www.LLTManagementInformation.com is not, and will not be deemed, a part of this Report or incorporated into any other filings the Company makes with the SEC.

Item 1A. Risk factors

An investment in the Company's common stock or debt securities involves risks and uncertainties. The Company seeks to identify, manage and mitigate risks to our business, but uncertainties and risks are difficult to predict and many are outside of the Company's control and cannot therefore be eliminated. In addition to the other information in this report and the Company's other filings with the SEC, investors should consider carefully the factors set forth below. Investors should be aware that it is not possible to predict or identify all such factors and that the following is not meant to be a complete discussion of all potential risks or uncertainties. If known or unknown risks or uncertainties materialize, the Company's business, results of operations or financial condition could be adversely affected, potentially in a material way.

Risks related to our business, industry and operations

The Company's businesses operate in highly competitive product markets and competitive pressures could adversely affect the Company's earnings.

The Company faces substantial competition in its two operating segments and in all geographic markets. The Company's businesses compete with companies of all sizes on the basis of cost-effectiveness, technological innovations, intellectual property rights, product performance, real or perceived product advantages, pricing and availability and rate of reimbursement. The Company also competes with other market participants in securing rights to acquisitions, collaborations and licensing agreements with third parties. Competition for rights to product candidates and technologies may result in significant investment and acquisition costs and onerous agreement terms for the Company. Competitors' development of more effective or less costly products, and/or their ability to secure patent and other intellectual property rights and successfully market products ahead of the Company, could negatively impact sales of the Company's existing products as well as its ability to bring new products to market despite significant prior investment in the related product development. The Company may also experience operational and financial risk in connection with acquisitions if we are unable to fully identify potential risks and liabilities associated with acquired businesses or products, successfully integrate operations and employees, and successfully identify and realize synergies with existing businesses while containing acquisition-related strain on our management, operations and financial resources.

For the Company's Innovative Medicine businesses, loss of patent exclusivity for a product often is followed by a substantial reduction in sales as competitors gain regulatory approval for generic and other competing products and enter the market. Similar competition can be triggered by the loss of exclusivity for a biological product. For the Company's MedTech businesses, technological innovation, product quality, reputation and customer service are especially important to competitiveness. Development by other companies of new or improved products, processes and technologies could threaten to make the Company's products or technologies less desirable, less economical or obsolete. The Company's business and operations will be negatively impacted if we are unable to introduce new products or technological advances that are safe, more effective, more effectively marketed or otherwise outperform those of our competitors.

Interruptions and delays in manufacturing operations could adversely affect the Company's business, sales and reputation.

The Company's manufacturing of products requires the timely delivery of sufficient amounts of complex, high-quality components and materials. The Company's subsidiaries operate 61 manufacturing facilities as well as sourcing from thousands of suppliers around the world. The Company has in the past, and may in the future, face unanticipated interruptions and delays in manufacturing through its internal or external supply chain. Manufacturing disruptions can occur for many reasons including regulatory action, production quality deviations or safety issues, labor disputes, labor shortages, site-specific incidents (such as fires), natural disasters such as hurricanes and other severe weather events, raw material shortages, political unrest, terrorist attacks and epidemics or pandemics. Such delays and difficulties in manufacturing can result in product shortages, declines in sales and reputational impact as well as significant remediation and related costs associated with addressing the shortage.

The Company relies on third parties to manufacture and supply certain of our products. Any failure by or loss of a third-party manufacturer or supplier could result in delays and increased costs, which may adversely affect our business.

The Company relies on third parties to manufacture and supply certain of our raw materials, component parts and products. We depend on these third-party manufacturers to allocate to us a portion of their manufacturing capacity sufficient to meet our needs, to produce products of acceptable quality and at acceptable manufacturing yields and to deliver those products to us on a timely basis and at acceptable prices. However, we cannot guarantee that these third-party manufacturers will be able to meet our near-term or long-term manufacturing requirements, which could result in lost sales and have an adverse effect on our business.

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>McKesson Medical-Surgical Inc.</u>		
Physical Address: <u>6520 South 228th Street</u>		
City: <u>Kent</u> State: <u>WA</u> Zip: <u>98032</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>(253) 796-1900</u> Website: <u>www.mckesson.com</u>		
Name of Designated Representative (DR): <u>Brian Ross</u>		
Licensing Company Email: <u>mckessonlicensing@mckesson.com</u> DR Email: <u>brian.ross@mckesson.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Veterinarians ☐ Others:	☒ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3, Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached



Original Signature (electronic, copies or stamps not accepted)

3/12/24

Date

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 wholly owned 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 100 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 January 2017, **McKesson Corporation** 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.

On November 28, 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 Corporation** 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 Corporation** 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 \$4,500 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson Corporation** 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 Corporation** 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 Corporation** 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 June 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson Corporation** (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 Reproval, agreed to pay \$4,000 in investigative fees.

On August 29, 2019, **McKesson Corporation** 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 Corporation** 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 Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as

legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

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 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.

On April 20, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,125 was imposed and paid on April 20, 2021.

On May 05, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A \$500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;
- Livonia, Michigan - the facility's Illinois controlled substance 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 Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of \$500.00.

On June 6, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$500 was imposed and paid on June 8, 2021.

On June 15, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$3000.00 was imposed and paid on June 15, 2021.

On June 23, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$125 was imposed and paid on June 23, 2021.

On October 1, 2021, **McKesson Corporation** ("McKesson") entered into a non-disciplinary agreement with the Connecticut Department of Consumer Protection, regarding its Memphis, TN distribution center. The agreement resolves allegations that, from January 2015 – January 2021, McKesson sold controlled substances to a practitioner that did not have an active Connecticut Controlled Substances Certificate of Registration. McKesson made no admission of liability and there were no findings of any violation of law. A monetary penalty of \$4,500 was imposed.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars (\$20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$500 was imposed and paid on January 18, 2022.

On January 20, 2022, **McKesson Medical-Surgical Inc.** was fined by the California Board of Pharmacy related to the fact that its Middletown, PA distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now fully licensed. McKesson Medical-Surgical Inc. paid \$700 fine. The fine is related to a non-disciplinary action.

February 15, 2022, **McKesson Corporation** entered into a Settlement Agreement with the United States Department of Justice, the United States Attorney's Office for the Western District of Tennessee, and the Drug Enforcement Administration resolving allegations of recordkeeping and reporting deficiencies at one of its packaging facilities located in Memphis, Tennessee, known as McKesson **RxPak**. McKesson RxPak ceased all operations on March 4, 2020 and is no longer in business. There are no admissions of liability or wrongdoing under the terms of the Settlement Agreement.

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

On May 20, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Complaint from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A \$500.00 fine was imposed and paid.

On July 19, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a settlement agreement with the Alabama Board of Pharmacy. The Alabama discipline was in response to discipline the facility received from the Ohio Board of Pharmacy in 2021 McKesson paid a \$3,000 fine under the Alabama settlement.

On September 16, 2022, **McKesson Medical-Surgical Inc.**'s Leetsdale, PA facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Complaint from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A \$500.00 fine was imposed and paid.

On October 28, 2022, **McKesson Corporation**'s Aurora, IL facility received a non-disciplinary confidential letter of concern from the Colorado State Board of Pharmacy in relation to the late reporting of the 2021 Maine Board of Pharmacy discipline. No formal action or penalty was imposed.

On December 20, 2022, **McKesson Medical-Surgical Inc.**'s Roseville, CA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Complaint from November 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of \$2,500.00 costs to the Board.

On December 20, 2022, **McKesson Corporation**'s Aurora, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Complaint from September 2022. The Administrative Complaint is a result of alleged failure comply with certain licensing requirements required to maintain a license in violation of Rule 680-X-2.23(g)(3). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of \$2,500.00 costs to the Board.

On December 20, 2022, **McKesson Medical-Surgical Inc.**'s Manteno, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Complaint from September 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of \$2,500.00 costs to the Board.

On April 14, 2023, **McKesson Corporation**'s Memphis, TN facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023, upon compliance with the Deferral Agreement and payment of \$4,000.00 costs to the Board.

On July 10, **McKesson Medical-Surgical Inc.**'s Bethlehem, PA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an alleged discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-

disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of \$5,000.00 costs to the Board.

On July 22, 2023, **McKesson Corporation**'s Santa Fe Springs, CA distribution center entered into a Consent Order with the Alabama Board of Pharmacy. The Consent Order constitutes reciprocal disciplinary action that was based entirely on a February 22, 2022, Decision and Order from the California Board of Pharmacy. There were no new facts giving rise to the Alabama Consent. Your office was notified of the California Order on or about 03/25/2022. Pursuant to the terms of the Alabama Consent, McKesson agreed to pay a fine of \$25,000.

On August 29, 2023, **McKesson Medical-Surgical Inc.**'s Hanover Park, IL's facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with failing to provide notice of a change of ownership on a permit that the Board itself has deemed unnecessary. Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023, upon compliance with the Deferral Agreement and payment of \$4,000 costs to the Board.

On April 12, 2024, **McKesson Corporation**'s Duluth, GA distribution center entered into a Public Consent Agreement with the Georgia State Board of Pharmacy. McKesson Corporation was disciplined for failure to maintain prescription drugs securely and assessed a fine of \$10,000.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: This facility is not yet operational

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Virginia

Parent Company (if any): McKesson Medical-Surgical Holdings Inc - ultimate owner McKesson Corporation publicly traded

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: McKesson Licensing Team c/o Deborah Bliss, 6555 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 714-4770-8144 Email: danna.sturgill@mckesson.com

Contact Person Name: Danna Sturgill

Date of SEC Registration: 07/07/1994

SEC Registration Number: 2417015

Stock Exchange Symbol: MCK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

McKesson Medical-Surgical Inc.

Facility Name

Vicki McKee

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

3/20/24

Date

Board Use Only

Date Received: 4/29/24

Amount: \$1000-check 0133707

Title	Name	Work Address	Work Phone
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	
VP & CFO	Willard C. Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	
Corporate Secretary	Saralisa C. Brau	505 9th St. NW Washington DC 20001	
Vice President	Vicki M McKee	20717 Kishwaukee Valley Road, Marengo IL 60152	
Vice President	Steven Tarantino III	6651 Gate Parkway Jacksonville FL 32256	

Ownership Information

McKesson Medical-Surgical Inc. (Federal ID 94-2640465), located at 6520 South 228th Street, Kent, WA 98032 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

McKesson Medical-Surgical Inc. located at 6520 South 228th Street, Kent, WA 98032 is a wholesale distributor of prescription drugs, devices, over the counter medications and medical supplies and equipment to the primary care and extended care markets.

The facility is approximately 258,499 square feet. The entire facility is temperature controlled and utilizes the Vaisala Continuous Monitoring System to monitor temperature and humidity on a 24/7 basis. The security system is a Honeywell system which includes access controlled gates and doors, electrified door hardware, video surveillance with interior and exterior IP cameras, intercom, and alarm monitoring including door contacts, motion and glass break detection, and audible sounder strobes for emergency notification of unauthorized egress. The system is monitored and serviced by Johnson Controls, who is also the installation vendor, and by the McKesson SOC located in Atlanta.

McKesson Medical-Surgical Inc.
9954 Mayland Drive, Suite 4000
Richmond, VA, 23233

www.mckesson.com



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

April 23, 2024

McKesson Medical-Surgical Inc.
Attn: Danna Sturgill
6520 South 228th Street
Kent, WA 98032

Subject: License Verification

To Whom It May Concern:

This verifies the status of the PWH - for McKesson Medical-Surgical Inc..

You may see blank sections because we do not have the information in our database or it does not apply for this credential type. This information is valid from the date of this letter.

Credential Number:	PHWH.FX.61543107
Current Credential Status:	ACTIVE
First Issuance Date:	04/16/2024
Current Expiration Date:	09/30/2024
Last Renewal Date:	04/16/2024
Disciplinary Action:	No

Please call 360-236-4700 if you have questions, or check our Online Facility Search at:
<https://fortress.wa.gov/doh/facilitysearch/>. Information on current facility-specific rules and laws is at
<https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate>.



Stacy Lillybridge
Stacy C Lillybridge, Health Service Consultant 2

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 3, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

Washington State Department of Health
This organization

McKesson Medical-Surgical Inc.

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **McKesson Medical-Surgical Inc.**

Located at: **6520 S 228th St**
Kent, WA 98032-1870



Secretary

Status
ACTIVE

Effective Date
04/16/2024

Credential Number
PHWH.FX.61543107

Expiration Date
09/30/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111	CONTACT NAME:	
	PHONE (A/C No, Ext):	FAX (A/C No):
INSURED MCKESSON CORPORATION AND ALL ITS SUBSIDIARIES 6555 STATE HIGHWAY 161 IRVING, TX 75039	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Republic Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:** SEA-003837349-09 **REVISION NUMBER:** 21

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		MWZY 317743	07/01/2023	07/01/2025	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 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		MWTB 317742 SELF INSURED FOR PHYSICAL DAMAGE	07/01/2023	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION S					EACH OCCURRENCE \$ AGGREGATE \$ \$
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	MWC 313826-23 MWXS-313828-23 (OH, WA) Subject to a self-insured retention per policy terms and conditions.	07/01/2023 07/01/2023	07/01/2024 07/01/2024	☒ 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

McKesson Corporation 6555 State Hwy 161 Irving, TX 75039	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 <i>Marsh Risk & Insurance Services</i>

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG McKesson Medical-Surgical Inc. MDEG License # (if applicable) _____
 Physical Address 6520 South 228th Street,
 City Kent State WA Zip 98032
 Mailing Address (if different from physical address) 6520 South 228th Street,
 City Kent State WA Zip 98032
 Telephone (253) 796-1900 Website www.mckesson.com
 Licensing Company Email danna.sturgill@mckesson.com and mckessonlicensing@mckesson.com

Section 2: Personal Information

First Brian Middle _____ Last Ross
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address 6520 South 228th Street
 City Kent State WA Zip 98032
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name See attached resume		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 08/20 - Current	Address 	City Sammamish	State WA	Zip 98029
From - To (MM/YY – MM/YY) 09/19 - 08/20		City Snoqualmie	State WA	Zip 98065
From - To (MM/YY – MM/YY) 10/16 - 09/19		City Ridgefield	State WA	Zip 98642
From - To (MM/YY – MM/YY) 04/12 - 10/16		City Vancouver	State WA	Zip 98685
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name McKesson Medical-Surgical Inc.		From - To (MM/YY – MM/YY) 07/22-06/24	
Business Address 2530 B Street NW, Suite 101	City Auburn	State WA	Zip 98001
Phone 253.508.5246	Title Senior Operations Manager	Number of Employed Hours 2+ years	
Description of Duties Oversee daily operations, see attached resume			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

BRIAN ROSS

SEATTLE, WASHINGTON | [REDACTED]

SENIOR LOGISTICS/OPERATIONS MANAGER | DIRECTOR OF WAREHOUSING/TRANSPORTATION

Growth-oriented Operations Manager with experience in implementing best practices across distribution and logistics while setting vision for company. Aptitude for executing cutting-edge strategies to demonstrate cost-effective operations encompassing facets of technology & innovation, material management, quality assurance, and sourcing functions to maintain high standards of operational excellence. Effective leader; possessing wealth of knowledge and proven ability to lead, recruit, train, and manage motivated, culturally diverse, and success-driven technical teams to achieve optimal performance. Excel at strengthening collaboration with executive leaders to stay abreast of client needs and provide optimal solutions in fast-paced environment.

CAREER HIGHLIGHTS

- Established and implemented WMS & RF Scanning system and organized leadership development program.
- Commended for delivering lowest defect rate in company and received award for quality in 2017.
- Prepared six different personnel for management roles while understanding their aims and objectives and offering trailblazing opportunities and guidance.
- Saved \$1M account in Alaska with one foot out the door.

SKILLS & EXPERTISE

Warehouse Operations | Issue & Dispute Resolution | Material Distribution & Transportation | Risk Analysis | Client Relations Development | Auditing | Team Supervision | Staff Recruitment | Resource Allocation | Logistics Control | Quality Assurance | Cost Cutting Techniques | Strategic Analysis | Employee Development

PROFESSIONAL EXPERIENCE

DIRECTOR OF OPERATIONS | The Part Works, Inc. | Seattle, WA

2019 – 2022

Streamlined all aspects of company's operations, including customer support and purchasing, and warehouse/fulfillment. Ensured adoption of best technology and automation throughout entire operations execution. Nurtured positive relationships with senior authorities while providing status updates and reports for further review and analysis. Leveraged industry best practices to initiate and apply innovative and resourceful approaches for mitigating complex problems.

- Led efforts in preparing business plans adhering to approved objectives and regulations.
- Achieved enterprise-wide success by monitoring company operations, evaluating performance metrics, and identifying areas of improvement.
- Guided, trained, and mentored department employees while meeting performance expectations.
- Analyzed and proposed corrective actions plans against operational gaps to increase profitability and productivity.

DIVISION OPERATIONS MANAGER | Batesville Logistics, Inc. | Ridgefield, WA

2018 – 2019

- Improved safety, customer service, and profitability across 17 distribution centers in US and Canada by coordinating with network director in collaborative manner.
- Monitored proper correction of process bottlenecks by conducting layered audits to complete annual audits of all centers using lean methodologies.
- Administered \$2.5MM budget with \$700K to manage Hawaiian Islands while awaiting appointment of new manager for Western Canada territory to manage budget of \$1.8MM.
- Acted as integral member of quality team with job duty of serving with individual sites and factories and liaising for customers in Alaska and Batesville sales team to run product quality improvements.
- Oversaw responsibility of network director during absence to direct execution of operations in western US and Canada while also covering any open regional manager positions during recruitment processes.
- Utilized robust HR techniques to complete hiring, screening, and interviewing for open positions, including dock workers to regional managers.
- Trained and led associates towards success by devising and implementing individual development plans and onboarding highly skilled workforce for management positions.
- Organized training covering topics of health, safety, phone skills, and standard operating procedures.
- Interfaced with corporate office to pinpoint capital needs and save funds for company.
- Conducted complex negotiations of property leases for distribution centers within network while securing warehouse space as leases expire in close coordination with local commercial brokers.
- Ensured sites adhere to state, provincial, and federal laws regarding workplace safety and compliance.
- Established and maintained SharePoint site for network currently used to store all network documents.

MULTI-SITE DISTRIBUTION CENTER MANAGER | Batesville Logistics, Inc. | Portland, OR

2010 – 2018

- Managed operations of transportation, logistics, and operations management throughout seven facilities located in Portland, Seattle, Honolulu, Vancouver, BC, and Alaska while monitoring \$1.8MM budget.
- Led and mentored four direct reports and 11 indirect reports and guaranteed safe operation of 11 trucks and six trailers, both domestic and international.
- Oversaw all team, locations, and equipment adhering to DOT, ODOT, WSDOT, CCOHS, and OSHA regulations.
- Identified and fulfilled HR requirements by implementing recruitment strategies for employee benefits and compensation and exercised discipline and employee termination as needed.

- Developed \$2MM operating budget that produced \$17.1MM in revenue in 2017.
- Member of the logistics safety team, tasked with strengthening all vital aspects of on-the-job safety for entire organization.
- Evaluated regular performance while scheduling preventative maintenance on all equipment, including repairs.
- Utilized lean management methods to optimize annual budget allocations in compliance with standard rules.
- Fostered safe work environment leading to reduced preventable accidents and injuries in 2017-2018; performed quarterly reviews and set up goals and compensation by coordinating with team members.
- Developed layered audits of driver logs to guarantee legal adherence.
- Boosted revenues by engaging with sales team to maintain positive rapport building with 400+ customers.
- Developed reporting tool "glass wall" currently in use at all 87 distribution centers in North America that followed KPIs, resulting in reducing waste and improving efficiencies.
- Participated in annual DOT and safety training seminars, managed P&L reporting for four distribution centers, and ensured compliance with Sarbanes-Oxley Act.
- Succeeded to achieve Quality Award in 2017 for best overall product quality in organization.

ADDITIONAL EXPERIENCE

Regional Distribution Center Manager, Batesville Logistics, Inc.
Logistics Manager, Batesville Logistics, Inc.
Logistics Supervisor, Batesville Logistics, Inc.
Delivery Driver, Batesville Logistics, Inc.

PROJECTS

Project Manager | The Part Works | Directed implementation of new warehouse management system (WMS) while managing total budget of \$55K.

Project Manager | The Part Works | Digitized 2M+ pages of physical documents of schematics and parts breakdowns, and centralized them in one secure platform, providing access to company employees with budget of \$35K

Stakeholder | Batesville Logistics | Oversaw seamless integration of local competitor, after being purchased by Batesville, which includes absorption of local employees and assets.

Project Manager | Batesville Logistics | Relocated distribution center to larger, better-suited location. Administered all aspects from identifying buildings to physically relocating business. This happened with two separate locations in 2012 and 2015. Total budget estimate | \$500K / \$1.5M

Stakeholder | Batesville Logistics | Worked on team with four people to develop and implement company-wide safety program across 1K employees in field.

EDUCATION & TRAINING

Bellevue College, Bellevue, WA
COURSEWORK – General Studies

TECHNICAL SKILLS

NetSuite, JD Edwards, PeopleSoft, O365 suite of products, Kronos, ORTEC, SpeedGauge, Omnitracs XRS, SharePoint.

TRAINING

Lean Six Sigma

HONORS & AWARD

Multiple Safety Awards; Logistics Excellence Award for Quality (2017)
1st-time Recipient Winner - Logistics Award for Quality Excellence

COMMUNITY ENGAGEMENT

Project Lemonade; Baseball Little League Coach; MS/Cancer Organizations; Local Homeless Shelters
Sammamish Little League | Coach
Ridgefield Little League | Coach

INTERESTS

Travel, Gardening, Cooking, Coaching Youth Sports

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

3/15/2024
 Date

I, Brian Ross, certify that as the MDEG Administrator for
McKesson Medical-Surgical Inc.

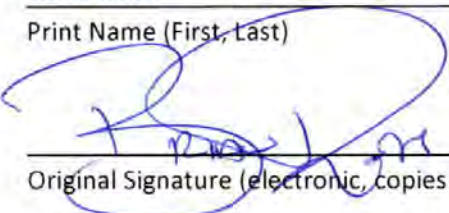
that I (initial that you have read and meet the following requirements):

1. BR Have a high school diploma or its equivalent;
2. BR Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. BR Will be employed by 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
4. BR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Ross

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

3/15/2024
Date

Board Use Only

Date Received: 4/29/24

Heather Wright
Brian Ross
Jennifer Frey
Steven Wallin
Jerry Marion
Brooks Lindsley
Craig Smith
Fernando Perez
Adrian Bactol
Lindsay Martin

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☒ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH 03470	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: pending ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Quadra Healthcare Inc dba 986 Pharmacy #8026
 Physical Address: 8536 Del Webb Blvd
 City: Las Vegas State: NV Zip: 89134
 Mailing Address (if different from physical address): Same as Physical Address
 City: _____ State: _____ Zip: _____
 Telephone: (702) 476-5888 Toll Free # (NAC 639.708, NRS 639.23286): N/A
 Fax: (702) 447-7566 Contact Email: robert.ojeda@986pharmacy.com
 Website: www.986pharmacy.com
 Nevada Business License # (if applicable) NV20243027457
 Supervising/Managing Pharmacist Name (NRS 639.220): Sally Chia
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18013

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Sally Chia	NV Pharmacist Registration #: 18013
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: <u>N/A</u>		
Parent Company (if any): <u>N/A</u>		
Corporation Name: <u>N/A</u>		
Mailing Address: <u>N/A</u>		
City: <u>N/A</u>	State: _____	Zip: _____
Telephone: <u>N/A</u>	Email: _____	
Contact Person Name: <u>N/A</u>		
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: <u>Nevada</u>		
Parent Company (if any): <u>N/A</u>		
Corporation/Organization Name: <u>Quadra Healthcare Inc</u>		
Mailing Address: <u>8536 Del Webb Blvd</u>		
City: <u>Las Vegas</u>	State: <u>NV</u>	Zip: <u>89134</u>
Telephone: <u>(626) 252-2736</u>	Email: <u>robert.ojeda@986pharmacy.com</u>	
Contact Person Name: <u>Robert Ojeda</u>		
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No		

Section 7: Partnership

Partnership Name: <u>N/A</u>		
Mailing Address: <u>N/A</u>		
City: <u>N/A</u>	State: _____	Zip: _____
Telephone: <u>N/A</u>	Email: _____	
Contact Person Name: _____		
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited		
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 8: Sole Owner

Owner's Name: <u>N/A</u>		
Business Name: <u>N/A</u>		
Business Address: <u>N/A</u>		
City: <u>N/A</u>	State: _____	Zip: _____
Telephone: <u>N/A</u>	Email: _____	

Statement of Responsibility

1. I am the Owner/CEO (title) for 986 Pharmacy #8026 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Robert John Ojeda

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

Date

04/11/24

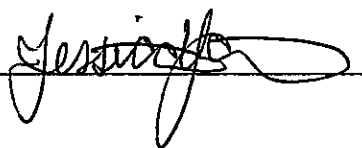
Affidavit for Pharmacy License

I, Robert John Ojeda 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/CEO (title) for 986 Pharmacy #8026 (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

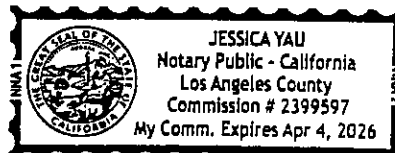
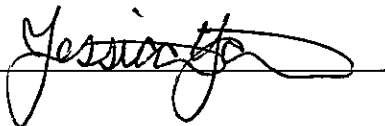
Signature



SUBSCRIBED AND SWORN TO

Before me, a notary public this 11th day of April, 2024

Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SALLY L CHIA

Pharmacist Registration #: 18013

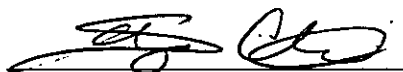
Pharmacy Name: 986 PHARMACY #8026

Initial each statement below to indicate you have read and agree with the following:

- SC SC 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- SC SC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- SC SC 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.
- SC SC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- SC SC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?					✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?					✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					✓
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u> . <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>					
Board Administrative Action:		State:	Date:	Case #:	
Griminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.



Original signature of Managing Pharmacist (copies or stamps not accepted)

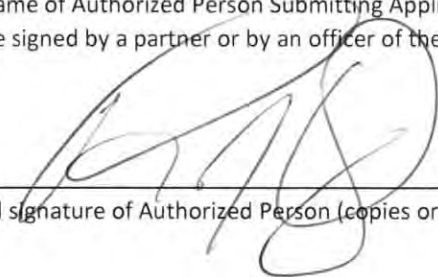
4/8/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert John Ojeda

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215


Original signature of Authorized Person (copies or stamps not accepted)

04/11/24
Date

Board Use Only

Date Received: 4/15/24

Amount: \$500-00

List of all Officers and Directors

Quadra Healthcare Inc
DBA 986 Pharmacy #8026
8536 Del Webb Blvd
Las Vegas, NV 89134

Robert John Ojeda – owner, CEO, CFO, Secretary, President, Director

Sally Chia – owner, Director

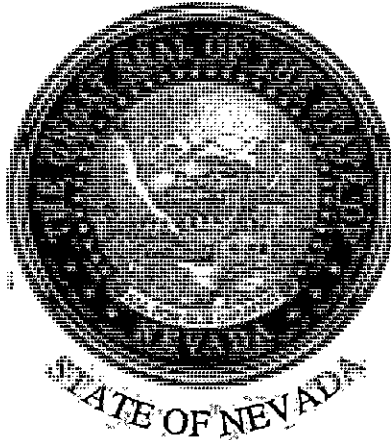
List of Stockholders

Quadra Healthcare Inc
DBA 986 Pharmacy #8026
8536 Del Webb Blvd
Las Vegas, NV 89134

Robert John Ojeda – 90% stockholder

Sally Chia – 10% stockholder

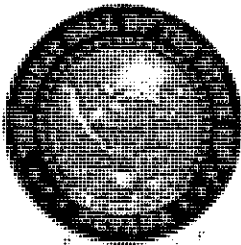
SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Quadra Healthcare Inc**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/07/2024, and is in good standing in this state.



Certificate Number: B202403134461041

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 03/13/2024.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Quadra Healthcare Inc dba 986 Pharmacy # 8026
 Pharmacy/Wholesaler License # (if applicable) pending
 Physical Address 8536 Del Webb Blvd
 City Las Vegas State NV Zip 89134
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone (626) 252-2736 Website www.986pharmacy.com
 Licensing Company Email robert.ojeda@986pharmacy.com

Section 2: Personal Information

First SALLY Middle L Last CHIA
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address DEL WEBB BLVD
 City LAS VEGAS State NV Zip 89134
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UNIVERSITY OF THE SCIENCES IN PHILADELPHIA		From - To (MM/YY - MM/YY) 09/04 - 05/2010	
Address 600 S 43rd St	City PHILADELPHIA	State PA	Zip 19104
Diploma/Degree obtained, if any DOCTOR OF PHARMACY			
School Name CENTRAL HIGH SCHOOL		From - To (MM/YY - MM/YY) 09/00 - 05/04	
Address 1700 W OLNEY AVE	City PHILADELPHIA	State PA	Zip 19141
Diploma/Degree obtained, if any BACHELOR OF ARTS			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/15 - PRESENT	Address JACOB LAKE CIRCLE	City LAS VEGAS	State NV	Zip 89118
From - To (MM/YY - MM/YY) 06/11-07/15	Address MARCO ISLAND	City LAS VEGAS	State NV	Zip 89148
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name REFILL PHARMACY 1, LLC		From - To (MM/YY - MM/YY) 05/16-PRESENT	
Business Address 8536 DEL WEBB BLVD	City LAS VEGAS	State NV	Zip 89134
Phone 7024765888	Title OWNER/PHARMACIST	Number of Employed Hours 16,600+ hrs	

Description of Duties
Oversee pharmacy operations, review and dispense prescriptions, counsel patients

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, SALLY CHIA, certify that as the designated representative for

986 Pharmacy #8026

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SC SC I am at least 21 years of age;
3. SC SC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SC SC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SC SC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SC SC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SC SC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SALLY CHIA

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

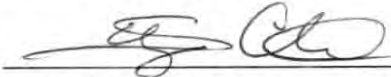
4/8/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SALLY CHIA

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/8/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Sally L Chia, 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 the license, registration, permit, certificate or certification for which I am applying for.

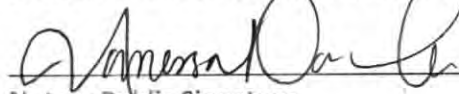


Original Signature

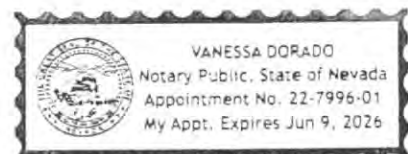
4/8/2024

Date

Subscribed and Sworn to before me this 8th day of April 2024.



Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Quadra Healthcare Inc DBA 986 Pharmacy #8026
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
 Physical Address 8536 Del Webb Blvd
 City Las Vegas State NV Zip 89134
 Mailing Address (if different from physical address) Same as Physical Address
 City _____ State _____ Zip _____
 Telephone (626) 252-2736 Website N/A
 Licensing Company Email robert.ojeda@986pharmacy.com

Section 2: Personal Information

First Robert Middle John Last Ojeda
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Major Bowling Place
 City Henderson State NV Zip 89011
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Personal History Application

(Applicant's Initials)



1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name California State University, Fullerton		From - To (MM/YY - MM/YY) 08/97 - 05/00	
Address 800 N. State College Blvd.	City Fullerton	State CA	Zip 92831
Diploma/Degree obtained, if any Bachelor of Science, Kinesiology			
School Name Pioneer High School		From - To (MM/YY - MM/YY) 08/89 - 06/92	
Address 10800 Benavon Street	City Whittier	State CA	Zip 90606
Diploma/Degree obtained, if any High School Diploma			
School Name N/A		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name N/A		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name N/A		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 11/03 - PRESENT	Address [REDACTED] Hillsborough Lane	City Chino Hills	State CA	Zip 91709
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip



Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years:

Business Name K&B Pharmacy Associates Inc		From - To (MM/YY - MM/YY) 07/19 - 10/23	
Business Address 2491 Huntington Dr.	City San Marino	State CA	Zip 91108
Phone (626) 616-1100	Title President		
Description of Duties Managing all operations, existing pharmacy members, vendors, and wholesaler relations.			

Business Name Smart-Fill Management Group		From - To (MM/YY - MM/YY) 10/15 - 07/19	
Business Address 905 N. Main Street	City Austin	State MN	Zip 55912
Phone (507) 434-7426	Title Business Consultant		
Description of Duties Managing all existing Managed Pharmacy Care (MPC) clients while managing previous responsibilities from MPC and United Pharmacy Network, Inc.			

Business Name Managed Pharmacy Care		From - To (MM/YY - MM/YY) 09/13 - 07/19	
Business Address 28200 Highway 189, Building R-110	City Lake Arrowhead	State CA	Zip 92352
Phone (800) 582-5889	Title VP of Sales and Marketing		
Description of Duties Managed all aspects of pharmacy operations and vendor relations for over 125 independently owned pharmacies throughout California.			

Business Name 986 Specialty Pharmacy 3 Inc		From - To (MM/YY - MM/YY) 09/13 - 07/19	
Business Address 6205 Coit Rd	City Plano	State TX	Zip Plano
Phone (469) 543-0199	Title Shareholder		
Description of Duties Shareholder and Management of Operations			

Business Name ARK Infusion Management, LLC		From - To (MM/YY - MM/YY) 05/20 - PRESENT	
Business Address 2521 Huntington Dr.	City San Marino	State CA	Zip 91108
Phone (626) 399-0421	Title Shareholder		
Description of Duties None			

Continue on next page if additional space is needed.

Business Name American Pharmacy Consultants, Inc		From - To (MM/YY - MM/YY) 04/12 - PRESENT	
Business Address 2475 Hillsborough Lane		City Chino Hills	State CA
Phone (626) 252-2736	Title Shareholder, CEO		
Description of Duties Consulting for independent pharmacy regarding business operations and workflow.			
Business Name Helios Healthcare Inc		From - To (MM/YY - MM/YY) 06/23 - PRESENT	
Business Address 321 N. Buffalo Dr. #110		City Las Vegas	State NV
Phone (702) 818-8182	Title Shareholder, CEO		
Description of Duties Shareholder and Management of Operations			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name N/A		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert John Ojeda

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

04/11/24

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, ROBERT J. OJEDA, 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 the license, registration, permit, certificate or certification for which I am applying for.

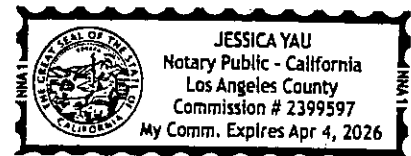
Original Signature

Date

April 11, 2024

Subscribed and Sworn to before me this 11th day of April 2024.

Notary Public Signature



(Seal)

Personal History Application

(Applicant's Initials)

RO

7 of 7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site 986 Pharmacy #8026
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) pending
Physical Address 8536 Del Webb Blvd
City Las Vegas State NV Zip 89134
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone (626) 252 - 2736 Website www.986pharmacy.com
Licensing Company Email robert.ojeda@986pharmacy.com

Section 2: Personal Information

First SALLY Middle L Last CHIA
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address DEL WEBB BLVD
City LAS VEGAS State NV Zip 89134
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UNIVERSITY OF THE SCIENCES IN PHILADELPHIA		From - To (MM/YY – MM/YY) 09/04-05/10	
Address 600 S 43RD ST	City PHILADELPHIA	State PA	Zip 19104
Diploma/Degree obtained, if any DOCTOR OF PHARMACY			
School Name CENTRAL HIGH SCHOOL		From - To (MM/YY – MM/YY)	
Address 1700 W OLNEY AVE	City PHILADELPHIA	State PA	Zip 19141
Diploma/Degree obtained, if any BACHELOR OF ARTS			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 07/15-PRESENT	Address ██████ JACOB LAKE CIRCLE	City LAS VEGAS	State NV	Zip 89119
From - To (MM/YY – MM/YY) 06/11/07/15	Address ██████ MARCO ISLAND ST	City LAS VEGAS	State NV	Zip 89148
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

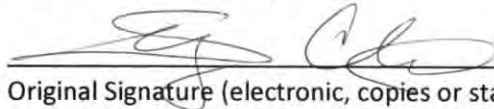
Business Name REFILL PHARMACY 1, LLC		From - To (MM/YY – MM/YY) 05/16-PRESENT	
Business Address 8536 DEL WEBB BLVD	City LAS VEGAS	State NV	Zip 89134
Phone 7024765888	Title OWNER/PHARMACIST		
Description of Duties OVERSEE PHARMACY OPERATIONS, REVIEW AND DISPENSE PRESCRIPTIONS, COUNSEL PATIENTS			
Business Name PLATINUM MEDICAL LTC		From - To (MM/YY – MM/YY) 10/22-PRESENT	
Business Address 6000 S EASTERN AVE STE 1B	City LAS VEGAS	State NV	Zip 89119
Phone 7024675997	Title OWNER/PHARMACIST		
Description of Duties OVERSEE PHARMACY OPERATIONS, REVIEW AND DISPENSE PRESCRIPTIONS, COUNSEL PATIENTS			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SALLY CHIA

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

4/12/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

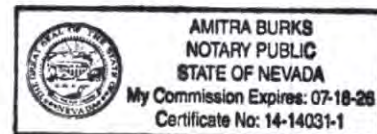
I, Sally Chia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.


Original Signature

4/12/2024
Date

Subscribed and Sworn to before me this 12 day of APRIL, 2024.


Notary Public Signature



(Seal)

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH <u>IB01001</u>	☐ Retail/Community ☒ Hospital (# beds <u>110</u>) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☒ Hospital ☐ Other:
Days of Operation	Ownership Type (check applicable box)		
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)		

Section 1: General Information

Pharmacy Name: Spring Mountain Treatment Center

Physical Address: 7000 Spring Mountain Road

City: Las Vegas State: NV Zip: 89117

Mailing Address (if different from physical address): 5400 South Rainbow Boulevard

City: Las Vegas State: NV Zip: 89118

Telephone: 702-873-2400 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-322-1922 Contact Email: denise.cammann@uhsinc.com

Website: www.springmountaintreatmentcenter.com

Nevada Business License # (if applicable) NV19981003340

Supervising/Managing Pharmacist Name (NRS 639.220): Denise Cammann

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13339

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Denise Cammann</u>	NV Pharmacist Registration #: <u>13339</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation		
State of Incorporation: <u>DELAWARE</u>		
Parent Company (if any): <u>UNIVERSAL HEALTH SERVICES, INC</u>		
Corporation Name: <u>VALLEY HEALTH SYSTEM LLC</u>		
Mailing Address: <u>367 GULPH ROAD</u>		
City: <u>KING OF PRUSSIA</u>	State: <u>PA</u>	Zip: <u>19406-3121</u>
Telephone: <u>610-768-3300</u>	Email: <u>uhscorpfilings@uhsinc.com</u>	
Contact Person Name: <u>STEVE FILTON</u>		
Date of SEC Registration: <u>1981</u>	SEC Registration Number: <u>1-10765</u>	Stock Exchange Symbol: <u>UHS</u>
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No		

Section 6: Non-Publicly Traded Corporation or Company		
State of Incorporation/Organization: <u>N/A</u>		
Parent Company (if any): _____		
Corporation/Organization Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 7: Partnership		
Partnership Name: <u>N/A</u>		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited		
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 8: Sole Owner		
Owner's Name: <u>N/A</u>		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

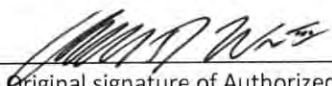
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Administrator (title) for Valley Health System LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

CLAUDE WISE

Print Name of Authorized Person


Original signature of Authorized Person (copies or stamps not accepted)

5/29/24
Date

Affidavit for Pharmacy License

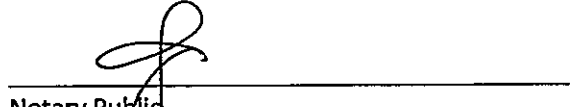
I, Denise Cammann hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

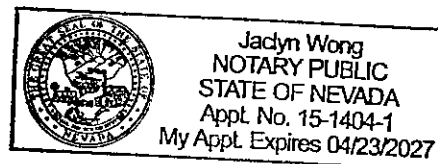
1. I am the MANAGING PHARMACIST (title) for Spring Mountain Treatment Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.


Signature

SUBSCRIBED AND SWORN TO 30 day of May, 2024
Before me, a notary public this


Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History -- REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Denise Chammann Pharmacist Registration #: 13349

Pharmacy Name: Spring Mountain Treatment Center

Initial each statement below to indicate you have read and agree with the following:

- W 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- W I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- W 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.
- W I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- W I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?			✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			✓
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.			
Board/Administrative Action:	State:	Date:	Case #:
Criminal Action:	State:	Date:	Case #:
		County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

[Signature]
Original signature of Managing Pharmacist (copies or stamps not accepted)

5/30/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Klein (Secretary and Authorized Signer)

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Matthew Klein

Original signature of Authorized Person (copies or stamps not accepted)

05/30/2024

Date

Board Use Only

Date Received: 6/3/24

Amount: \$500-c

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALLEY HEALTH SYSTEM 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 MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALLEY HEALTH SYSTEM LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 1998.

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



2847793 8300

SR# 20242299646

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: 203520336

Date: 05-21-24 •

Officers and Directors of Valley Health System LLC

Name	Title	% of Ownership
Edward Sim	President & Director (Director/Officer)	0%
Steve G Filton	Vice President & Director (Director/Officer)	0%
Matthew D. Klein	Vice President, Secretary & Director (Director/Officer)	0%
George H. Brunner, Jr.	Assistant Secretary (Officer)	0%
Cheryl K. Ramagano	Treasurer (Officer)	0%
Katharine M. Lyver	Assistant Treasurer (Officer)	0%

List of Top Four Stockholders and their percent ownership

1. Valley Hospital Medical Center, Inc. – 100% direct owner of Valley Health System LLC
2. UHS Holding Company, Inc. – 100% direct owner of Valley Hospital Medical Center, Inc.
3. Universal Health Services, Inc. – 100% direct owner of UHS Holding Company, Inc.
4. Alan B. Miller – 87.4% voting shares and stockholder in Universal Health Services, Inc.

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☐ Retail/Community ☒ Hospital (# beds <u>70</u>) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☒ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☒ Sunday ☒ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Northwest Specialty Hospital, an extension of Northern Nevada Medical Center

Physical Address: 6225 Sharlands Avenue

City: Reno State: NV Zip: 89523

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: ruth.kemper@uhsinc.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ruth Kemper

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 09551

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Duro, Raymond</u>	NV Pharmacist Registration #: <u>17133</u>
Name: <u>Fracker, Lori</u>	NV Pharmacist Registration #: <u>11082</u>
Name: <u>Long, Sieu</u>	NV Pharmacist Registration #: <u>16340</u>
Name: <u>Kelly, Melanie</u>	NV Pharmacist Registration #: <u>16028</u>
Name: <u>Marshall, Keith</u>	NV Pharmacist Registration #: <u>11473</u>
Name: <u>Harlass, Steven</u>	NV Pharmacist Registration #: <u>17002</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>n/a</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**Owner's Name: Sparks Family Hospital, Inc.Business Name: Northern Nevada Medical CenterBusiness Address: 2375 E. Prater WayCity: Sparks State: NV Zip: 89434Telephone: 775-356-4070 Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Pharmacist (title) for Northwest Specialty Hospital, an extension of Northern Nevada Medical Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ruth Kemper

Print Name of Authorized Person

Ruth Kemper

Original signature of Authorized Person (copies or stamps not accepted)

05/08/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

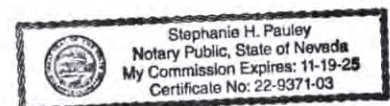
1. I am the Managing Pharmacist (title) for Northwest Specialty Hospital, an extension of Northern Nevada Medical Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

Ruth Kemper
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9 day of May, 2023

Stephanie H. Pauley
Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: RuthKemper Pharmacist Registration #: 09551

Pharmacy Name: Northwest Specialty Hospital, an extension of Northern Nevada Medical Center

Initial each statement below to indicate you have read and agree with the following:

- X 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- X I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- X 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.
- X I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- X I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?					✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?					✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					✓
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.					
Board Administrative Action:		State:	Date:	Case #:	
Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ruth G Kemper

Original signature of Managing Pharmacist (copies or stamps not accepted)

05/08/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ruth Kemper

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Ruth Kemper

Original signature of Authorized Person (copies or stamps not accepted)

5-8-24

Date

Board Use Only	Date Received: <u>5/9/24</u>	Amount: <u>\$500-00</u>
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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **SPARKS FAMILY HOSPITAL, INC.**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/06/1979, 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 04/25/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202404254590868

You may verify this certificate
online at <http://www.nvsos.gov>

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Northwest Specialty Hospital, an extension of Northern Nevada Medical Center

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6225 Sharlands Avenue

City Reno

State NV

Zip 89523

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone _____

Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ruth

Middle G

Last Kemper

Alias(es, nicknames, name changes, etc.) Ruth Andersen

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ X

Mailing Address _____

City Reno

State NV

Zip 89523

Telephone _____

Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name University Of Colorado School Of Pharmacy			From - To (MM/YY - MM/YY) 1984-1987 & 2006-2008	
Address Pearl Street		City Boulder	State CO	Zip 80309
Diploma/Degree obtained, if any RPH then PharmD				
School Name University Of Nevada			From - To (MM/YY - MM/YY) 1978-1980	
Address 1664 N Virginia Street		City Reno	State NV	Zip 89507
Diploma/Degree obtained, if any BS in Zoology and Chemistry				
School Name Sparks High School			From - To (MM/YY - MM/YY) 1973-1975	
Address 802 17th Street		City Sparks	State NV	Zip 89431
Diploma/Degree obtained, if any HS Diploma				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 2001-2024	Address [REDACTED] White Fir Street	City Reno	State NV	Zip 89523
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Northern Nevada Medical Center		From - To (MM/YY – MM/YY) 2012-2024	
Business Address 2375 E Prater Way		City Reno	State NV
Phone 775-356-4070	Title Clinical Pharmacist	Number of Employed Hours 40 hours weekly	
Description of Duties All clinical duties of a pharmacist in a hospital including code response and infectious disease. Verification of physician orders, checking technician fills, IV compounding compliance and oversight, ADS fill check and related duties.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Ruth G. Kemper, PharmD, certify that as the designated representative for

Northwest Specialty Hospital, an extension of Northern Nevada Medical Center,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ruth G Kemper

Print Name (First, Last)

Ruth G Kemper

Original Signature (electronic, copies or stamps not accepted)

05/08/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ruth Kemper

Print Name (First, Last)

Ruth Kemper

Original Signature (electronic, copies or stamps not accepted)

05/08/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Ruth Kemper, 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 the license, registration, permit, certificate or certification for which I am applying for.

Ruth Kemper

Original Signature

5-8-24

Date

Subscribed and Sworn to before me this 8 day of May.

Stephanie H. Pauley

Notary Public Signature



(Seal)

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☐ Sunday ☒ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: MMRX Health LLC dba VitaScripts
 Physical Address: 11661 Countryway Blvd
 City: Tampa State: FL Zip: 33626
 Mailing Address (if different from physical address): [SAME]
 City: _____ State: _____ Zip: _____
 Telephone: 813-264-7158 Toll Free # (NAC 639.708, NRS 639.23286): 888-462-5217
 Fax: 813-279-6264 Contact Email: vitascripts@gmail.com
 Website: www.vitascriptspharmacy.com
 Nevada Business License # (if applicable) N/A [APPLYING]
 Supervising/Managing Pharmacist Name (NRS 639.220): Michael Mobley
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24147

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Michael Mobley</u>	NV Pharmacist Registration #: <u>24147</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company		Yes	No
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)?		☒
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 from any jurisdiction?		☒
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.			

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

N/A

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): N/A
Corporation/Organization Name: MMRX Health LLC
Mailing Address: 11661 Countryway Blvd
City: Tampa State: FL Zip: 33626
Telephone: 813-264-7158 Email: vitascripts@gmail.com
Contact Person Name: Michael Mobley
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

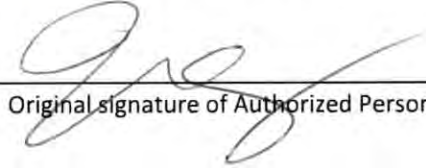
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member / PIC (title) for MMRX Health LLC dba VitaScripts (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Mobley

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

05/04/2024

Date

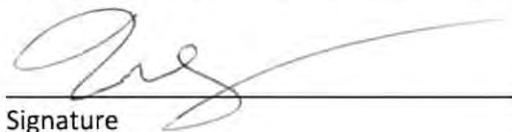
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Mobley 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 (title) for MMRX Health LLC dba VitaScripts (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.


Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of May, 2024


Notary Public Michael Prapat



MICHAEL PRANPAT
Commission # HH 190531
Expires February 22, 2028
Bonded Thru Budget Notary Services

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Mobley

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215


Original signature of Authorized Person (copies or stamps not accepted)

05/04/2024

Date

Board Use Only

Date Received: _____

Amount: 500⁰⁰ CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MMRX Health LLC dba VitaScripts
Pharmacy/Wholesaler License # (if applicable) N/A [Applying]
Physical Address 11661 Countryway Blvd
City Tampa State FL Zip 33626
Mailing Address (if different from physical address) [SAME]
City _____ State _____ Zip _____
Telephone 813-264-7158 Website www.vitascriptsparmacy.com
Licensing Company Email vitascripts@gmail.com

Section 2: Personal Information

First Michael Middle Clay Last Mobley
Alias(es, nicknames, name changes, etc.) Micheal alternative first name spelling), Mike (nickname)
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address Marsh Trail Drive
City Odessa State FL Zip 33556
Telephone _____ Email mmobley@vitascriptsparmacy.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Suwannee High School		From - To (MM/YY – MM/YY) 08/99 - 05/03	
Address 1314 Pine Ave SW	City Live Oak	State FL	Zip 32064
Diploma/Degree obtained, if any High school diploma			
School Name Florida A & M University (College of Pharmacy and Pharmaceutical Services)		From - To (MM/YY – MM/YY) 08/03 - 05/09	
Address 1601 S Martin Luther King Jr Blvd	City Tallahassee	State FL	Zip 32307
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 01/24 - present	Address ██████ Marsh Trail Drive	City Odessa	State FL	Zip 33556
From - To (MM/YY – MM/YY) 01/14 - 01/24	Address ██████ Breeders Cup Dr	City Odessa	State FL	Zip 33556
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name MMRX Health LLC dba VitaScripts		From - To (MM/YY – MM/YY) 07/23 - present	
Business Address 11661 Countryway Blvd	City Tampa	State FL	Zip 33626
Phone 813-264-7158	Title Pharmacist-in-Charge, Managing Member	Number of Employed Hours 1,720	
Description of Duties Own and operate pharmacy business while serving as the pharmacist-in-charge			
Business Name Sunlife Pharmacy		From - To (MM/YY – MM/YY) 11/22 - 06/23	
Business Address 3420 Tampa Rd	City Palm Harbor	State FL	Zip 34684
Phone 727-491-8300	Title Pharmacist (part-time)	Number of Employed Hours 560	
Description of Duties Performed all pharmacist tasks daily, maintained CQI program, maintained current inventory, managed P/L, implemented workflow to increase efficiency, trained technicians in non-sterile compounding, formulated compounding logs, MTM			
Business Name CVS Pharmacy		From - To (MM/YY – MM/YY) 01/21 - 07/21	
Business Address One CVS Drive	City Woonsocket	State RI	Zip 02895
Phone 800-746-7287	Title Travelling Pharmacist with Covid-19 Vaccine Team	Number of Employed Hours 550	
Description of Duties Completed Covid-19 vaccine training, administered Covid-19 vaccines in various locations within the community and at store locations around the greater Tampa Bay area (hours varied based on demand, typical shifts were 4-6 hours).			
Business Name Fusion Pharmaceuticals		From - To (MM/YY – MM/YY) 01/17 - 09/19	
Business Address 4115 W Spruce St, Ste 202	City Tampa	State FL	Zip 33607
Phone 813-540-0066	Title Pharmacist (part-time)	Number of Employed Hours 2,288	
Description of Duties Performed all pharmacist tasks daily, maintained CQI program, performed inventory management			
Business Name YJM LLC dba RiverCrossing Pharmacy		From - To (MM/YY – MM/YY) 01/12 - 012/15	
Business Address 5421 Little Road	City New Port Richey	State FL	Zip 34653
Phone 727-376-1453	Title Pharmacist-in-Charge, Member (Chief Operating Officer)	Number of Employed Hours 7,208	
Description of Duties Established new pharmacy operation, managed marketing team, obtained PCAB accreditation, established and maintained multiple state licenses, trained and supervised technicians and pharmacy personnel, managed compounding			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 2013	Disposition Date N/A	State NC	City Chapel Hill	County Durham
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy		
Reason/Charge Obtaining Initial Licensure				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of YJM LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity YJM LLC dba River Crossing Pharmacy				

Provide explanation below:

As a part owner and Pharmacist-in-Charge of YJM LLC dba River Crossing Pharmacy, I appeared before the North Carolina Board of Pharmacy in order to obtain a non-resident pharmacy license (in-person attendance was required of all licensees)..

Original Signature (electronic, copies or stamps not accepted)

Date

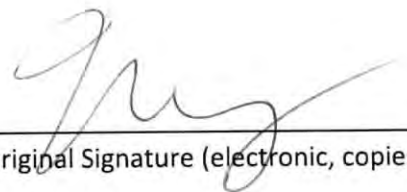
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 03/2024	Disposition Date N/A	State AL	City Birmingham	County Jefferson
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy		
Reason/Charge Obtaining Pharmacist Licensure				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of self			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

I appeared before the Alabama Board of Pharmacy via Zoom in order to obtain a pharmacist license (live online attendance was required of all licensees) in order to eventually apply for a non-resident pharmacy license for MMRX Health LLC (of which I am the Pharmacist-in-Charge).


Original Signature (electronic, copies or stamps not accepted)

05/04/2024
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following where applicable:

Date of Event/Arrest March 2015	Disposition Date N/A	State Various	City N/A	County N/A
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Various State Board of Pharmacies and DEA		
Reason/Charge Voluntarily surrendering pharmacy state licenses and DEA license pursuant to closing of pharmacy				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of YJM LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity YJM LLC dba River Crossing Pharmacy				

Provide explanation below:

On behalf of YJM LLC dba River Crossing Pharmacy (a Florida pharmacy), I voluntarily surrendered the Florida pharmacy license, the DEA license, and all the non-resident pharmacy licenses that included:

Alabama
Connecticut
Georgia
Illinois
Indiana
Nevada
New York
North Carolina
Ohio
Pennsylvania
West Virginia
Wisconsin

Each respective Board of Pharmacy was promptly and appropriately notified of the closure in adherence to regulatory requirements.


Original Signature (electronic, copies or stamps not accepted)

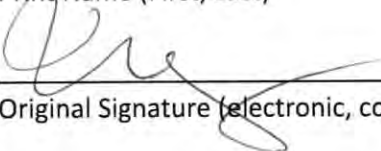
05/04/2024
Date

I, Michael C. Mobley, certify that as the designated representative for
MMRX Health LLC dba VitaScripts

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MCM I am at least 21 years of age;
3. MCM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MCM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MCM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MCM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MCM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Mobley
Print Name (First, Last)

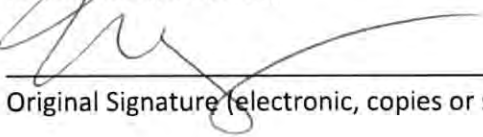

Original Signature (electronic, copies or stamps not accepted)

05/04/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Mobley

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

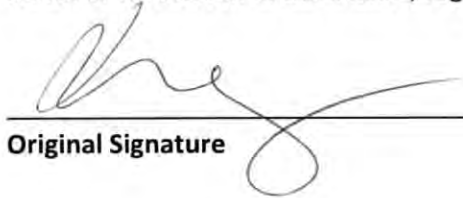
05/04/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Michael C. Mobley, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

05/04/2024

Date

Subscribed and Sworn to before me this 4th day of May 2024.



Notary Public Signature

Michael Prampat



MICHAEL PRAMPAT
Commission # HH 190631
Expires February 22, 2026
Bonded Thru Budget Notary Services

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MMRX Health LLC dba VitaScripts (pharmacy)
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A [Applying]
Physical Address 11661 Countryway Blvd
City Tampa State FL Zip 33626
Mailing Address (if different from physical address) [SAME]
City _____ State _____ Zip _____
Telephone 813-264-7158 Website www.vitascriptsparmacy.com
Licensing Company Email vitascripts@gmail.com

Section 2: Personal Information

First Michael Middle Clay Last Mobley
Alias(es, nicknames, name changes, etc.) Micheal (alternative first name spelling), Mike (nickname)
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] Marsh Trail Drive
City Odessa State FL Zip 33556
Telephone [REDACTED] Email mmobley@vitascriptsparmacy.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Suwannee High School		From - To (MM/YY - MM/YY) 08/99 - 05/03	
Address 1314 Pine Ave SW	City Live Oak	State FL	Zip 32064
Diploma/Degree obtained, if any High school diploma			
School Name Florida A & M University (College of Pharmacy and Pharmaceutical Services)		From - To (MM/YY - MM/YY) 08/03 - 05/09	
Address 1601 S Martin Luther King Jr Blvd	City Tallahassee	State FL	Zip 32307
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/24 - present	Address ██████ Marsh Trail Dr	City Odessa	State FL	Zip 33556
From - To (MM/YY - MM/YY) 01/14 - 01/24	Address ██████ Breeders Cup Dr	City Odessa	State FL	Zip 33556
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name MMRX HealthLLC dba VitaScripts			From - To (MM/YY – MM/YY) 07/23 - present	
Business Address 11661 Countryway Blvd		City Tampa	State FL	Zip 33626
Phone 813-264-7158	Title Pharmacist-in-Charge, Managing Member			
Description of Duties Own and operate pharmacy business while serving as the pharmacist-in-charge				
Business Name Sunlife Pharmacy			From - To (MM/YY – MM/YY) 11/22 - 06/23	
Business Address 3420 Tampa Rd		City Palm Harbor	State FL	Zip 34684
Phone 727-491-8300	Title Pharmacist (part-time)			
Description of Duties Perform all pharmacist tasks daily, maintain CQI program, maintain current inventory, manage P/L, implemented better workflow to increase efficiency, trained technicians in non-sterile compounding, helped establish non-sterile compounding formulation logs as well as quality control standards, MTM				
Business Name CVS Pharmacy			From - To (MM/YY – MM/YY) 01/21 - 07/21	
Business Address One CVS Drive		City Woonsocket	State RI	Zip 02895
Phone 800-746-7287	Title Travelling Pharmacist with Covid-19 Vaccine Team			
Description of Duties Completed Covid-19 vaccine training, administered Covid-19 vaccines in various locations ^{within} the community and at store locations around the greater Tampa Bay area (hours varied based on demand, typical shifts were 4-6 hours at different locations)				
Business Name Fusion Pharmaceuticals			From - To (MM/YY – MM/YY) 01/17 - 09/19	
Business Address 4115 W Spruce St, Ste 202		City Tampa	State FL	Zip 33607
Phone 813-540-0066	Title Pharmacist (part-time)			
Description of Duties Performed all pharmacist tasks daily, maintained CQI program, performed inventory management				
Business Name YJM LLC dba River Crossing Pharmacy			From - To (MM/YY – MM/YY) 01/12 - 12/15	
Business Address 5421 Little Road		City New Port Richey	State FL	Zip 34653
Phone 727-376-1453	Title Pharmacist-in-Charge, Member (Chief Operations Officer)			
Description of Duties Established new pharmacy operation, helped manage marketing team, established and maintained multiple state licenses, supervised and trained technicians and pharmacy personnel, obtained PCAB accreditation, established and maintained pharmacy compounding services, established and maintained FWA training program and CQI program.				
Continue on next page if additional space is needed.				

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 2013	Disposition Date N/A	State NC	City Chapel Hill	County Durham
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy		
Reason/Charge Obtaining Initial Licensure				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of YJM LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity YJM LLC dba River Crossing Pharmacy				

Provide explanation below:

As a part owner and Pharmacist-in-Charge of YJM LLC dba River Crossing Pharmacy, I appeared before the North Carolina Board of Pharmacy in order to obtain a non-resident pharmacy license (in-person attendance was required of all licensees).


Original Signature (electronic, copies or stamps not accepted)

5/04/2024
Date

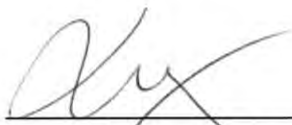
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following where applicable:

Date of Event/Arrest 03/2024	Disposition Date N/A	State AL	City Birmingham	County Jefferson
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Alabama Board of Pharmacy		
Reason/Charge Obtaining Pharmacist Licensure				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of self			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

I appeared before the Alabama Board of Pharmacy via Zoom in order to obtain a pharmacist license (live online attendance was required of all licensees) in order to eventually apply for a non-resident pharmacy license for MMRX Health LLC (of which I am the Pharmacist-in-Charge).


Original Signature (electronic, copies or stamps not accepted)

5/04/2024
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following where applicable:

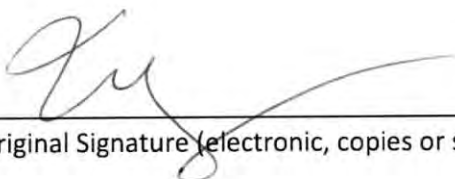
Date of Event/Arrest March 2015	Disposition Date N/A	State Various	City N/A	County N/A
Case # N/A		Governing, licensing, Arresting Presiding Body/Agency/Court Various State Board of Pharmacies and DEA		
Reason/Charge Voluntarily surrendering pharmacy state licenses and DEA license for closing pharmacy				
Plaintiff/Defendant/Claimant/Respondent Michael Mobley on behalf of YJM LLC			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity YJM LLC dba River Crossing Pharmacy				

Provide explanation below:

On behalf of YJM LLC dba River Crossing Pharmacy (a Florida pharmacy), I voluntarily surrendered the Florida pharmacy license, the DEA license, and all the non-resident pharmacy licenses that included:

Alabama
Connecticut
Georgia
Illinois
Indiana
Nevada
New York
North Carolina
Ohio
Pennsylvania
West Virginia
Wisconsin

Each respective Board of Pharmacy was promptly and appropriately notified of the closure in adherence to regulatory requirements.


Original Signature (electronic, copies or stamps not accepted)

5/04/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Mobley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/04/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Michael C. Mobley, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 4th day of May 2024.

Notary Public Signature

Michael Prampat



MICHAEL PRAMPAT
Commission # HH 190531
Expires February 22, 2028
Bonded Thru Budget Notary Services
(Seal)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM3619890	01-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-27-2023
MMRX HEALTH LLC VITASCRIPTS 11661 COUNTRYWAY BLVD TAMPA, FL 33626		

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

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

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

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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State of Florida

Department of State

I certify from the records of this office that MMRX HEALTH LLC is a limited liability company organized under the laws of the State of Florida, filed on February 20, 2023, effective February 20, 2023.

The document number of this limited liability company is L23000089264.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on January 3, 2024, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-third day of April,
2024*




Secretary of State

Tracking Number: 5603156597CU

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

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



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements



File # 29369
Insp # 193477

NAME MMRX HEALTH LLC	PERMIT NUMBER 34683	DATE OF INSPECTION 01/09/2024
DOING BUSINESS AS VITASCRIPTS		
STREET ADDRESS 11661 Countryway BLVD	TELEPHONE #	EXT
CITY TAMPA	COUNTY HILLSBOROUGH	STATE/ZIP FL/33626

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 10:00 AM to 6:00 PM
Tuesday Y	Tuesday Hours 10:00 AM to 6:00 PM
Wednesday Y	Wednesday Hours 10:00 AM to 6:00 PM
Thursday Y	Thursday Hours 10:00 AM to 6:00 PM
Friday Y	Friday Hours 10:00 AM to 6:00 PM
Saturday Y	Saturday Hours 10:00 am to 2:00 pm
Sunday N	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS 45204	Licensee Name Michael Clay Mobley
License Type Registered Pharmacists	
License # RPT 42880	Licensee Name Michael Naraine Pranpat
License Type Pharmacy Tech	

ACS Manager

--	--

Optional Information

--	--

Basic License Data - PSD

DEA Reg # FM3619890	
---------------------	--

License Relations

Pharmacy Affiliate

MOBLEY, MICHAEL CLAY	License # 45204
----------------------	-----------------

RX DPT MGR/COR/POR

MOBLEY, MICHAEL CLAY	License # 45204
----------------------	-----------------

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C.] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
--	-----

INV359 - Community Requirements

MMRX HEALTH LLC

Insp # 193477

File # 29369

Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] <i>Return Solutions</i>	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(i), F.S.] <i>December 29th, 2023</i>	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.] <i>BestRX</i>	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] <i>IPC, Auburn</i>	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] <i>Does not store controlled substances. Zero Inventory.</i>	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C.]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Insp # 193477

INV359 - Community Requirements
MMRX HEALTH LLC

File # 29369

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S.]	

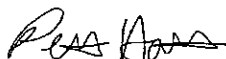
Remarks:

Routine inspection completed with Michael Clay Mobley. Operating requirements met.

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.

Inspector Signature

HODGES, PETER



Date:1/9/2024

Representative:

Michael Clay Mobley



Date:1/9/2024

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
JULY 28, 2023	PH 34683	142370

THE PHARMACY

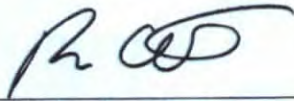
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):

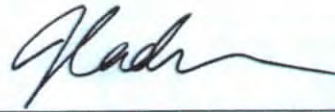
Schedule II & III Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2025

MMRX HEALTH LLC
VITASCRIPTS
11661 COUNTRYWAY BLVD
TAMPA, FL - 33626



Ron DeSantis
GOVERNOR



Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication



DISPLAY IF REQUIRED BY LAW



Department of Health

MMRX HEALTH LLC VITASCRIPTS

License Number: PH34683

Data As Of 5/4/2024

Profession	Pharmacy
License	PH34683
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2025
License Original Issue Date	07/27/2023
Address of Record	11661 Countryway BLVD TAMPA, FL 33626
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.

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

January 3, 2024

MMRX Health LLC dba VitaScripts
Michael Mobley
11661 Countryway Blvd
Tampa, FL 33626

RE: License Certification for MmrX Health 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:	PH34683
ORIGINAL CERTIFICATION:	07/27/2023
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	
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,

LaWanda Eastmond
Regulatory Specialist II

/LE

**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

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH. <u>03709</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: <u>FP4202393</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☒ Sunday ☒ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Pharmacy4Humanity DBA AHF Pharmacy
 Physical Address: 19300 S. Hamilton Ave., STE 170-180,
 City: Gardena State: CA Zip: 90248
 Mailing Address (if different from physical address): 19300 S. Hamilton Ave., STE 110-111,
 City: Gardena State: CA Zip: 90248
 Telephone: 3107710562 Toll Free # (NAC 639.708, NRS 639.23286): 8669936337
 Fax: 310710621 Contact Email: PharmacyOperations@ahfrx.org
 Website: www.aidshealth.org
 Nevada Business License # (if applicable) _____
 Supervising/Managing Pharmacist Name (NRS 639.220): John Stapf
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21689

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>John Stapf</u>	NV Pharmacist Registration #: <u>21689</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**Section 6: Non-Publicly Traded Corporation or Company**State of Incorporation/Organization: CaliforniaParent Company (if any): AIDS Healthcare FoundationCorporation/Organization Name: Pharmacy4HumanityMailing Address: 19300 S. Hamilton Ave., STE 110-111,City: Gardena State: CA Zip: 90248Telephone: 3109996089 Email: pharmacyoperations@ahfrx.orgContact Person Name: Michelle AscheriDoes the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

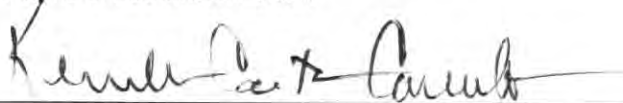
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Pharmacy Officer (title) for AHF Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kenneth Scott Carruthers

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

05/17/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kenneth Scott Carruthers 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 Chief Pharmacy Officer (title) for AHF Pharmacy (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.



Signature

SUBSCRIBED AND SWORN TO

Before me, a notary public this _____ day of _____, 20____



Notary Public

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

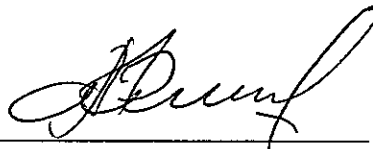
State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 17th
day of May, 2024, by Kenneth Scott Carruthers

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



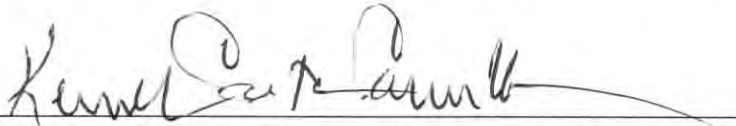
(Seal)

Signature 

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth S. Carruthers

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

05/17/2024

Date

Board Use Only

Date Received: 6/4/24

Amount: \$500 - ch 411934



Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: PHARMACY4HUMANITY
Entity No.: 1990469
Registration Date: 09/30/1996
Entity Type: Nonprofit Corporation - CA - Public Benefit
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 September 06, 2023. .

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 143088734

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 4/20/2023 Inspector: Anna Yamada

Firm: AIDS HEALTHCARE FOUNDATION DBA AHF PHARMACY Phone: (310) 464-8241

Address: 19300 S HAMILTON AVE #170/180 City: GARDENA Zip: 902484400

Ownership: CORPORATION

Permit #: PHY51042 Permit Exp: 8/1/2023 DEA#: FA3595076 DEA Exp: 6/30/2024

Date of Self Assessment Form: 3/17/2023 Other Permit #: N/A Date of DEA Inventory: 4/8/2023

Hours M-F: 24Hr Hours Saturday 24Hr Hours Sunday: 24Hr

PIC JOHN A STAFF RPH70945 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>STÉPHANIE F MOY</u>	<u>RPH59971</u>	<u>ALEJANDRO PRECIADO JR</u>	<u>TCH173926</u>
	<u>BRIAN H LEBEDINSKI</u>	<u>RPH80015</u>	<u>ALYSSA K BARAOIDAN</u>	<u>TCH109419</u>
	<u>SOHYUN KIM</u>	<u>RPH68948</u>	<u>ANEX L CORDERO</u>	<u>TCH77182</u>
	<u>LIONEL V ISHIKAWA</u>	<u>RPH81913</u>	<u>ANTONEA M MANSFIELD</u>	<u>TCH179602</u>
	<u>MY H NGUYEN</u>	<u>RPH81340</u>	<u>CHRISTINE K NGUYEN</u>	<u>TCH159016</u>
	<u>EDUARDO L VILLARUZ III</u>	<u>RPH85911</u>	<u>ELIZABETH A MORALES</u>	<u>TCH62646</u>
	<u>KAREN T LY</u>	<u>RPH81986</u>	<u>ELODIA BARRERA</u>	<u>TCH59288</u>
	<u>HANNAH E SUH</u>	<u>RPH81906</u>	<u>FARHANA A AHMED</u>	<u>TCH185285</u>
	<u>SARAH A CHEHABI</u>	<u>RPH65329</u>	<u>FELICIA A SMITH</u>	<u>TCH44892</u>
	<u>CHARLES W WALKER JR</u>	<u>RPH36998</u>	<u>FELIPE A CETINA COCOM</u>	<u>TCH149382</u>
	<u>ALBERT M CHEN</u>	<u>RPH73869</u>	<u>GIANNA LONG</u>	<u>TCH1551</u>
	<u>MENCHIE M YANAGIDAIRA</u>	<u>RPH78526</u>	<u>JENNIFER R LAGEMAN</u>	<u>TCH180570</u>
			<u>KATHERINE E WOOD</u>	<u>TCH49863</u>
			<u>KAYLEE F CRUZ</u>	<u>TCH162034</u>
			<u>KEVIN SOUVANNARITH</u>	<u>TCH173266</u>
			<u>KIMBERLY V ZAIDE</u>	<u>TCH177740</u>
			<u>LIGIA E MARTINEZ</u>	<u>TCH65906</u>
			<u>LUSI ARTEAGA</u>	<u>TCH131749</u>
			<u>MARCELO D RODRIGUEZ</u>	<u>TCH154014</u>
			<u>NGOC EPPERSON</u>	<u>TCH76870</u>
			<u>PEGGY A BELL-MOORE</u>	<u>TCH57130</u>
			<u>RAYNA L MEGGS</u>	<u>TCH109343</u>
			<u>RODRIGO A RODRIGUEZ</u>	<u>TCH133038</u>
			<u>ROSSVINMAE L BAIDIANGO</u>	<u>TCH134133</u>
			<u>SANDY B ALBARRAN</u>	<u>TCH173053</u>



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



SHAWNTE M POE	TCH100497
VANESSA GARCIA	TCH154560
XAVIER F LADRON DE GUEV	TCH159964

Inspector Remarks:

High volume closed door refill pharmacy located on the first floor of an office building filling an average of 5000 RXs per day and typically staffed with 6-8RPHs/14TCHs/1 clerk per day. Pharmacy is ACHC accredited (12/14/22-12/13/25) and URAC accredited (4/1/21-4/1/24). AHF has locations throughout the country and this location is one of the primary RX fulfillment centers. All orders are data verified from the home store and sent to this location for fulfillment, however, this location still has ability to complete clinical reviews of orders. Pharmacy has 18 other non-resident licenses (WA, DE, IL, OH, FL, GA, CT, WI, NY, PA, CO, NJ, NV, DC, AZ, TX, IN, and NM). Here today for routine inspection requested by pharmacy for WA license renewal.

ROUTINE INSPECTION: PIC Stapf assisted with the inspection.

Consultation: Closed door pharmacy and only refills dispensed. Discussed written notice if new RXs dispensed

QA for med errors: In place, reviewed, last completed 4/5/23

CURES: PHY submits zero reporting and control RXs reported by "home" AHF pharmacy

RX Label: Description printed; not patient centered (generic for statement not in 12 point font) and adherence packs (GoPak and Calendar Pak) not labeled with pharmacy patient centered RX labels. Corrections issued.

The following were reviewed:

Subscriber alert, NTC/Point Language/Permit posted, H/C water, DEA inventory, self-assessment, 24 hour refrigerator monitoring, security (badge access and deadbolt available), p/p (theft and impairment and TCH available; RPH always onsite and do not administer immunizations.

CII Inventory and Reconciliation= No CII drugs stocked or dispensed- discussed new regulations on inventory and reconciliation

CAIR2 Reporting= No immunizations

WLS= Primary Cardinal, secondary ABC

RD=Pharmalink

Computer=Cerner integrated with Coreflex

CMPD= PHY does not compound

Delivery= FedEx, USPS, or pharmacy courier. All refrigerated RXs sent overnight express with temperature tracker. PIC stated cold chain studies for refrigerated medications, Discussed also ensuring temperature limits for room temperature medications.

Pharmacy uses RFID technology, automation, and conveyor belts in dispensing process. Drug filled by robots and each vial heat sealed after RPH verification. RXs also manually filled for items not stocked in robots. Each robot drug cassette refilled by TCHs using accuracy scans and there are no mixing of different lots in each cassette per PIC. Discussed drug information (i.e. drug name, lot, expiration, etc.) properly labeled on each drug cassette and container.

Pharmacy also dispenses prescriptions in two types of medication adherence packs: GoPak and CalendarPak.

1. GoPak: Packaged using TCGRx and are individual daily single/multi drug packages.

2. CalendarPak: Packaged using SynMed and packaged similar to monthly bubble cards in single/multi drug packages.

* Drugs packaged in error are destroyed (PharmaLink) if package is not correctable for the patient.

* Discussed properly labeling each drug cassette for TCGRx and SynMed (i.e. drug name, lot, expiration date)

EDUCATIONAL TOPICS:

1. January 2023 Script Newsletter available

2. Community Pharmacy Staffing Requirement - BPC 4113.5, CCR 1714.3

3. Recently Approved Changes in Regulations:

1. CCR 1746.4 - Pharmacist initiating and administering vaccines. Effective 1/25/22.

2. CCR 1704 - Providing addresses (Email). Effective 4/1/22.

3. CCR 1715.6 - Reporting drug loss. Effective 4/1/22.

4. CCR 1717.5 - Automatic Refill Programs. Effective 7/1/2022.

5. CCR 1715 - Self-Assessment of a pharmacy by the PIC. Effective 10/1/22.

6. CCR 1708.1 - Notification of temporary closure. Effective 10/1/22.



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7. CCR 1715.65 - Inventory Reconciliation Reports of Controlled Substances. Effective 1/1/23.

4. Did you know:

1. Standard of Care Ad Hoc Committee to review standard of care enforcement model.
2. Medication Error Reduction and Workforce Ad Hoc Committee to review approaches on reducing medication errors. Next meetings scheduled for 6/7/23.
3. Meetings are occurring virtually through WebEx and the Board welcomes comments. If you want to have your voices heard on these issues, please plan on attending one or more of these meetings.

In order to complete inspection, PIC Stapf to fax or e-mail to Inspector Yamada at 626-446-2291 or anna.yamada@dca.ca.gov the following by:

1. Copy of corrected patient centered prescription label
2. Copy of GoPak and CalendarPak affixed with corrected prescription label

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Inspector (print) _____

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:



California State Board of Pharmacy
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ORDER OF CORRECTION

Date: 4/20/2023

Permit #: PHY51042

Time of Day: 10:35 AM

Name as shown on permit: **AIDS HEALTHCARE FOUNDATION DBA AHF PHARMACY**

Address: 19300 S HAMILTON AVE #170/180

City: GARDENA

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **BPC 4076(a)** Prescription Container - Requirements for Labeling. A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

and CCR 1707.5: In that, the pharmacy adherence packages (GoPak and CalendarPak) were not properly labeled with pharmacy prescription labeling requirements.

2. **CCR 1707.5(a)(1)** Patient-Centered Labels for Prescription Drug Containers; Requirements. Labels on drug containers dispensed to patients in California shall conform to the following format: Each of the following items, and only these four items, shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 12-point sans serif typeface, and listed in the following order: Name of the drug and strength of the drug. For the purposes of this section, "name of the drug" means either the manufacturer's trade name of the drug, or the generic name and the statement "generic for _____" where the brand name is inserted, and the name of the manufacturer. In the professional judgment of the pharmacist,

In that, the generic for phrase was not printed in 12 point font

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign)

Inspector (print)

Date

Signed

Print Name

Title

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.



Board of Pharmacy



Retail Pharmacy Permit

LICENSE NO. PHY 59471

ISSUE DATE MAY 01, 2024

PHARMACY4HUMANITY DBA AHF PHARMACY
19300 S HAMILTON AVE # 170/180
GARDENA CA 90248

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

CORPORATION
JOHN ANDREW STAFF

PHARMACIST IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 15, 2024

RECEIPT NUMBER 00762258

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

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

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

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

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

BOARD OF PHARMACY
LICENSING DETAILS FOR: PHY 59471

NAME: PHARMACY4HUMANITY DBA AHF PHARMACY
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR
ADDRESS
19300 S HAMILTON AVE # 170/180
GARDENA CA 90248
LOS ANGELES COUNTY

ISSUANCE DATE
MAY 1, 2024

EXPIRATION DATE
SEPTEMBER 15, 2024

CURRENT DATE / TIME
JUNE 3, 2024
9:52:54 AM

LICENSE RELATIONSHIPS

NAME: STAFF, JOHN ANDREW
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 70945 PRIMARY STATUS: CLEAR

ADDRESS NOT DISCLOSED

AHF Officers and Directors

William Arroyo, MD	Chairman of the Board
--------------------	-----------------------

Cynthia Davis	Domestic Vice Chair
---------------	---------------------

Angelina Wapakabulo	Vice Global Chair
---------------------	-------------------

Condess Curley, MD	Secretary
--------------------	-----------

Steve Carlton	Treasurer
---------------	-----------

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP4202393	03-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-29-2024
PHARMACY4HUMANITY AHF PHARMACY 19300 S HAMILTON AVE STE 170-180 GARDENA, CA 902484400		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP4202393	03-31-2027	\$888
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2,2N,3, 3N,4,5	RETAIL PHARMACY	05-29-2024
PHARMACY4HUMANITY AHF PHARMACY 19300 S HAMILTON AVE STE 170-180 GARDENA, CA 902484400		

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

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Pharmacy4Humanity DBA AHF Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 19300 S. Hamilton Ave., STE 170-180,City GardenaState CAZip 90248Mailing Address (if different from physical address) 19300 S. Hamilton Ave., STE 110-111,City GardenaState CAZip 90248Telephone 310-771-0562Website www.aidshealth.orgLicensing Company Email PharmacyOperations@ahfrx.org**Section 2: Personal Information**First John

Middle _____

Last Stapf

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ XMailing Address [REDACTED] S. Hamilton Ave., STE 110-111,City GardenaState CAZip 90248

Telephone [REDACTED]

Email John.Stapf@ahfrx.orgAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Jeannette Senior High School		From - To (MM/YY - MM/YY) 08/04-5/08	
Address 800 Florida Avenue	City Jeannette	State PA	Zip 15644
Diploma/Degree obtained, if any			
School Name University of Pittsburgh School of Pharmacy		From - To (MM/YY - MM/YY) 08/08-04/14	
Address 3501 Terrace Street	City Pittsburgh	State PA	Zip 15261
Diploma/Degree obtained, if any Doctorate of Pharmacy			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/20-current	Address [REDACTED] Ximeno Avenue APT 48	City Long Beach	State CA	Zip 90804
From - To (MM/YY - MM/YY) 02/18-07/20	Address [REDACTED] Marmon Way	City Sacramento	State CA	Zip 95828
From - To (MM/YY - MM/YY) 01/16-02-18	Address [REDACTED] Rossini Lane	City Ventura	State CA	Zip 93003
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Pharmacy4Humanity		From - To (MM/YY – MM/YY) 07/20-Current	
Business Address 19300 S Hamilton Avenue	City Gardena	State CA	Zip 90248
Phone 310-771-0562	Title Senior Director-Central Support Services		Number of Employed Hours 8320
Description of Duties Oversee day to day operations of the Central Refill center and the staff of 40 pharmacists/technicians.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

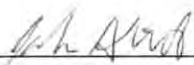
I, John Stapf, certify that as the designated representative for
Pharmacy4Humanity DBA AHF Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JAS I am at least 21 years of age;
3. JAS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JAS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JAS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JAS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JAS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Stapf

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

05/31/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Stapf

Print Name (First, Last)

John Stapf
Original Signature (electronic, copies or stamps not accepted)

05-31-2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Please see attached certificate
Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

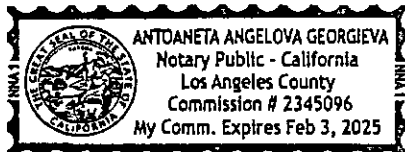
(Seal)

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

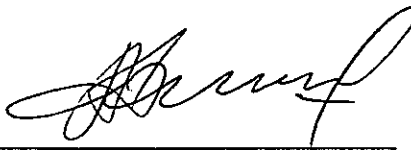
State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 31st
day of May, 2024, by John Stapf

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature 

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pharmacy4Humanity DBA AHF Pharmacy
 Pharmacy/MDEG/Wholesaler License # (if applicable) _____
 Physical Address 19300 S. Hamilton Blvd., STE 170-180,
 City Gardena State CA Zip 90248
 Mailing Address (if different from physical address) 19300 S. Hamilton Blvd., STE 110-111,
 City Gardena State CA Zip 90248
 Telephone 310-999-6089 Website www.aidshealth.org
 Licensing Company Email PharmacyOperations@ahfrx.org

Section 2: Personal Information

First Kenneth Middle Scott Last Carruthers
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] S. Hamilton Blvd., STE 110-111,
 City Gardena State CA Zip 90248
 Telephone [REDACTED] Email Scott.Carruthers@ahf.org
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	<u>N/A</u>	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UNIVERSITY of Southern California		From - To (MM/YY - MM/YY) 09/1958 - 06/1962	
Address 3551 TRUSTRANE PARKWAY		City LOS ANGELES	State CA Zip 9007
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name SAN DIEGO STATE UNIVERSITY		From - To (MM/YY - MM/YY) 09/1956 - 06/1958	
Address 5500 CAMPANILE DR.		City SAN DIEGO	State CA Zip 92182
Diploma/Degree obtained, if any Pharmacist			
School Name MISSION Bay HIGH SCHOOL		From - To (MM/YY - MM/YY) 09/1953 - 06/1956	
Address 2475 GRAND AVE.		City SAN DIEGO	State CA Zip 92109
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address		City	State Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address		City	State Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08/2022 - Present	Address [REDACTED] SPINNER WAY	City SEALED BEACH	State CA	Zip 90740
From - To (MM/YY - MM/YY) 01/1981 - 07/2022	Address [REDACTED] N. VILLAGE CIRCLE DR	City TEMPLE CITY	State CA	Zip 91780
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials KS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name AIDS HEALTHCARE FOUNDATION		From - To (MM/YY - MM/YY) 06/2004 - CURRENT	
Business Address 6255 W. SUNSET BLVD. 21ST FLOOR		City LOS ANGELES	State CA
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		

Description of Duties

Continue on next page if additional space is needed.

Applicant's Initials KSC 3

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials KS 5

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Scott Carruthers
Print Name (First, Last)
Kenneth Scott Carruthers
Original Signature (electronic, copies or stamps not accepted)

05/05/2024
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

See attached certificate
Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

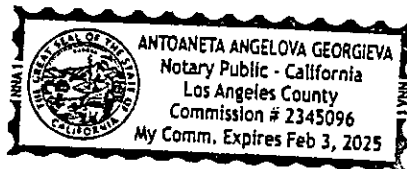
Applicant's initials KS 7

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

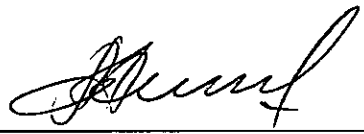
State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 6th
day of May, 2024, by Kenneth Scott Carruthers

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature 

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pharmacy4Humanity DBA AHF Pharmacy
Pharmacy/MDEG/Wholesaler License # (if applicable) _____
Physical Address 19300 S. Hamilton Ave., STE 170-180,
City Gardena State CA Zip 90248
Mailing Address (if different from physical address) 19300 S. Hamilton Ave., STE 110-111,
City Gardena State CA Zip 90248
Telephone 3109996089 Website www.aidshealth.org
Licensing Company Email pharmacyoperations@ahfrx.org

Section 2: Personal Information

First Peter Middle _____ Last Reis
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] W. Sunset Blvd., FL 21,
City Los Angeles State CA Zip 90028
Telephone [REDACTED] Email Peter.Reis@ahf.org
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
14 Years	█████████ armdale Ave	Studio City	CA	91604
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name AIDS Healthcare Foundation		From - To (MM/YY – MM/YY)	
Business Address 6255 W. Sunset Blvd.,		City Los Angeles	State CA
Phone 3238605200	Title Senior Vice President		
Description of Duties Senior Vice President in charge of overseeing Financial and Pharmacy			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Reis

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this X day of see attach.

Notary Public Signature

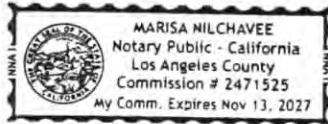
(Seal)

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

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15
day of May, 2024, by Peter Reis

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Marisa Nilchavée

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler Pharmacy4Humanity DBA AHF PharmacyPhysical Address 19300 S. Hamilton Blvd., STE 170-180,City GardenaState CAZip 90248Mailing Address (if different from physical address) 19300 S. Hamilton Ave., STE 110-111,City GardenaState CAZip 90248Telephone 310-999-6089Website www.aidshealth.orgLicensing Company Email PharmacyOperations@ahfrx.org**Section 2: Personal Information**First Michael

Middle _____

Last Weinstein

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address W. Sunset Blvd., FL 21,City Los AngelesState CAZip 90028

Telephone _____

Email Michael.Weinstein@ahf.orgAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch:

☐ Army/
Reserves☐ Navy/
Reserves☐ Airforce/
Reserves☐ Marine Corps/
Reserves☐ Coast Guard/
Reserves☐ National
Guard**Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)**

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the 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 initials _____

1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
15 Years	██████████ Bronson Hill Drive,	Los Angeles	CA	90068
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials  2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name AIDS Healthcare Foundation		From - To (MM/YY – MM/YY) 1984- Present	
Business Address 6255 Sunset Blvd., 21ST FL,		City Los Angeles	State CA
Phone 323-860-5200	Title President		
Description of Duties Oversees high level functions of organization			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials 

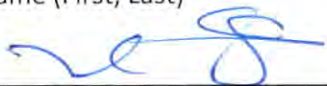
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials 

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Weinstein

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/23/24

Date

Please have this section completed in the presence of a Notary Public.

see attached.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

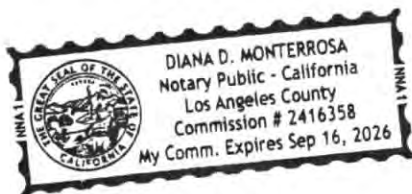
Applicant's initials 

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

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

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on
this 23rd day of April, 2024, by
Date Month Year

(1) Michael Weinstein

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Rare Pharmacy	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Vanscoy Rare Pharmacy

Physical Address: 310 Merchant Lane

City: Pittsburgh

State: PA

Zip: 15205

Mailing Address (if different from physical address): N/A

City: N/A

State: PA

Zip: 15205

Telephone: 412-844-7273

Toll Free # (NAC 639.708, NRS 639.23286): 855-826-7269

Fax: 888-467-3003

Contact Email: licensing@vanscoyrare.com

Website: vanscoyrare.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Matthew Smerker

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23661

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Justin Matthew Smerker</u>	NV Pharmacist Registration #: <u>23661</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company		Yes	No
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)?		✓
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 from any jurisdiction?		✓
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania
Parent Company (if any): Scuderia LLC
Corporation/Organization Name: VRP Partners LLC DBA Vanscoy Rare Pharmacy
Mailing Address: 305 Merchant Lane
City: Pittsburgh State: PA Zip: 15205
Telephone: 855-826-7269 Email: licensing@vanscoyrare.com
Contact Person Name: Timothy J. Davis, Advisor

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

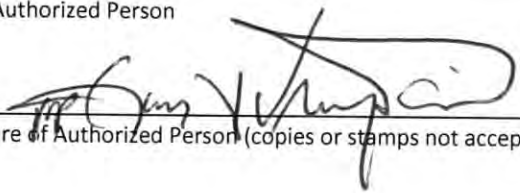
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member (title) for VRP Partners LLC DBA Vanscoy Rare Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Gordon J. Vanscoy

Print Name of Authorized Person


Original signature of Authorized Person (copies or stamps not accepted)

5/30/2024
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Gordon J. Vanscoy 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 Managing Member (title) for VRP Partners LLC DBA Vanscoy Rare Pharmacy (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO

Before me, a notary public this 31 day of May, 2024

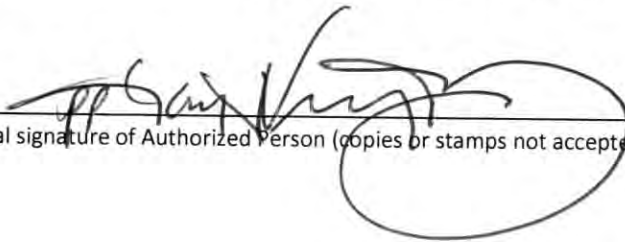
Notary Public

Commonwealth of Pennsylvania - Notary Seal
AMY DOVIE - Notary Public
Beaver County
My Commission Expires October 21, 2026
Commission Number 1427778

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gordon J. Vanscoy, Managing Member

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215


Original signature of Authorized Person (copies or stamps not accepted)

5-30-2024
Date

Board Use Only	Date Received: <u>6/4/24</u>	Amount: <u>\$500-CH 1053</u>
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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: VRP Partners, LLC.
Request Type: Subsistence Certificate
Request No.: 036494037
Receipt No.: 001065357
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: March 20, 2023
Status: Active

Issuance Date: May 24, 2024
File No.: 0012914328

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

VRP Partners, LLC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

VANSCOY RARE PHARMACY

310 MERCHANT LANE
PITTSBURGH, PA, 15205

Phone:
Owner:

LICENSE

License No: AA0005228460 (PP483152)

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 03/15/2024 .

Inspection Result: Passed

OPERATIONAL INSPECTION

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE
Signature of Inspector

3/15/2024 10:56:01 AM
Date/Time

Justin Matthew Smerker - RP445284
Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

VANSCOY RARE PHARMACY

310 MERCHANT LANE
PITTSBURGH, PA, 15205

Phone:

Owner:

LICENSE

License No: AA0005228460 (PP483152)

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 03/15/2024

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State

23 0371172

Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

VANSCOY RARE PHARMACY
JUSTIN MATTHEW SMERKER
310 MERCHANT LANE
PITTSBURGH, PA 15205

License Status
Active

Initial License Date
02/09/2024



Expiration Date
08/31/2025

License Number
PP483152

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Justin Matthew Smarker
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.S. § 4911



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/06/2024

License Information

VANSCOY RARE PHARMACY

310 MERCHANT LANE
PITTSBURGH, Pennsylvania 15205

Board/Commission: State Board of Pharmacy

Status Effective Date: 02/09/2024

LicenseType: Pharmacy

Issue Date: 02/09/2024

Specialty Type:

Expiration Date: 08/31/2025

License Number: PP483152

Last Renewal:

Status: Active

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
JUSTIN	Pharmacist	Pharmacist	RP445284	Active	02/15/2024	09/30/2024
MATTHEW	Manager					
SMERKER						

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV3892519	05-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-08-2024
VANSCOY RARE PHARMACY 310 MERCHANT LN PITTSBURGH, PA 15205		

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

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

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

Form DEA-223 (9/2016)

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV3892519	05-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-08-2024
VANSCOY RARE PHARMACY 310 MERCHANT LN PITTSBURGH, PA 15205		

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

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

Vanscoy Rare Pharmacy

Gordan Vanscoy	Chairman & CEO
Douglas Gebhard	President
Vickie Hunt	Senion Vice President, Client Services
Gannon Vanscoy	Vice President, Strategy
Gordon Vanscoy, Jr.	Vice President, Business Operations
William Valenta	Vice President, Technology & Analytics
Justin Smerker	Vice President, Business Development & Strategy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Vanscoy Rare PharmacyPharmacy/Wholesaler License # (if applicable) PENDINGPhysical Address 310 Merchant LaneCity PittsburghState PAZip 15205Mailing Address (if different from physical address) Same as aboveCity Same as above

State _____

Zip Same as aboveTelephone 855-826-7269Website www.vanscoyrare.comLicensing Company Email licensing@vanscoyrare.com**Section 2: Personal Information**First JustinMiddle MatthewLast SmerkerAlias(es, nicknames, name changes, etc.) N/A

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ XMailing Address [REDACTED] Firwood DrCity PittsburghState PAZip 15243

Telephone [REDACTED]

Email jsmerker@vanscoyrare.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Designated Representative Application (Applicant's Initials JS) 2 of 9

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name University of Pittsburgh		From - To (MM/YY - MM/YY) 08/15-06/16		
Address 4200 Fifth Ave	City Pittsburgh	State PA	Zip 15260	
Diploma/Degree obtained, if any Master of Pharmacy Business Administration - MPBA				
School Name University of Pittsburgh		From - To (MM/YY - MM/YY) 08/03 - 05/09		
Address 4200 Fifth Ave	City Pittsburgh	State PA	Zip 15260	
Diploma/Degree obtained, if any Doctor of Pharmacy - PharmD				
School Name North Clarion Highschool		From - To (MM/YY - MM/YY) 08/99-06/03		
Address 10439 PA-3	City Tionesta	State PA	Zip 16353	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 06/2013 - Present	Address [REDACTED] Firwood Dr	City Pittsburgh	State PA	Zip 15243
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Vanscoy Rare Pharmacy		From - To (MM/YY – MM/YY) 01/24- Present	
Business Address 310 Merchant Lane		City Pittsburgh	State PA
Phone 855-826-7269	Title PIC	Number of Employed Hours 830	
Description of Duties Pharmacist in Charge and Business Development Leadership			
Business Name RareMed Solutions		From - To (MM/YY – MM/YY) 09/22-01/24	
Business Address 200 Industry Dr		City Pittsburgh	State PA
Phone 833-676-7273	Title VP Business Development & Strategy	Number of Employed Hours 2,800	
Description of Duties Staff Pharmacist and Business Development Leadership			
Business Name PANTHERx Specialty Pharmacy		From - To (MM/YY – MM/YY) 02/15-01/22	
Business Address 24 Summit Park Dr		City Pittsburgh	State PA
Phone (855) 726-8479	Title Staff Pharmacist and Business Development Leadership	Number of Employed Hours 14,560	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

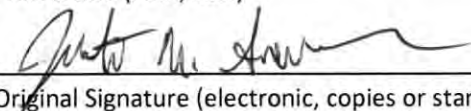
I, Justin Matthew Smerker, certify that as the designated representative for
Vanscoy Rare Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Justin Smerker

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

5-31-24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Smerker

Print Name (First, Last)

Justin M. Smerker

Original Signature (electronic, copies or stamps not accepted)

5/31/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Allegheny

I, Justin Smerker, 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 the license, registration, permit, certificate or certification for which I am applying for.

Justin M. Smerker

Original Signature

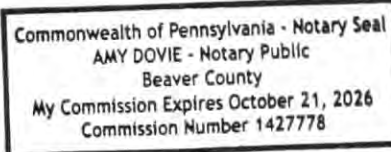
5/31/2024

Date

Subscribed and Sworn to before me this 31 day of May 2024.

Amy Dovie

Notary Public Signature



(Seal)

Designated Representative Application (Applicant's Initials JS) 9 of 9

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vanscoy Rare Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PP483152 (Pennsylvania) Pending (Nevada)
Physical Address 310 Merchant Lane
City Pittsburgh State PA Zip 15205
Mailing Address (if different from physical address) Same as above
City Pittsburgh State _____ Zip _____
Telephone 888-796-8154 Website www.vanscoyrare.com
Licensing Company Email licensing@vanscoyrare.com

Section 2: Personal Information

First Gordon Middle James Last Vanscoy
Alias(es, nicknames, name changes, etc.) na
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] Galleon Drive
City Naples State FL Zip 34102
Telephone [REDACTED] Email gvanscoy@vanscoyrare.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Duquesne University		From - To (MM/YY – MM/YY) 08/84-05/86	
Address 600 Forbes Avenue	City Pittsburgh	State PA	Zip 15282
Diploma/Degree obtained, if any Doctor of Pharmacy - PharmD			
School Name University of Pittsburgh		From - To (MM/YY – MM/YY) 08/78-05/84	
Address 4200 Fifth Avenue	City Pittsburgh	State PA	Zip 15260
Diploma/Degree obtained, if any Bachelors of Science (Pharmacy) - BS			
School Name South Allegheny High School		From - To (MM/YY – MM/YY) 08/74-06/78	
Address 2743 Washington Blvd	City McKeesport	State PA	Zip 15133
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/20 - Present	Address [REDACTED] Galleon Drive	City Naples	State FL	Zip 34102
From - To (MM/YY – MM/YY) 08/13-06/20	Address [REDACTED] 7th St. S.	City Naples	State FL	Zip 34102
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Vanscoy Rare Pharmacy		From - To (MM/YY – MM/YY) 01/22 - Present	
Business Address 310 Merchant Lane	City Pittsburgh	State PA	Zip 15205
Phone 855-826-7269	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			
Business Name Access Therapy Center		From - To (MM/YY – MM/YY) 07/2023 - Present	
Business Address 304 Merchant Lane	City Pittsburgh	State PA	Zip 15275
Phone 888-796-8154	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			
Business Name Raremed Solutions		From - To (MM/YY – MM/YY) 05/19 - Present	
Business Address 200 Industry Drive	City Pittsburgh	State PA	Zip 15275
Phone 833-676-7273	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			
Business Name Pantherx Specialty Pharmacy		From - To (MM/YY – MM/YY) 04/19-12/20	
Business Address 1120 Stevenson Mill Road Suite 400	City Coraopolis	State PA	Zip 15108
Phone 855-726-8479	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			
Business Name Pantherx Specialty Pharmacy		From - To (MM/YY – MM/YY) 12/17-12/20	
Business Address 6715 Tippecanoe Road Suite C1	City Canfield	State OH	Zip 44406
Phone 855-726-8479	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			
Continue on next page if additional space is needed.			

Business Name Pantherx Specialty Pharmacy		From - To (MM/YY – MM/YY) 04/12-12/20	
Business Address 24 Summit Park Drive		City Pittsburgh	State PA
Phone 855-726-8479	Title CEO		
Description of Duties Oversee business development, finance, human resources, compliance, contracting, legal, strategy, and operations.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gordon Vanscoy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

5/30/2024

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Allegheny

I, Gordon Vanscoy, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

5/30/2024

Subscribed and Sworn to before me this 30 day of May 2024.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
AMY DOVIE - Notary Public
Beaver County
My Commission Expires October 21, 2026
Commission Number 1427778

(Seal)

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application**Non-Refundable \$500.00 Fee**

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General InformationPharmacy Name: Palmetto Specialty Pharm LLC dba Palmetto PharmPhysical Address: 1200 Two Island Ct. Ste B Unit 100City: Mount Pleasant State: SC Zip: 29466

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 843-972-7704 Toll Free # (NAC 639.708, NRS 639.23286): 800-275-0139Fax: 843-972-9395 Contact Email: rfennick@palmettopharm.comWebsite: palmettopharm.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ryan FennickSupervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23640

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Ryan Fennick</u>	NV Pharmacist Registration #: <u>23640</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>NA</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: South Carolina
Parent Company (if any): Palmetto Specialty Pharm LLC
Corporation/Organization Name: Palmetto Specialty Pharm LLC dba Palmetto Pharm
Mailing Address: 1200 Two Island Ct Ste B Unit 100
City: Mount Pleasant State: SC Zip: 29466
Telephone: 843-972-7704 Email: rfennick@palmettopharm.com
Contact Person Name: Ryan Fennick
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO and Pharmacist-in-Charge (title) for Palmetto Specialty Pharm LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ryan Fennick

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

06/17/2024

Date



Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Ryan Fennick 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 and PIC (title) for Palmetto Specialty Pharm, LLC (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.



Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of June, 20 24



Notary Public



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Fennick, CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

06/17/2024

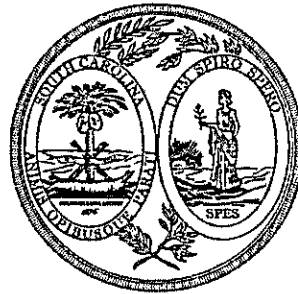
Date

Board Use Only

Date Received: 6/24/24

Amount: \$500-CL 1123

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Palmetto Specialty Pharm LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 18th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of March, 2024.


Mark Hammond, Secretary of State

PERMIT NO. 20906
DATE ISSUED: 07/01/2023

South Carolina Department of Labor, Licensing and Regulation

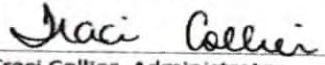
Board of Pharmacy

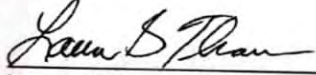
Pharmacy Permit

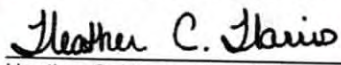
2023-2024

Expires 06/30/2024

PALMETTO SPECIALTY PHARM, LLC
DBA: PALMETTO PHARM
Permit Holder: RYAN FENNICK
1200 Two Island Court, Suite B Unit 100
Mount Pleasant SC 29466


Traci Collier, Administrator


Lauren B. Thomas, Board Chair


Heather C. Harris, Vice Chair

Officers/Directors/Stockholders

1. Ryan Fennick, CEO

- a. [REDACTED] Pam Blvd Isle of Palms, SC 29451
- b. [REDACTED]
- c. [REDACTED]
- d. [REDACTED]
- e. 100% ownership



South Carolina Department of Labor, Licensing and Regulation

P.O. Box 11927

Columbia, SC 29211

803-896-4700 FAX: 803-896-4596

S.C. Board of Pharmacy Permit Inspection Report

Permit Name: Palmetto Specialty Pharm, LLC
Permit Number: 20906 **Date:** March 07, 2023
DBA: Palmetto Pharm
Address: 1200 Two Island Court, Suite B Unit 100 **City:** Mount Pleasant
State: SC **Zip:** 29466 **County:** Charleston
Pharmacist: Ryan Fennick **Pharmacist License #:** PH.11740
Consultant: **Consultant License #:**
Permit Holder: Ryan Fennick **Phone:** (843) 972-7704

Inspection Type: ☐ New ☐ Follow up ☒ Routine ☐ Relocation ☐ Consultation
☐ Change of Ownership ☐ Change of Name ☐ Change of Location

Type of Permit:

- | | | |
|--|---|---|
| ☐ Institutional Pharmacy | ☐ Non Sterile Compounding | ☐ Medical Gas/DME |
| ☐ Sterile Compounding | ☐ Non Dispensing Drug Outlet | ☒ Retail Pharmacy |
| ☐ Wholesale Distributor Drug Outlet | ☐ Nuclear Pharmacy | ☐ Detention Centers |
| ☐ Federally Qualified Health Clinic | ☐ Consultation | |

General Business Description:

Type Retail Pharmacy

S	U	N/A	Statute	Inspection Items	Comment
X			40-43-83(F) & (D)	Permit Displayed	
		X	40-43-84(B)	Intern certificate displayed	
X			40-43-86(A)(1)	Sufficient space for safe & proper storage and compounding	No compounding done at this facility.
X			40-43-86(A)(2)	Area designated for patient counseling	
X			40-43-86(A)(3)	Current drug reference materials	All reference materials flagged online . Internal software ScriptMed. Internet also available.

X		40-43-86(A)(4)-(6) - Quarterly updated drug monographs, information, developments	Lexicomp available.
X		40-43-86(A)(7) - Equivalent Drug Product Evaluation Reference	
X		40-43-86(A)(8) - S.C. Pharmacy Practice Act	
X		- S.C. Controlled Substances Act & Regulations	
X		- S.C. Drug Act	
X		- Current issue of BOP Newsletter	
X		40-43-86(A)(9) - Patient oriented reference materials	Printed at every fill and at any time if needed.
X		40-43-86(A)(10) - Storage areas temperature adequate	24/7 monitored ,Ambient temp 70.0*
X		40-43-86(A)(11) & (16)(i) - Sink with hot and cold running water used in connection with compounding and dispensing	
X		40-43-86(A)(12) - Pharmacist responsible for security of pharmacy department	
X		40-43-86(A)(13) - Physical or electronic barrier to pharmacy	24/7 alarmed security with cameras. Only Rph has keys/codes.
X		40-43-86(A)(14) - Sign: "Pharmacy Department Closed, Pharmacist Not On Duty"	
X		40-43-86(A)(15) - Equipment and supplies maintained according to manufacturers specs	
X		40-43-86(A)(16)(a)(b) - Prescription Area clean and orderly/Free of contamination	
X		40-43-86(A)(16)(c) - Outdated, damaged, unlabeled drugs removed from active stock	
X		40-43-86(A)(16)(d) - Refrigerator Temperature (36-46 deg F)	Monitored 24/7. Temp at 36.8* and no freezer medications.
	X	40-43-86(A)(16)(e) - Stock and material for compounding labeled	
X		40-43-86(A)(16)(h) - Instruments, etc. clean and free from all foreign substances	
X		40-43-86(B)(3)(b) - Pharmacist In Charge ensures interns and technicians wear proper Identification	
X		40-43-86(B)(4)(b) - Technician to pharmacist ratio	
X		40-43-86(B)(5) - Policy & procedures for management of recalls	

X			40-43-86(G) - Transfer Prescription Documentation	
X			40-43-86(H)(4) - Oral Rx reduced to writing and indicates substitution authorization	
X			40-43-86(H)(5) - Brand name or generic manufacturer on Rx copy or in computer	
X			40-43-86(H)(5) - Generic name and manufacturer and "substituted for" brand name	
		X	40-43-86(I)(1)(b) - Re-packing log	
X			40-43-86(L)(1) - New prescription patient counseling offered	Toll free number available on label if needed.
		X	40-43-86(CC)(6) - Compounding log for each ingredient and formulas	
X			40-43-86(I)(4)(a) - Label contains name and address of pharmacy dispensing - ambulatory or outpatient	
X			40-43-86(I)(4)(b) - Label contains name of patient	
X			40-43-86(I)(4)(c) - Label contains name of prescribing practitioner	
X			40-43-86(I)(4)(d) - Label contains directions for use	
X			40-43-86(I)(4)(e) - Label contains date of dispensing	
X			40-43-86(I)(4)(f) - Label contains any cautions required by federal or state laws	
X			40-43-86(I)(4)(g) - Label contains serial number	
X			40-43-86(I)(4)(h) - Label contains the name or initials of the dispensing pharmacist	
X			40-43-86(I)(4)(i) - Label contains the proprietary or generic name and strength	
X			40-43-86(I)(4)(j) - Label contains generic manufacturer	
X			40-43-86(I)(4)(k) - Label contains generic name first followed by brand name	
		X	40-43-86(I)(8) - Labeling of multidrug packages complies with USP requirements	
X			39-24-30 - Substitution of therapeutically equivalent drugs	
X			Regulation 99-15 - Pharmacists annual renewal certificate displayed	

X			40-43-82(A)(3) - Pharmacy Technician shall display registration	
X			40-43-86(B)(2) - Directed by a Pharmacist who is Pharmacist in Charge	
X			40-43-86(B)(4)(b) - Written Policies and Procedures on technician duties	
X			40-43-60(F) - No Drug or Device deemed adulterated	
X			40-43-60(F) - No Drug or Device deemed misbranded	
		X	40-43-190 - Follows Protocol for pharmacists to administer influenza vaccines and certain medications without order of practitioner	
		X	40-43-82(C)(1)(2) - Supervising Pharmacist may authorize Certified Pharmacy Technicians to receive or initiate verbal telephone orders and conduct prescription transfers	
X			40-43-86(DD)(7) - Shall Maintain complete and accurate records of all drugs received, dispensed or disposed	
		X	- If applicable, follows protocol for pharmacist to dispense Naloxone without order of a practitioner	
X			40-43-86(B)(4) - The pharmacist-in-charge must be assisted by a sufficient number of licensed pharmacists and registered pharmacy technicians as may be required to competently and safely provide pharmacy services.	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

This inspection report describes alleged violations of the Pharmacy Practice Act. All Violations and matters needing improvement must be corrected.

You must notify the Board in writing or e-mail of those corrections within ____ days.

Failure to comply with these terms may result in Board action.

This inspection report has been reviewed with me and I have been advised as to my responsibilities under the Pharmacy Practice Act.


Inspector Signature

Contact Name

Ryan Fennick

Contact Title

PIC


Licensed Pharmacist/Designee
Signature

Inspector's NameBonnie Wilgus**Contact License**PH 11740**Inspector's Email**Bonnie.Wilgus@lfr.sc.gov**Contact Email(s)**rfennick@palmettopharm.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Palmetto Specialty Pharm LLC dba Palmetto Pharm

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1200 Two Island Ct Ste B Unit 100City Mount PleasantState SCZip 29466

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 843-972-7704Website palmettopharm.comLicensing Company Email rfennick@palmettopharm.com**Section 2: Personal Information**First Ryan Middle Joseph Last Fennick

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ XMailing Address Palm BlvdCity Isle of PalmsState SCZip 29451

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Virginia Darden School of Business		From - To (MM/YY - MM/YY) 07/17 - 05/19	
Address 100 Darden Blvd	City Charlottesville	State VA	Zip 22903
Diploma/Degree obtained, if any MBA			
School Name University of West Virginia School of Pharmacy		From - To (MM/YY - MM/YY) 08/01 - 05/07	
Address Robert C. Byrd Health Sciences Center, 5706 Health Sciences Cir S	City Morgantown	State WV	Zip 26506
Diploma/Degree obtained, if any PharmD			
School Name Laurel High School		From - To (MM/YY - MM/YY) 08/98 - 06/01	
Address 2497 Harlansburg Road	City New Castle	State PA	Zip 16101
Diploma/Degree obtained, if any HS Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/19 - 10/22	Address [REDACTED] Palm Blvd	City Isle of Palms	State SC	Zip 29451
From - To (MM/YY - MM/YY) 01/18 - 07/19	Address [REDACTED] Shucker Cir	City Mount Pleasant	State SC	Zip 29464
From - To (MM/YY - MM/YY) 10/12 - 12/17	Address [REDACTED] Lindsay Rd	City Zelienople	State SC	Zip 16063
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Palmetto Specialty Pharm dba Palmetto Pharm		From - To (MM/YY - MM/YY) 10/22 - present	
Business Address 1200 Two Island Ct Ste B Unit 100	City Mount Pleasant	State SC	Zip 29466
Phone 843-972-7704	Title CEO & PIC	Number of Employed Hours 0	
Description of Duties Start up specialty pharmacy we have not dispensed or stored any drugs yet, but we will soon. I have many years of experience as a pharmacist.			
Business Name Blue Sky Specialty Pharmacy		From - To (MM/YY - MM/YY) 01/18 - 10/21	
Business Address 1501 Belle Isle Ave	City Mount Pleasant	State SC	Zip 29464
Phone 843-352-7662	Title SVP & PIC	Number of Employed Hours 7800	
Description of Duties Pharmacist in Charge and SVP of a specialty pharmacy (compliance, record keeping, dispensing, and distribution of medications, accreditations, licensure, business dev. and strategy)			
Business Name Highmark Health		From - To (MM/YY - MM/YY) 01/16 - 12/17	
Business Address Fifth Avenue Place 120 Fifth Avenue	City Pittsburgh	State PA	Zip 15222
Phone 412-544-7000	Title Sr. Pharmacist	Number of Employed Hours 4160	
Description of Duties creation of pharmacy benefit products. no record keeping/dispensing/or distribution of medications.			
Business Name ExpressMed Pharmaceuticals		From - To (MM/YY - MM/YY) 01/12 - 12/15	
Business Address 3950 Brodhead Rd	City Monaca	State PA	Zip 15061
Phone 855-398-6471	Title Director of Home Infusion	Number of Employed Hours 8320	
Description of Duties PIC and director of a regional home infusion company with responsibility for record keeping/dispensing/and distribution of medications.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Ryan Fennick, certify that as the designated representative for
Palmetto Specialty Pharm LLC dba Palmetto Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ryan, Fennick

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/13/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan, Fennick

Print Name (First, Last)

10/13/2022

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Charleston

I, Ryan Fennick, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 14 day of October 2022

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Palmetto Specialty Pharm dba Palmetto Pharm

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1200 Two Island Ct Ste B Unit 100

City Mount Pleasant

State SC

Zip 29466

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 843-972-7704

Website Palmettopharm.com

Licensing Company Email rfennick@palmettopharm.com

Section 2: Personal Information

First Ryan Middle Joseph Last Fennick

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address Two Island Ct Ste B Unit 100

City Mount Pleasant

State SC

Zip 29466

Telephone _____ Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Virginia Darden School of Business		From - To (MM/YY - MM/YY) 07/2017 - 05/2019	
Address 100 Darden Blvd	City Charlottesville	State VA	Zip 22903
Diploma/Degree obtained, if any MBA			
School Name West Virginia University School of Pharmacy		From - To (MM/YY - MM/YY) 08/01 - 05/07	
Address Robert C. Byrd Health Sciences Center, 5706 Health Sciences Ctr S	City Morgantown	State WV	Zip 26506
Diploma/Degree obtained, if any PharmD			
School Name Laurel High School		From - To (MM/YY - MM/YY) 08/98 - 06/01	
Address 2497 Harlansburg Road	City New Castle	State PA	Zip 16101
Diploma/Degree obtained, if any HS Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/19 - 10/22	Address [REDACTED] Palm Blvd	City Isle of Palms	State SC	Zip 29451
From - To (MM/YY - MM/YY) 01/18 - 07/19	Address [REDACTED] Shucker Cir	City Mount Pleasant	State SC	Zip 29464
From - To (MM/YY - MM/YY) 10/12 - 12/17	Address [REDACTED] Lindsay Rd	City Zelienople	State PA	Zip 16063
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Palmetto Specialty Pharm dba Palmetto Pharm		From - To (MM/YY - MM/YY) 10/22 <i>present</i>	
Business Address 1200 Two Island Ct Ste B Unit 100	City Mount Pleasant	State SC	Zip 29466
Phone 843-972-7704	Title CEO		

Description of Duties
Pharmacist in Charge and CEO of start up specialty pharmacy (compliance, accreditations, licensure, business development, strategy).

Business Name Blue Sky Specialty Pharmacy		From - To (MM/YY - MM/YY) 01/18 - 10/21	
Business Address 1501 Belle Isle Ave	City Mount Pleasant	State SC	Zip 29464
Phone 843-352-7662	Title SVP		

Description of Duties
Pharmacist in Charge and SVP of a specialty pharmacy (compliance, accreditations, licensure, business development, strategy).

Business Name Highmark Health		From - To (MM/YY - MM/YY) 01/16 - 12/17	
Business Address Fifth Avenue Place 120 Fifth Avenue	City Pittsburgh	State PA	Zip 15222
Phone (412) 544-7000	Title Sr. Pharmacist		

Description of Duties
strategize/organize/and create pharmacy benefit products.

Business Name ExpressMed Pharmaceuticals		From - To (MM/YY - MM/YY) 01/12 - 12/15	
Business Address 3950 Brodhead Rd	City Monaca	State PA	Zip 15061
Phone 855-398-6471	Title Director of Home Infusion		

Description of Duties
Pharmacist-in-Charge and director of a regional home infusion pharmacy (sterile compounding, leadership, strategy, business development)

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan, Fennick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Charleston

I, Ryan Fennick, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 14 day of October 2022

Notary Public Signature

(Seal)

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2024 – April 2024			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SC engaged in unprofessional conduct by an APRN when she sold/dispensed dangerous drugs without having obtained a certificate of registration.	N/A	Fined \$5,000; assessed \$500 in recoverable attorney's fees and costs.	N/A
TH overrode a DUR alert signaling a drug-interaction with another prescription. The prescription was misfilled and provided to the incorrect patient. MW failed to provide counseling or properly counsel patient's mother.	N/A	TH and MW each fined \$1,000; assessed \$350 in recoverable attorney's fees and costs.	Fined \$2,000; assessed \$350 in recoverable attorney's fees and costs.
CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employees where the patient was given clonazepam 0.5mg instead of ibuprofen and amoxicillin which resulted in patient harm.	Yes	N/A	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.
MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country. MO participated in deceitful transactions and billed Medicaid for services that respondent did not provide.	N/A	Certificate of Registration No. CS10935 is revoked. MO cannot reapply for a period of ten years. Fined \$2,500; assessed \$1,754.68 in recoverable attorney's fees and costs.	N/A
PR assisted in unauthorized prescribing when she allowed her medical assistant to use her signature stamp for controlled substance prescriptions.	N/A	Fined \$1,500; assessed \$500 in recoverable attorney's fees and costs.	N/A

CVS, as pharmacy/pharmacy owner, is responsible for the dispensing errors of its employee who erroneously dispensed Estradoil 0.5mg and failed to counsel the patient which resulted in patient harm.	Yes	N/A	Fined \$3,000.00; assessed \$2,000.00 in recoverable attorney's fees and costs.
JC, as managing pharmacist, is responsible for the dispensing errors of employees that failed to dispense Doxycycline 50mg simultaneously with another prescription Metronidazole 250mg which were supposed to be taken as the prescribed course of treatment.	N/A	Respondent fined \$1,000.00; assessed \$500.00 in recoverable attorney's fees and costs	Fined \$2,000; assessed \$1,000 in recoverable attorney's fees and costs.
CD Rx failed to properly disclose that they had pending administrative actions in Alabama and Louisiana Boards of Pharmacy on their 2020 business renewal application.	N/A	N/A	Fined \$1,000; assessed \$500 in recoverable attorney's fees and costs.
EA failed to comply with the citation and fine dated June 30, 2023, due to his failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. EA was sent an Order to Show Cause on November 29, 2023, which he failed to appear, and a default was made. Respondent's Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed \$506.67 in recoverable attorney's fees and costs.	N/A	Certificate of Registration No. 19224 is revoked and cannot reapply for a period of one year; assessed \$506.67 in recoverable attorney's fees and costs.	N/A

JI failed to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. JI was sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 09672 is revoked and cannot reapply for a period of one year; assessed \$506.67 in recoverable attorney's fees and costs.	N/A
OE failed to comply with the citation and fine dated June 30, 2023, due to her failure to complete the thirty CE credits required by NAC 639.330 for their pharmacist biennial registration period for November 1, 2019, to October 31, 2021. OE sent an Order to Show Cause on November 29, 2023, which she failed to appear, and a default was made.	N/A	Certificate of Registration No. 16558 is revoked and cannot reapply for a period of one year; assessed \$506.67 in recoverable attorney's fees and costs.	
VV is responsible for providing preprinted prescription blanks to Kindred Outpatient Wound Care Hospital. VV erroneously entered the prescriber's name Dr. L.R. on the illegal preprinted prescription blank form and dispensed several prescriptions which included a misfill of six tubes of 30g Santyl Ointment rather than one 30g tube.	N/A	Certificate of Registration No. 18969 is placed on probation for a period of two years; public reprimand; fined \$5,000 for the violations; assessed \$1,000 in recoverable attorney's fees and costs.	
RR failed to make timely payments of the \$500 fine and the \$500 in attorney's fees and costs pursuant to the agreed upon Stipulation and Order filed September 6, 2023.	N/A	Certificate of Registration No. PT20827 is revoked and cannot petition for reinstatement for a period of one year.	N/A

KT authorized an employee to independently access, possess, store and administer dangerous drugs to patients without practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication, to patients with whom Respondent did not establish a bona fide therapeutic relationship. In addition, Respondent falsified patient information and issued false prescriptions to obtain compounded dangerous drugs for office use.	N/A	Certificate of Registration No. CS06260 is placed on probation for a period of one year; public reprimand; fined \$2,500 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.	N/A
MS failed to timely renew his Certificate of Registration Nos. CS25265, CS12420, and CS15562 on October 31, 2018, where he issued 2,684 prescriptions of controlled substances to 484 patients in Nevada between November 1, 2018, and June 21, 2023, without a valid controlled substance registration and without accessing the Prescription Monitoring Program (PMP) to review the patient utilization report. Respondent MS applied for a new Certificate of Registration No. CS35699 on June 22, 2023, where he failed to comply with all the requirements for prescribing under Nevada controlled substance registration and failed to review a patient utilization report.	N/A	Certificate of Registration No. CS35699 is placed on probation for a period of two years; public reprimand; fined \$16,000 for the violations; and assessed \$2,500 in recoverable attorney's fees and costs.	N/A

AA prescribed electronic prescriptions for controlled substances after the Nevada Board of Pharmacy suspended his Certificate of Registration No. CS21324 due to the Nevada Board of Medical Examiners (NSBME) summarily suspending his medical license for violating his prior NSBME disciplinary orders.	N/A	Certificate of Registration No. CS21324 is revoked and cannot petition for reinstatement for a period of two years. Respondent fined \$5,000 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.	N/A
MK failed to query a PMP report for any of his prescriptions since January 19, 2016, to June 13, 2021. During the time period of January 19, 2016, to April 17, 2023, Respondent queried only two individual patients which Respondent had over 8,000 filled controlled substance prescriptions for over 6,800 patients.	N/A	Certificate of Registration No. CS23600 is fined \$6,500 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.	N/A
PO's Owner received a large shipment of drugs without the managing pharmacist's knowledge.	N/A	N/A	Pharmacy License No. PH04369 is suspended for a period of one year; however, the suspension is stayed. Respondent fined \$5,000 for the violations; and assessed \$2,000 in recoverable attorney's fees and costs.
CS procured dangerous drugs for Aesthetics MedSpa and allowed an unlicensed person to possess, store, and/or administer these dangerous drugs without any supervision or direction by a practitioner.	N/A	Certificate of Registration No. CS27884 fined \$1,500 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.	N/A

DVH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam.	N/A	N/A	Pharmacy License No. IB02134 fined \$10,000 for the violations; assessed \$1,000 in recoverable attorney's fees and costs; quarterly inspections at the pharmacy's expense; and must maintain a perpetual inventory of all controlled substances in stock in the pharmacy.
ES is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. Respondent ES failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 19265 is suspended for a period of one year; however, the suspension is stayed. Respondent fined \$2,500 for the violations; and assessed \$500 in recoverable attorney's fees and costs.	N/A
MH is responsible for its employee's unlawful diversion of controlled substances which included 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam. MH failed to maintain perpetual inventory of Schedule II controlled substances.	N/A	Certificate of Registration No. 18203 is suspended for a period of one year; however, the suspension is stayed. Respondent fined \$2,500 for the violations; and assessed \$500 in recoverable attorney's fees and costs.	N/A

WP employees misfilled Metformin Hydrochloride ER 500mg tablets ASC, quantity 360, with two bottles of 100 tablets of Metformin Hydrochloride ER 500 MG AS tablets and one bottle of amlodipine besylate tablet, USP 5mg, quantity 500.	Yes	N/A	Pharmacy License No. PH02772 fined \$1,000 for the violations; and assessed \$750 in recoverable attorney's fees and costs.
CVS exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	N/A	Pharmacy License No. PH01095 fined \$20,000 for the violations; assessed \$750 in recoverable attorney's fees and costs; and quarterly inspections for a period of one year at the pharmacy's expense.
EN exceeded the Nevada pharmacist to pharmaceutical technician supervision ratio of one to three.	N/A	Certificate of Registration No. 19578 fined \$750 for the violations; and assessed \$250 in recoverable attorney's fees and costs.	N/A
LC operated without an administrator and failed to notify the Board within three business days, and they continued to operate as a medical products provider for more than ten business days without an administrator approved by the Board.	N/A	N/A	License No. MP00012 fined \$1,000 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.
LC operated without an administrator and failed to notify the Board within three business days, and they continued to operate as a medical products provider for more than ten business days without an administrator approved by the Board.	N/A	N/A	License No. MP00122 fined \$5,500 for the violations; and assessed \$1,000 in recoverable attorney's fees and costs.

NT filled an oral solution amoxicillin prescription for a 16-month-old toddler. The prescription incorrectly called for a dose large enough to treat a 290-pound adult. Respondent recognized the error on the prescription and attempted to telephone the prescribing practitioner for clarification.	Yes	Certificate of Registration No. 23478 fined \$1,000 for the violations; and assessed \$500 in recoverable attorney's fees and costs.	N/A
WP conducted business as a pharmacy without having designated and/or employed a managing pharmacist for its pharmacy location between October 6, 2023, to November 17, 2023.	N/A	N/A	License No. PH02587 fined \$2,000 for the violations; and assessed \$500 in recoverable attorney's fees and costs.
NK was found guilty of making a false record of COVID-19 vaccinations reportedly administered to her former boyfriend.	N/A	Certificate of Registration No. 20034 is revoked, and she cannot petition for reinstatement for a period of two years. Respondent fined \$10,000 for the violations; and assessed \$8,406.29 in recoverable attorney's fees and costs.	N/A
HM wrote 690 controlled substance prescriptions between March 18, 2018, and January 12, 2022, without having a Nevada Controlled Substance Registration.	N/A	Certificate of Registration No. PR14531 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined \$10,000 for the violations; and assessed \$544.55 in recoverable attorney's fees and costs.	N/A
KJ prescribed 93 controlled substance prescriptions without a valid Nevada certificate of registration to prescribe controlled substances.	N/A	Certificate of Registration No. DV00607 fined \$600 for the violations.	N/A

RDC is responsible for the actions of an employee who filled an oral solution amoxicillin prescription for a 16-month-old toddler. The prescription incorrectly called for a dose large enough to treat a 290-pound adult.	Yes	N/A	License No. PH01965 fined \$1000 for the violations; and assessed \$500 in recoverable attorney's fees and costs.
CVS 08789 is responsible for the actions of an employee who incorrectly administered a dose of meningococcal vaccine to a six-year-old patient.	No	N/A	License No. PH01257 fined \$1500 for the violations; and assessed \$1000 in attorney's fees and costs.
OM incorrectly administered a dose of meningococcal vaccine to a six-year-old patient.	No	Certificate of Registration No. 23030 fined \$1500 for the violations; assessed \$1000 in attorney's fees and costs; and must complete ten additional continuing education courses on immunizations.	N/A
MS prescribed controlled substances and failed to maintain and actively use the prescription monitoring program (PMP) and perform queries on patients as required by Nevada Law.	No	Certificate of Registration No. CS21884 fined \$5000 for the violations; assessed \$1000 in attorney's fees and costs.	N/A
EW served as Medical Director for The Tox Shop where he allowed employees to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.	No	Certificate of Registration No. CS32395 is placed on probation for a period of one year; fined \$2500 for the violations; and assessed \$1000 in attorney's fees and costs.	N/A

RR was the only practitioner who held a certificate of registration to dispense dangerous drugs at Family Doctors of Green Valley (FDGV). Respondent Ramanathan would engage in overseas travel on several occasions and would allow other non-licensed practitioners at FDGV to sell and/or dispense dangerous drugs and controlled substances while using his credentials.	No	Certificate of Registration No. CS14526 fined \$5000 for the violations; and assessed \$1500 in attorney's fees and costs.	N/A
MM subject to discipline by the Nevada State Board of Medical Examiners for violations related to prescribing controlled substances to treat acute and chronic pain and subsequently surrendered his DEA Registration No. FM2307468 for cause.	No	Certificate of Registration Nos. CS18967 and PD00257 are forfeited; fined \$2000 for the violations; and assessed \$1000 in attorney's fees and costs.	N/A
MC stole a large quantity of controlled substances. The stolen items included at least 3,243 tablets of hydrocodone, oxycodone, and alprazolam, 103 vials of fentanyl, 218 vials of morphine, and 50 vials of lorazepam, meperidine, and midazolam.	N/A	Certificate of Registration No. PT14524 is revoked, and she cannot petition for reinstatement for a period of ten years; and assessed \$1500 in attorney's fees and costs as a condition of reinstatement.	N/A
GM, a non-pharmacist owner, had possession of the pharmacy keys and entered the pharmacy when no registered pharmacist was on duty, all in violation of the Board's regulation.	N/A	GM fined \$2000 for the violations; and assessed \$1000 in attorney's fees and costs.	N/A

BV misfilled a prescription of escitapram oxalate 5mg and erroneously dispensed estradiol 0.5mg. In addition, Respondent Vaknin failed to counsel the patient. Respondent Vaknin did not appear for the May 29-30, 2024, hearing and a default was taken against her registration.	Yes	Certificate of Registration No. 19231 is suspended until October 31, 2025, and must appear before the Board if she plans to renew her registration for the next biennial renewal; fined \$4000 for the violations; and assessed \$1988.71 in attorney's fees and costs.	N/A
WA was convicted of eight felony counts of distribution of a controlled substance.	N/A	Certificate of Registration NO. CS08254 voluntarily surrendered his Certificate of Registration No. CS08254; and assessed \$1878.65 in attorney's fees and costs.	N/A
KP was involved in alcohol impairment while performing his duties as a practitioner.	N/A	Respondent's Certificate of Registration No. CS10594 is revoked, and Respondent may not reapply for reinstatement for a period of two years; Respondent assessed \$1614.48 in attorney's fees and costs.	N/A
HC unlawfully diverted controlled substances for his personal use.	N/A	Certificate of Registration No. PT28442 is revoked, and Respondent may not apply for reinstatement for a period of 10 years; Respondent assessed \$1522.69 in attorney's fees and costs.	N/A

JS subject to discipline by the Nevada State Board of Medical Examiners for violations related to prescribing controlled substances to treat pain. In addition, he failed to disclose the disciplinary action to the Nevada Board of Pharmacy on his 2016 biennial renewal application.	N/A	Certificate of Registration No. CS07913 is suspended, but the suspension is stayed and is placed on probation for a period of one year; fined \$2000 for the violations; and assessed \$1000 in attorney's fees and costs.	N/A
ASPC provided preprinted prescription blanks and is responsible for misfilled prescriptions	N/A	N/A	License No. PH03347 is fined \$5000 for the violations; and assessed \$1000 in attorney's fees and costs.
KF, as managing pharmacist, is responsible recordkeeping violations related to vaccine administration.	N/A	Certificate of Registration No. 19635 is fined \$500 for the violations.	N/A
EK issued prescriptions for compounded semiglutide under the names of her staff to Meta Pharmacy for administration by injection to multiple patients.	N/A	Certificate of Registration No. CS21522 is placed on probation for a period of one year; fined \$2500 for the violations; assessed \$1000 in attorney's fees and costs; and subject to quarterly inspections no more than \$500 for a period of one year at the respondent's expense.	N/A
SB was disciplined for prescribing controlled substances without a valid registration and petitioned The Board to vacate the default Order and requested a re-hearing.	N/A	Certificate of Registration No. CS23773 request was denied.	N/A

JF at his place of practice called Century Wellness Center failed to properly label, segregate and/or dispose of adulterated and/or expired drugs, including multi-dose containers. In addition, Respondent Forsythe possessed in his inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only".	N/A	Certificate of Registration No. CS05385 accept the Order as public reprimand regarding his duties and responsibilities as a practitioner when maintaining inventory of dangerous drugs; submit to a timely Board inspection at his practice; fined \$5000 for the violations; and assessed \$2384.08 in attorney's fees and costs.	N/A
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5A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,**

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondents.

**Case Nos. 22-247-CS-A-N
22-247-CS-B-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has personal jurisdiction over Respondent Karri Burgner, APRN ("Burgner"), because at the time of the violations alleged herein, Burgner held certificate of registration no. CS15148, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Burgner has held certificate of registration no. CS15148 since May 1, 2007.

2. The Board has personal jurisdiction over Respondent Ricardo Gonzalez, M.D. ("Gonzalez"), because at the time of the violations alleged herein, Gonzalez held certificate of registration no. CS11387, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Gonzalez has held certificate of registration no. CS11387 since August 28, 2002.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the prescribing of controlled substances using a certificate of registration issued by the Board. NRS 453.226.

FACTUAL ALLEGATIONS

4. Burgner is an APRN who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

5. Gonzalez is an M.D. who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.

6. On or about July 25, 2022, the Board received information stating that patient J.J. had been overprescribed Alprazolam.

7. On or about July 26, 2022, the Board's investigator queried the Prescription Monitoring Program ("PMP") for patient J.J. and determined that between that July 6, 2021 and July 13, 2022, Burgner and Gonzalez had prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG, with instructions to take 1 tablet twice daily, on twenty-one (21) occasions.

8. On or about March 26, 2019, Burgner initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Burgner did not conduct a patient utilization report query of the Prescription Monitoring Program ("PMP") for patient J.J. in conjunction with this initial prescription.

9. Burgner issued a total of 22 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on August 16, 2022.

10. Between December 10, 2015, and June 23, 2022, Burgner did not query the PMP's MyRx system.

11. On or about May 13, 2021, Gonzalez initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Gonzalez did not conduct a patient utilization report query of the PMP for patient J.J. in conjunction with this initial prescription.

12. Gonzalez issued a total of 2 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on October 11, 2022.

13. Between January 29, 2018, and April 7, 2022, Gonzalez did not query the PMP's MyRx system.

14. Burgner and Gonzalez's conduct resulted in patient J.J. filling overlapping prescription(s) and/or refill(s) of alprazolam 0.5 MG tablets.

August 2021 – 180 Alprazolam 0.5 MG Tablets Dispensed

15. On or about August 3, 2021, CVS filled RX #1106765, written on by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

16. On or about August 13, 2021, Walgreens filled RX #1190609, written by Burgner on August 13, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

17. On or about August 31, 2021, CVS refilled RX #1106765, written by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

September 2021 – 120 Alprazolam 0.5 MG Tablets Dispensed

18. On or about September 11, 2021, patient J.J. filled RX #1198359, written by Burgner on September 7, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

19. On or about September 27, 2021, patient J.J. refilled RX #1106765, written by Gonzalez on July 28, 2021, and CVS #4691 dispensed sixty (60) tablets of alprazolam 0.5 MG.

February 17-24, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

20. On or about February 17, 2022, patient J.J. filled RX #1163507, written by Burgner on December 21, 2021, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

21. On or about February 24, 2022, patient J.J. filled RX #1246613, written by Burgner on October 6, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

March 16-26, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

22. On or about March 16, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

23. On or about March 24, 2022, patient J.J. filled RX #1254025, written by Burgner on March 24, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

April 17-23, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

24. On or about April 17, 2023, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

25. On or about April 23, 2022, patient J.J. filled RX #1261552, written by Burgner on April 23, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

June 2022 – 180 Alprazolam 0.5 MG Tablets Dispensed

26. On or about June 13, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

27. On or about June 20, 2022, patient J.J. filled RX #1269150, written by Burgner on June 20, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

28. On or about June 29, 2022, patient J.J. filled RX #1278977, written by Burgner on April 29, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

APPLICABLE LAW

29. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted, and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257. Upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration or a schedule thereof. NRS 453.241.

30. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

31. Unprofessional conduct includes, “performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registration has violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507, NRS 453.236(1)(d) and NRS 453.241.

33. 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 as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

34. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

35. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the PMP at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

36. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r-2; 45 CFR Part 60.

37. In lieu of a suspension or revocation, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

**Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance
(Respondents Burgner and Gonzalez)**

38. Respondents Burgner and Gonzalez failed to obtain a patient utilization report from the PMP prior to issuing the initial prescriptions of sixty (60) tablets of alprazolam 0.5 MG to patient J.J. This failure constituted a violation of NRS 639.23507 which requires a practitioner, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, to obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

39. By failing to query patient J.J.'s patient utilization report upon issuing an initial prescription for sixty (60) tablets of alprazolam 0.5 MG and by failing to query patient J.J.'s patient utilization report every 90 days thereafter, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

COUNT TWO

**Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query PMP MyRx Every 6 Months
(Respondents Burgner and Gonzalez)**

40. Respondents Burger violated NRS 453.164(7) by failing to make a query of her PMP MyRx account from December 10, 2015, and June 23, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

41. Respondent Gonzalez violated NRS 453.164(7) by failing to make a query of his PMP MyRx account between January 29, 2018, to April 7, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

42. By failing to make queries of their PMP MyRx accounts at least once every six months, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

43. 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 18th day of March 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,**

Respondent.

Case No. 22-247-CS-A-N

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 18th day of MARCH 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,**

Respondent.

Case No. 22-247-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____, 2024.

KARRI BURGNER, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karri Burgner
[REDACTED] Los Altos Pkwy
Sparks, NV 89436

Karri Burgner
[REDACTED] Sierra Highlands
Reno, NV 89523

Ricardo Gonzalez
[REDACTED] Sierra Highlands
Reno, NV 89523



DARLENE NASES
BOARD COORDINATOR



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,**

Respondent.

Case No. 22-247-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

From: [karri.burgner](#)
To: [Board Coordination](#); [Gus Vanderdonck](#)
Cc: [Brett Kandt](#); [Darlene Nases](#)
Subject: Response to Case No. 22-247-CS-A-N
Date: Friday, April 5, 2024 6:24:33 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

April 5, 2024

To Nevada State Board of Pharmacy,

Please consider this my response to the complaint I received on March 22, 2024.

In October of 2022 the Nevada State Board of Pharmacy filed this same complaint with the Nevada State Board of Nursing. This complaint involved the same patient, same time frame, and same allegations. The case number for this was 2022090123.

A full investigation was conducted and I reached an agreement with the Nevada State Board of Nursing. I acknowledged that I did not check the PMP prior to writing prescriptions for this patient, and that I had not kept up on checking MyRX. During their investigation they recognized that since receiving the complaint in October of 2022 I had significantly changed my PMP practices and was now in compliance with state laws. As a result I received a public reprimand and had to take 3 CME courses; including The Nevada Nurse Practice Act, Upholding the Standard: Professional Accountability in Nursing, and Nurse's Legal Advisor. I received the reprimand documentation on 5/5/23 via email, and everything was approved, completed, and documented as of 11/14/23. I have continued to check PMP reports, as well as MyRX, in compliance with state law ever since.

Please consider withdrawing this complaint as I have already been through an investigation, received a public reprimand, and taken the necessary CME classes related to the same allegations. Please do not hesitate to reach out to me for any further information. I have copies of the original complaint, the agreement, as well as the CME certificates if you would like them.

Thank you for your time and consideration,

Karri Burgner, APRN-BC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148, and**

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondents.

**CASE NOS. 22-247-CS-A-N
22-247-CS-B-N**

**STIPULATION AND ORDER
(RESPONDENT BURGNER ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Karri Burgner, APRN (Burgner), Certificate of Registration No. CS15148, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about March 19, 2024, 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.
2. On or about April 5, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
4. Respondent 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 to her 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 this Stipulation, Respondent hereby knowingly and voluntarily waives the 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*:

A. Burgner failed to query patient J.J.'s patient utilization report in the Prescription Monitoring Program (PMP) database prior to issuing 22 separate controlled substance prescriptions each for sixty (60) tablets of alprazolam 0.5mg, in violation of NRS 639.23507;

B. Burgner failed to query and review for accuracy her MyRx prescriber activity report at least once every 6 months from December 10, 2015, to June 23, 2022, in violation of NRS 453.164(7); and

C. Burgner engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and committed acts that render her registration inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b), NRS 639.255 and/or NAC 639.100.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Karri Burgner, APRN, Certificate of Registration No. CS15148, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Burgner shall pay a fine of Two Thousand Dollars (\$2000.00) for the violations, by personal, business, certified or cashier's 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, due and payable by September 1, 2024; and

B. Pursuant to NRS 622.400, Burgner shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024.

9. 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 by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapters 453 and 639.

10. 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 July 17, 2024. Respondent will appear in person 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.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. 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.

13. 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 has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

KARRI BURGNER, APRN
Certificate of Registration No. CS15148

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Karri Burgner, APRN, Certificate of Registration No. CS15148, in Case No. 22-247-CS-A-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of July 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,**

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondents.

**Case Nos. 22-247-CS-A-N
22-247-CS-B-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has personal jurisdiction over Respondent Karri Burgner, APRN ("Burgner"), because at the time of the violations alleged herein, Burgner held certificate of registration no. CS15148, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Burgner has held certificate of registration no. CS15148 since May 1, 2007.

2. The Board has personal jurisdiction over Respondent Ricardo Gonzalez, M.D. ("Gonzalez"), because at the time of the violations alleged herein, Gonzalez held certificate of registration no. CS11387, issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Gonzalez has held certificate of registration no. CS11387 since August 28, 2002.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the prescribing of controlled substances using a certificate of registration issued by the Board. NRS 453.226.

FACTUAL ALLEGATIONS

4. Burgner is an APRN who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.
5. Gonzalez is an M.D. who practices at Peavine Family Practice located at 2005 Sierra Highlands, Suite #101, Reno, Nevada 89523.
6. On or about July 25, 2022, the Board received information stating that patient J.J. had been overprescribed Alprazolam.
7. On or about July 26, 2022, the Board's investigator queried the Prescription Monitoring Program ("PMP") for patient J.J. and determined that between that July 6, 2021 and July 13, 2022, Burgner and Gonzalez had prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG, with instructions to take 1 tablet twice daily, on twenty-one (21) occasions.
8. On or about March 26, 2019, Burgner initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Burgner did not conduct a patient utilization report query of the Prescription Monitoring Program ("PMP") for patient J.J. in conjunction with this initial prescription.
9. Burgner issued a total of 22 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on August 16, 2022.
10. Between December 10, 2015, and June 23, 2022, Burgner did not query the PMP's MyRx system.
11. On or about May 13, 2021, Gonzalez initially prescribed patient J.J. sixty (60) tablets of alprazolam 0.5 MG. Gonzalez did not conduct a patient utilization report query of the PMP for patient J.J. in conjunction with this initial prescription.
12. Gonzalez issued a total of 2 unique prescriptions for sixty (60) tablets of alprazolam 0.5 MG to patient J.J. before Burgner first queried the PMP to obtain a patient utilization report for patient J.J. on October 11, 2022.

13. Between January 29, 2018, and April 7, 2022, Gonzalez did not query the PMP's MyRx system.

14. Burgner and Gonzalez's conduct resulted in patient J.J. filling overlapping prescription(s) and/or refill(s) of alprazolam 0.5 MG tablets.

August 2021 – 180 Alprazolam 0.5 MG Tablets Dispensed

15. On or about August 3, 2021, CVS filled RX #1106765, written on by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

16. On or about August 13, 2021, Walgreens filled RX #1190609, written by Burgner on August 13, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

17. On or about August 31, 2021, CVS refilled RX #1106765, written by Gonzalez on July 28, 2021, and dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

September 2021 – 120 Alprazolam 0.5 MG Tablets Dispensed

18. On or about September 11, 2021, patient J.J. filled RX #1198359, written by Burgner on September 7, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

19. On or about September 27, 2021, patient J.J. refilled RX #1106765, written by Gonzalez on July 28, 2021, and CVS #4691 dispensed sixty (60) tablets of alprazolam 0.5 MG.

February 17-24, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

20. On or about February 17, 2022, patient J.J. filled RX #1163507, written by Burgner on December 21, 2021, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

21. On or about February 24, 2022, patient J.J. filled RX #1246613, written by Burgner on October 6, 2021, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

March 16-26, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

22. On or about March 16, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

23. On or about March 24, 2022, patient J.J. filled RX #1254025, written by Burgner on March 24, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

April 17-23, 2022 – 120 Alprazolam 0.5 MG Tablets Dispensed

24. On or about April 17, 2023, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

25. On or about April 23, 2022, patient J.J. filled RX #1261552, written by Burgner on April 23, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

June 2022 – 180 Alprazolam 0.5 MG Tablets Dispensed

26. On or about June 13, 2022, patient J.J. refilled RX #1163507, written by Burgner on December 21, 2022, and CVS #4691 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

27. On or about June 20, 2022, patient J.J. filled RX #1269150, written by Burgner on June 20, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

28. On or about June 29, 2022, patient J.J. filled RX #1278977, written by Burgner on April 29, 2022, and Walgreens #02474 dispensed patient J.J. sixty (60) tablets of alprazolam 0.5 MG.

APPLICABLE LAW

29. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted, and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257. Upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration or a schedule thereof. NRS 453.241.

30. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

31. Unprofessional conduct includes, “performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registration has violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507. NRS 453.236(1)(d) and NRS 453.241.

33. 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 as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

34. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

35. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the PMP at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

36. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r-2; 45 CFR Part 60.

37. In lieu of a suspension or revocation, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

**Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance
(Respondents Burgner and Gonzalez)**

38. Respondents Burgner and Gonzalez failed to obtain a patient utilization report from the PMP prior to issuing the initial prescriptions of sixty (60) tablets of alprazolam 0.5 MG to patient J.J. This failure constituted a violation of NRS 639.23507 which requires a practitioner, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, to obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

39. By failing to query patient J.J.'s patient utilization report upon issuing an initial prescription for sixty (60) tablets of alprazolam 0.5 MG and by failing to query patient J.J.'s patient utilization report every 90 days thereafter, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

COUNT TWO

**Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query PMP MyRx Every 6 Months
(Respondents Burgner and Gonzalez)**

40. Respondents Burger violated NRS 453.164(7) by failing to make a query of her PMP MyRx account from December 10, 2015, and June 23, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

41. Respondent Gonzalez violated NRS 453.164(7) by failing to make a query of his PMP MyRx account between January 29, 2018, to April 7, 2022, to ensure the legitimacy of the prescriptions dispensed under Burgner's DEA registration.

42. By failing to make queries of their PMP MyRx accounts at least once every six months, Respondents Burgner and Gonzalez performed their duties in an incompetent, unskillful or negligent manner which constituted unprofessional conduct, as defined by NAC 639.945(1)(i) and NRS 639.210(4), and which renders their continued registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e). Therefore, Respondents Burgner and Gonzalez are subject to discipline pursuant to NRS 639.210(4); and/or NRS 639.255; and/or NRS 453.236(1)(d) or (e); and/or NRS 453.241.

43. 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 16th day of March 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondent.

Case No. 22-247-CS-B-N

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

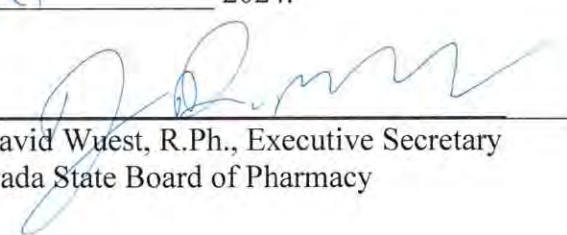
gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 19th day of March 2024.



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.

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondent.

Case No. 22-247-CS-B-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____, 2024.

RICARDO GONZALEZ, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Karri Burgner
[REDACTED] Los Altos Pkwy
Sparks, NV 89436

Karri Burgner
[REDACTED] Sierra Highlands
Reno, NV 89523

Ricardo Gonzalez
[REDACTED] Sierra Highlands
Reno, NV 89523


DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

-o0o-

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

KARRI BURGNER, APRN,
Certificate of Registration No. CS15148,

RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,
Respondents.

Case Nos.: 22-247-CS-A-N
22-247-CS-B-N

RESPONDENT RICARDO
GONZALEZ, M.D.'S RESPONSE
TO NOTICE OF INTENDED ACTION
AND ACCUSATION

Respondent, RICARDO GONZALEZ, M.D., by and through his counsel
Edward J. Lemons, Esq. of Lemons, Grundy & Eisenberg, in answer to the
Notice of Intended Action and Accusation filed in the above-entitled matter
before the Nevada State Board of Pharmacy, declares:

JURISDICTION

1. Respondent admits the allegations contained in paragraph 1.
2. Respondent admits the allegations contained in paragraph 2.
3. Respondent admits the allegations contained in paragraph 3.

FACTUAL ALLEGATIONS

4. Respondent admits the allegations contained in paragraph 4.
5. Respondent admits the allegations contained in paragraph 5.
6. Respondent is without knowledge or information sufficient to form a
belief as to paragraph 6.
7. Respondent is without knowledge or information sufficient to form a
belief as to paragraph 7.

1 8. Respondent is without knowledge or information sufficient to form a
2 belief as to paragraph 8.

3 9. Respondent is without knowledge or information sufficient to form a
4 belief as to paragraph 9.

5 10. Respondent is without knowledge or information sufficient to form a
6 belief as to paragraph 10.

7 11. Respondent is without knowledge or information sufficient to form a
8 belief as to paragraph 11.

9 12. Respondent is without knowledge or information sufficient to form a
10 belief as to paragraph 12.

11 13. Respondent is without knowledge or information sufficient to form a
12 belief as to paragraph 13.

13 14. Respondent is without knowledge or information sufficient to form a
14 belief as to paragraph 14.

15 15. Respondent is without knowledge or information sufficient to form a
16 belief 4910075 paragraph 15.

17 16. Respondent is without knowledge or information sufficient to form a
18 belief as to paragraph 16.

19 17. Respondent is without knowledge or information sufficient to form a
20 belief as to paragraph 17.

21 18. Respondent is without knowledge or information sufficient to form a
22 belief as to paragraph 18.

23 19. Respondent is without knowledge or information sufficient to form a
24 belief as to paragraph 19.

25 20. Respondent is without knowledge or information sufficient to form a
26 belief as to paragraph 20.

27 21. Respondent is without knowledge or information sufficient to form a
28 belief as to paragraph 21.

22. Respondent is without knowledge or information sufficient to form a belief as to paragraph 22.

23. Respondent is without knowledge or information sufficient to form a belief as to paragraph 23.

24. Respondent is without knowledge or information sufficient to form a belief as to paragraph 24.

25. Respondent is without knowledge or information sufficient to form a belief as to paragraph 25.

26. Respondent is without knowledge or information sufficient to form a belief as to paragraph 26.

27. Respondent is without knowledge or information sufficient to form a belief as to paragraph 27.

28. Respondent is without knowledge or information sufficient to form a belief as to paragraph 28.

APPLICABLE LAW

29. Paragraph 29 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

30. Paragraph 30 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

31. Paragraph 31 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

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32. Paragraph 32 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

33. Paragraph 33 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

34. Paragraph 34 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

35. Paragraph 35 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

36. Paragraph 36 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

37. Paragraph 37 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

COUNT ONE
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query Patients Prior to Issuing an Initial Prescription for a
Controlled Substance
(Respondents Burgner and Gonzalez)

38. Respondent denies paragraph 38.

39. Respondent denies paragraph 39.

COUNT TWO
Unprofessional Conduct – Acts Inconsistent with the Public Interest
Failure to Query PMP MyRx Every 6 Months
(Respondents Burgner and Gonzalez)

40. Respondent is without knowledge or information sufficient to form a belief as to paragraph 40.

41. Respondent denies paragraph 41.

42. Respondent denies paragraph 42.

AFFIRMATIVE DEFENSES

Respondent states his Affirmative Defenses as follows:

First Affirmative Defense

Petitioner has failed to state a claim upon which professional discipline or sanction may be based.

Second Affirmative Defense

Respondent did not knowingly violate any of the statutes contained in
Petitioner's Notice of Intended Action and Accusation.

Third Affirmative Defense

Petitioner has failed to establish via expert affidavit or declaration that Respondent committed any wrongful act or committed malpractice, malfeasance, or in any other manner violated any of the statutes listed in the Notice of Intended Action and Accusation.

Fourth Affirmative Defense

Petitioner has failed to provide any information or evidence from which to prove by a preponderance of the evidence that Respondent violated the statutes contained in Petitioner's Notice of Intended Action and Accusation.

Fifth Affirmative Defense

Respondent currently has insufficient information upon which to form a belief as to whether there may be additional, yet unstated, affirmative defenses

1 available. Respondent specifically reserves the right to assert additional
2 affirmative defenses in the event discovery indicates such defenses apply.

3 WHEREFORE, Respondent prays that the Nevada State Board of
4 Pharmacy determine that Respondent not be subject to discipline in the specific
5 circumstances presented in this case.

6 AFFIRMATION

7 Pursuant to NRS 239B.030, the undersigned does hereby affirm that the
8 preceding document DOES NOT contain the Social Security Number of any
9 person.

10 DATED this 16th day of April, 2024.

11 LEMONS, GRUNDY & EISENBERG
12 Attorneys for Respondent
13 Ricardo Gonzalez, M.D.

14 BY: 
15 EDWARD J. LEMONS, ESQ.
16 Nevada Bar No. 699

CERTIFICATE OF SERVICE

I declare that I am an employee of LEMONS, GRUNDY & EISENBERG, and that I am over the age of 18 and not a party to the within action. My business address is 6005 Plumas Street, Third Floor, Reno, NV 89519.

On this date I caused to be served a true and correct copy of the ***Respondent Ricardo Gonzalez, M.D.'s Answer and Notice of Defense*** by personal service in an envelope to be hand delivered this date to:

Brett Kandt, Esq.
General Counsel
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Dated this 16th of April, 2024.

Christie Sedman

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KARRI BURGNER, APRN,
Certificate of Registration No. CS15148, and**

**RICARDO GONZALEZ, M.D.,
Certificate of Registration No. CS11387,**

Respondents.

**CASE NOS. 22-247-CS-A-N
22-247-CS-B-N**

**STIPULATION AND ORDER
(RESPONDENT GONZALEZ ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Ricardo Gonzalez (Gonzalez), Certificate of Registration No. CS11387, by and through counsel, Edward J. Lemons, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about March 19, 2024, 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.

2. On or about April 22, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.

3. 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.

4. Respondent 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 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 this Stipulation, Respondent hereby knowingly and voluntarily waives the 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).

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*:

A. Gonzalez failed to query patient J.J.'s patient utilization report in the Prescription Monitoring Program (PMP) database prior to issuing 2 separate controlled substance prescriptions each for sixty (60) tablets of alprazolam 0.5mg, in violation of NRS 639.23507;

B. Gonzalez failed to query and review for accuracy his MyRx prescriber activity report at least once every 6 months from January 29, 2018, to April 7, 2022, in violation of NRS 453.164(7); and

C. Gonzalez engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and committed acts that render his registration inconsistent with the public interest pursuant to NRS 453.236(1)(d) and/or (e).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Ricardo Gonzalez, Certificate of Registration No. CS11387, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Gonzalez shall pay a fine of Two Thousand Dollars (\$2000.00) for the violations, by personal, business, certified or cashier's 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, due and payable by September 1, 2024; and

B. Pursuant to NRS 622.400, Gonzalez shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024.

9. 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 by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapters 453 and 639.

10. 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 July 17, 2024. Respondent will appear in person 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.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. 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.

13. 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

RICARDO GONZALEZ, M.D.
Certificate of Registration No. CS11387

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of _____ 2024

EDWARD J. LEMONS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ricardo Gonzalez, Certificate of Registration No. CS11387, in Case No. 22-247-CS-B-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of July 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5C



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8806,
Pharmacy License No. PH00640, and**

**NERISSA AGUAS, RPH,
Certificate of Registration No. 14977,**

Respondents.

**CASE NOS. 23-456-PH-N
23-456-RPH-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 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 Nerissa Aguas, RPh (Aguas), Certificate of Registration No. 14977, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8806, Pharmacy License No. PH00640, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Aguas was employed as managing pharmacist by CVS Pharmacy #8806 at the time of the events alleged herein.

3. On or about November 7, 2023, in the course of refilling patient L.O.'s prescription no. 1150305 for 5 mg amlodipine besylate tablets and prescription no. 1150306 for 2.5 mg amlodipine besylate tablets, CVS Pharmacy #8806 erroneously dispensed 100 mg

trazadone tablets for prescription no. 1150305 and 5 mg amlodipine besylate tablets for prescription no. 1150306.

4. Aguas performed final product verification of both prescriptions by viewing photographs taken by pharmaceutical technician Giovanni Bartice of pills on a counting tray before the pills were placed in a vial, labeled, and bagged. The photographs indicated 5mg amlodipine besylate tablets for filling prescription no. 1150305 and 2.5mg amlodipine besylate tablets for filling prescription no. 1150306.

5. The CVS Pharmacy product verification process by photographs does not require a pharmacist to view the actual physical contents of each filled prescription. Aguas did not view the actual physical contents of each filled prescription, and prescription nos. 1150305 and 1150306 were erroneously dispensed to the patient with the wrong medication on or about November 9, 2023.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/Pharmacy Responsibility (Respondents Aguas and CVS Pharmacy #8806)

6. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

7. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including final product verification. NAC 639.245(2) and (4)(c); NAC 639.252(2); NAC 639.700(6); NAC 639.702.

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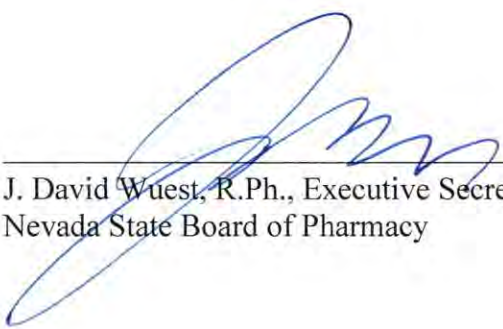
8. Respondent Aguas violated NAC 639.245(2) and (4)(c), NAC 639.252(2) and NAC 639.700(6) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to view the actual physical contents of each filled prescription and erroneously dispensed prescription nos. 1150305 and 1150306 to L.O., and is therefore subject to discipline pursuant to NAC 639.702 and NRS 639.210(4) and/or (10).

9. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8806 is responsible for those violations, including all errors and omissions of Aguas and Bartice, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 16th day of March 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 23-456-RPH-N

Petitioner,

v.

CVS PHARMACY #8806,
Pharmacy License No. PH00640,

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

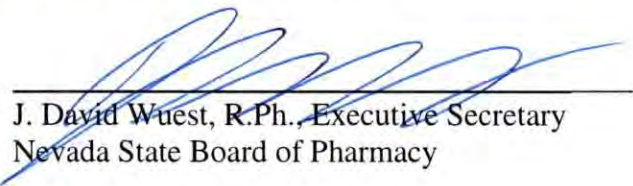
bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 18th day of MARCH 2024.



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.

**CVS PHARMACY #8806,
Pharmacy License No. PH00640**

Respondent.

Case No. 23-456-PH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____ 2024.

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #8806**

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8806
1250 W 7th St.
Reno, NV 89503

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Nerissa Aguas, RPH
[REDACTED] Snow Partridge Drive
Reno, NV 89523


DARLENE NASES
BOARD COORDINATOR

FILED
JUL - 2 2024
NEVADA STATE BOARD
OF PHARMACY

JURISDICTION

1. Respondent CVS admits the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondent CVS admits the allegations in paragraph 2.
3. Respondent CVS admits that the error described in paragraph 3 occurred.
4. Respondent CVS admits pharmacist Aguas performed final product verification of prescriptions no. 1150305 and 1150306 by viewing photographs of the medications taken by pharmaceutical technician Giovanni Bartice of pills on a counting tray before the pills were placed in a vial, labeled, and bagged. The photographs indicated 5mg amlodipine besylate tablets for filling prescription no. 1150305 and 2.5mg amlodipine besylate tablets for filling prescription no. 1150306.
5. Respondent CVS denies the allegations in paragraph 5. Respondent CVS's process requires pharmacist to view the contents of each filled prescription as a photograph. Respondent CVS admits the prescriptions referenced in paragraph 5 were erroneously dispensed.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/Pharmacy Responsibility (Respondents Aguas and CVS Pharmacy #8806)

6. Paragraph 6 is a statement of law and is not susceptible to admission or denial.
7. Paragraph 6 is a statement of law and is not susceptible to admission or denial.
8. Respondent CVS denies that pharmacist Aguas failed to view the actual physical contents of each filled prescription. Respondent CVS admits that the prescriptions referenced in paragraph 8 were erroneously dispensed. Respondent CVS denies all other allegations in paragraph 8.
9. Respondent CVS admits that as owner of the pharmacy it is responsible for the acts of its personnel.

10. Respondent CVS admits that as owner of the pharmacy it is responsible for the acts of its personnel.

DEFENSES

11. Count One fails to state a claim upon which relief can be granted.

12. The only claim asserted against Respondent CVS is that as owner of the pharmacy it is responsible for the acts of its personnel. There is no claim that Respondent CVS itself was negligent; any evidence or discussion other than acknowledging Respondent CVS is the owner of the pharmacy at which the alleged conduct occurred is inadmissible.

13. An agency can only decide the matter before it. It cannot use the adjudication of a contested case to create a “directive or statement of general applicability” to effectuate or interpret law or policy. *See* NRS 233B.038 Regulation Defined. Making a broad conclusion about whether a system used by a pharmacy is per se negligent or improper would constitute prohibited *ad hoc* rule making. *See Coury v. Whittlesea-Bell Luxury Limousine*, 721 P.2d 375 (Nev. 1986) (“An agency makes a rule when it does nothing more than state its official position on how it interprets a requirement already provided for and how it proposes to administer its statutory function;” court held that the Public Service Commission’s decision in a single contested matter was subject to the Nevada Administrative Rulemaking Act because the agency set “a standard of general applicability which effectuates commission policy;”); *Dunning v. Nevada State Board of Physical Therapy Examiners*, 132 Nev. 963 (2016) (unpublished disposition) (Board’s policy regarding the use of certain terms was a regulation under NRS 233B.038 because it was of general applicability and “effectuate[d] law or policy”); *Texas State Board of Pharmacy v. Witcher*, 447 S.W. 3d 520 (Tex. Ct. App. 2014) (Board could not sanction pharmacist with informal policy that amounted to “ad hoc” rulemaking). Respondent CVS has admitted that a misfill occurred and that it is the owner of the pharmacy. The Board has authority to determine

whether Respondent CVS is subject to discipline in light of a misfill that occurred. However, the Board cannot decide generally whether verifying a prescription using a photograph of the product is negligent or otherwise prohibited. Such a determination must be made by legislation or rulemaking.

14. NAC 639.955 gives the Board authority to impose fines “according to” the schedule listed therein. The fine for an error in a prescription that “did not require intervention or treatment by a medical facility or a physician” is \$500. The Board may impose a fine that is “less or greater than the amount set forth in the [applicable] subsection [of the fine schedule] for the violation after giving consideration to any aggravating or mitigating factor’s that relate to the violator’s role in and responsibility for the conduct for which the fine is being imposed, and the unique circumstances of the case.” *Id.* at (2). Respondent CVS’s sole liability is based on being owner of the pharmacy. There are no aggravating circumstances because the Notice and Accusation did not allege any fault for Respondent CVS.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

15. To the extent Respondent CVS did not specifically admit allegations in the Notice, it denies such allegations.

16. Respondent CVS reserves all rights to assert additional defenses.

PRAYER FOR RELIEF

17. Respondent CVS asks:

a. That the Board dismiss Count One against Respondent CVS or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent CVS.

b. If the Board determines Respondent CVS is subject to a fine that the fine be limited to \$500 as set forth in NAC 639.955 1(c).

c. That the Board provide further relief to Respondent CVS as it finds just and proper.

DATED this 2nd day of July 2024.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondent
CVS Pharmacy #8806

CERTIFICATE OF SERVICE

I hereby certify that on July 2, 2024, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt General Counsel Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 Nevada State Board of Pharmacy (bkandt@pharmacy.nv.gov)	☐ U.S. Mail postage prepaid ☐ Hand delivery ☐ Overnight Mail ☐ Facsimile ☒ Electronic Mail
David Wuest Executive Secretary Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 dwuest@pharmacy.nv.gov	☐ U.S. Mail postage prepaid ☐ Hand delivery ☐ Overnight Mail ☐ Facsimile ☒ Electronic Mail
Yenh Long Deputy Executive Secretary Nevada Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 ylong@pharmacy.nv.gov	☐ U.S. Mail postage prepaid ☐ Hand delivery ☐ Overnight Mail ☐ Facsimile ☒ Electronic Mail

By: _____



5D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8806,
Pharmacy License No. PH00640, and**

**NERISSA AGUAS, RPH,
Certificate of Registration No. 14977,**

Respondents.

**CASE NOS. 23-456-PH-N
23-456-RPH-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 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 Nerissa Aguas, RPh (Aguas), Certificate of Registration No. 14977, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8806, Pharmacy License No. PH00640, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Aguas was employed as managing pharmacist by CVS Pharmacy #8806 at the time of the events alleged herein.

3. On or about November 7, 2023, in the course of refilling patient L.O.'s prescription no. 1150305 for 5 mg amlodipine besylate tablets and prescription no. 1150306 for 2.5 mg amlodipine besylate tablets, CVS Pharmacy #8806 erroneously dispensed 100 mg

trazadone tablets for prescription no. 1150305 and 5 mg amlodipine besylate tablets for prescription no. 1150306.

4. Aguas performed final product verification of both prescriptions by viewing photographs taken by pharmaceutical technician Giovanni Bartice of pills on a counting tray before the pills were placed in a vial, labeled, and bagged. The photographs indicated 5mg amlodipine besylate tablets for filling prescription no. 1150305 and 2.5mg amlodipine besylate tablets for filling prescription no. 1150306.

5. The CVS Pharmacy product verification process by photographs does not require a pharmacist to view the actual physical contents of each filled prescription. Aguas did not view the actual physical contents of each filled prescription, and prescription nos. 1150305 and 1150306 were erroneously dispensed to the patient with the wrong medication on or about November 9, 2023.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/Pharmacy Responsibility (Respondents Aguas and CVS Pharmacy #8806)

6. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an “incompetent, unskillful, or negligent manner.” NAC 639.945(1)(i).

7. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including final product verification. NAC 639.245(2) and (4)(c); NAC 639.252(2); NAC 639.700(6); NAC 639.702.

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8. Respondent Aguas violated NAC 639.245(2) and (4)(c), NAC 639.252(2) and NAC 639.700(6) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to view the actual physical contents of each filled prescription and erroneously dispensed prescription nos. 1150305 and 1150306 to L.O., and is therefore subject to discipline pursuant to NAC 639.702 and NRS 639.210(4) and/or (10).

9. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8806 is responsible for those violations, including all errors and omissions of Aguas and Bartice, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 14th day of March 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 23-456-RPH-N

Petitioner,

v.

NERISSA AGUAS, RPH,
Certificate of Registration No. 14977,

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

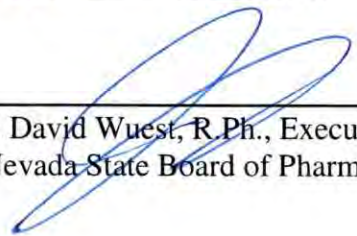
bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 18th day of March 2024.



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.

**NERISSA AGUAS, RPH,
Certificate of Registration No. 14977,
Respondent.**

Case No. 23-456-RPH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____ 2024.

NERISSA AGUAS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8806
1250 W 7th St.
Reno, NV 89503

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Nerissa Aguas, RPH
[REDACTED] Snow Partridge Drive
Reno, NV 89523


DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY
Petitioner,

v.

NERISSA AGUAS, RPh
Certificate of Registration No. 14977
Respondent.

CASE NO.: 23-456-RPH-N

ANSWER AND NOTICE OF DEFENSE

Ms. Nerissa Aguas, RPh, ("Ms. Saunders"), by and through her 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 as follows:

1. 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:

None.

2. That, in answer to the Notice of Intended Action and Accusation, Ms. Aguas admits, denies, and alleges as follows:

Ms. Aguas has recently retained legal counsel who is conducting an independent investigation into the allegations espoused in the Accusation. Ms. Aguas requests a hearing in the matter, on the merits of the case, and will provide additional information and produce relevant documentation, after her legal counsel has been afforded the opportunity to adequately prepare a defense to the Accusation. With the afore-referenced reservation, Ms. Aguas admits and denies the allegations espoused in the Notice of Intended Action and Accusation as follows:

I.

Ms. Aguas admits that the Board has jurisdiction over this matter.

ANSWER

II.

Ms. Aguas admits that she was employed by CVS Pharmacy #8806 at the time of the alleged events.

III-V.

Ms. Aguas is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained in paragraph III-V and therefore denies the same.

COUNT ONE

(Error in Dispensing Prescription/Unprofessional Conduct/Pharmacy Responsibility)

Ms. Aguas states that the allegations contained in Count One contain legal conclusions and therefore denies the same based upon her substantial statutory compliance and diligence.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

1. Complainant fails to state a claim upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

2. Complainant's causes of action are barred by applicable statute of limitations

THIRD AFFIRMATIVE DEFENSE

3. Complainant's causes of action are barred by the doctrine of unclean hands.

FOURTH AFFIRMATIVE DEFENSE

4. Complainant's causes of action are barred by the doctrine of laches.

FIFTH AFFIRMATIVE DEFENSE

5. Complainant's causes of action are barred by the doctrines of estoppel and/or waiver.

SIXTH AFFIRMATIVE DEFENSE

6. The facts not having been fully developed, Respondent further affirmatively pleads the following affirmative defenses as may be applicable in this action: accord and satisfaction, assumption of risk, contributory negligence, duress, estoppel, failure of consideration, fraud, illegality, injury by fellow servant, laches, license, payment, release, res judicata, statute of frauds, status of limitations, waiver, and any other matter constituting and avoidance or affirmative defense

ANSWER

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AFFIRMATIVE DEFENSE PRESERVATION

7. Any affirmative defense(s) not explicitly made herein are hereby reserved and defense(s) asserted.

REQUEST FOR DISCOVERY

On behalf of Respondent I request the following discovery:

1. The names and addresses of any and all witnesses known by you as those intended to be called to testify at the hearing in the above-entitled proceeding;
2. Statement(s) of any and all persons named in the Accusation and/or any initial or additional pleading(s);
3. Statement(s) of any and all witnesses you propose to be called at the hearing;
4. Statement(s) of any and all person(s) having personal knowledge of the acts, omissions, and/or events which are the basis for the above-entitled proceeding;
5. Any and all writings, including but not limited to, reports of mental, physical, and blood examinations and things which you propose to offer in evidence;
6. Any and all writings and/or things which are relevant, and you believe would be admissible in evidence;
7. Any and all investigative reports made by or on behalf of the State of Nevada and/or other party pertaining to the subject matter of the above-entitled proceeding.

REQUEST FOR PRIVILEGE LOG

For any document(s) you assert is/are privileged attorney-client communication within the meaning of Nevada Revised Statute section §49.065, et seq., attorney work product, or are otherwise privileged from disclosure by law or made confidential, please produce a privilege log stating the following:

- a) A description of the document to which a claim of privilege is being asserted;
- b) The basis of any claim of privilege;
- c) If work-product immunity is being asserted, identify the specific proceeding for which the document was prepared;

ANSWER

- 1 d) The date of the document;
- 2 e) The name, business address, and current job title of the originator(s) or author(s)
- 3 of the document;
- 4 f) The names, business address, and current job title of the recipient of the document;
- 5 g) The job title of each recipient of the document at the time the document was
- 6 prepared and at time it was received; and
- 7 h) A general description of the subject of the communication contained therein.

8 **DEFINITION OF TERMS**

9 The terms "you" and "your" refer to the Board and its officials, agents, representatives,

10 employees, investigators, attorneys, consultants, and/or any person or entity acting on behalf of.

11 The term "document" as used hereinabove refers to a "writing" as defined in Nevada

12 Revised Statute section §52.225, et seq., which means handwriting, typewriting, printing,

13 photographing, photocopying, transmitting by electronic mail or facsimile, instant messaging,

14 digital text messaging, and every other means of recording upon any tangible thing, any form of

15 communication or representation, including letters, words, pictures, sounds or symbols, or

16 combinations thereof, and any record thereby created, regardless of the manner in which the

17 record has been stored.

18 This request includes, but is not limited to, all stored electronically or digitally such as

19 computers, computer hard drives, zip discs, CD-Rs, CD-RWs, DVDs, floppy diskettes, tape

20 drives, flash memory drive, and any other digital and electronic storage media.

21 **REQUEST TO MEET AND CONFER**

22 Please kindly contact the undersigned to meet and confer concerning, evidentiary issues,

23 discovery, settlement possibilities, hearing length and attorney trial availability.

24 DATED: April 5, 2024

25 By: 

26 Kevin C. Murphy, Esq.
27 Attorney for Respondent Nerissa Aguas, RPh
28

ANSWER

CERTIFICATE OF SERVICE

Case Name: **Case No.: 23-456-RPH-N Nerissa Aguas, RPh**

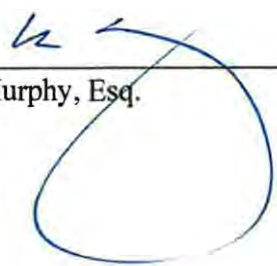
I declare:

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 **April 5, 2024**, I served the attached **ANSWER AND NOTICE OF DEFENSE** via EMAIL to the following person(s) or entity/entities:

Brett Kandy, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, NV 89521
Via Email: bkandt@pharmacy.nv.gov

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on **April 5, 2024**, at San Diego, California.



Kevin C. Murphy, Esq.
Declarant

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8806,
Pharmacy License No. PH00640, and**

**NERISSA AGUAS, RPH,
Certificate of Registration No. 14977,**

Respondents.

**CASE NOS. 23-456-PH-N
23-456-RPH-N**

**STIPULATION AND ORDER
(RESPONDENT AGUAS ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Nerissa Aguas, RPh (Aguas), Certificate of Registration No. 14977, by and through counsel, Kevin Murphy, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about March 19, 2024, 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.
2. On or about April 5, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.
3. 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.
4. Respondent 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 to her 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 this Stipulation, Respondent hereby knowingly and voluntarily waives the 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 Respondent Aguas, while employed as managing pharmacist by Respondent CVS Pharmacy #8806, Pharmacy License No. PH00640, violated NAC 639.245(2) and (4)(c), NAC 639.252(2) and NAC 639.700(6) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to view the actual physical contents of each filled prescription and erroneously dispensed prescription nos. 1150305 and 1150306 to L.O., and is therefore subject to discipline pursuant to NAC 639.702 and NRS 639.210(4) and/or (10).

7. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nerissa Aguas, RPh, Certificate of Registration No. 14977, stipulate to the following penalty: pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Aguas shall pay a fine of Five Hundred Dollars (\$500.00) for the violations, by personal, business, certified or cashier's 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, due and payable by September 1, 2024.

9. 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 by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639.

10. 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 July 17, 2024. Respondent will appear in person 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.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

12. 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.

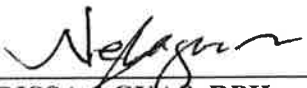
13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective 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 has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

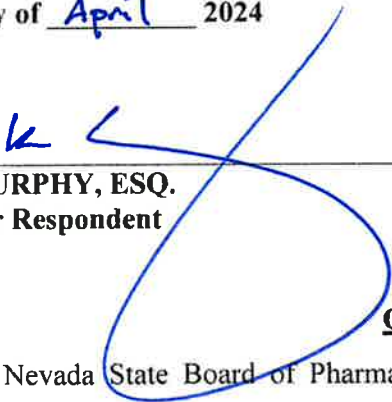
Signed this 26 day of April 2024

Signed this ____ day of _____ 2024


NERISSA AGUAS, RPH
Certificate of Registration No. 14977

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 29 day of April 2024



KEVIN MURPHY, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondents Nerissa Aguas, RPh, Certificate of Registration No. 14977, in Case No. 23-456-RPH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of July 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5E



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #4691,
Pharmacy License No. PH02471, and**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,**

Respondents.

**CASE NOS. 23-503-PH-N
23-503-RPH-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 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 Ayman Jalloul, RPh (Jalloul), Certificate of Registration No. 23280, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Jalloul was employed as managing pharmacist by CVS Pharmacy #4691 at the time of the events alleged herein.

3. On or about November 27, 2023, in the course of dispensing multiple prescriptions to patient J.S. at CVS Pharmacy #4691, Jalloul and/or his staff also dispensed prescription no. 1395147 for 20 mg Lisinopril to be taken twice a day, intended for patient J.W.

At the time of the error, patient J.S. was on a course of medication that included a prescription for 10 mg Lisinopril to be taken once a day.

4. J.S. ingested the erroneously dispensed medication for 5 days, and experienced negative medical outcomes including dizziness, heart palpitations and insomnia.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/ Managing Pharmacist & Pharmacy Responsibility (Respondents Jalloul and CVS Pharmacy #4691)

5. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

6. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

7. Respondent Jalloul engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he and/or his staff erroneously dispensed prescription no. 1395147 to J.S., resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12).

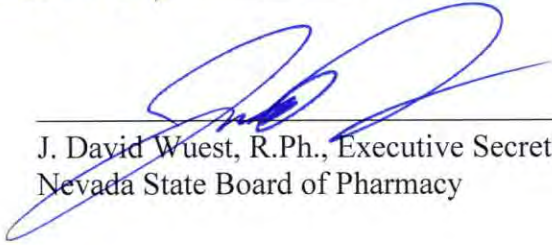
8. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

9. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #4691 is responsible for those violations, including all

errors and omissions of Jalloul and/or his staff, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 21st day of FEBRUARY 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #4691,
Pharmacy License No. PH02471,

Respondent.

CASE NO. 23-503-PH-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

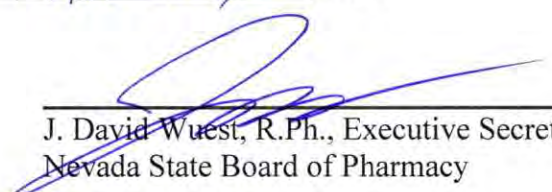
bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 February 2024.



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.

**CVS PHARMACY #4691,
Pharmacy License No. PH02471,**

Respondent.

CASE NO. 23-503-PH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____ 2024.

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #4691**



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy 4691
5151 Sparks Blvd.
Sparks, NV 89436-8209

Brian J. Convery, Esq.
200 Campus Drive, Suite 130
Florham Park, NJ 07932

Ayman Jalloul, RPH
[REDACTED] District St., Unit [REDACTED]
Reno, NV 89502

A handwritten signature in blue ink, appearing to read "Erin Miller", written over a horizontal line.

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #4691,
Pharmacy License No. PH02471, and**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,**

Respondents.

**CASE NOS. 23-503-PH-N
23-503-RPH-N**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Ayman Jalloul, RPh (Jalloul), Certificate of Registration No. 23280, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 27, 2024, Respondents were 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.
2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
3. Respondents are 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge 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. Respondent Jalloul engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he and/or his staff erroneously dispensed prescription no. 1395147 to J.S., resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #4691 is responsible for those violations, including all errors and omissions of managing pharmacist Jalloul and/or his staff, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Ayman Jalloul, RPh, Certificate of Registration No. 23280, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Jalloul shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Jalloul shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #4691 shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #4691 shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. 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 July 17, 2024. Respondents will appear in person 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 Respondents or counsel are not present at the meeting.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. 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.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's 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, due and payable by September 1, 2024.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents 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.

Respondents have 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

**CVS PHARMACY #4691,
Pharmacy License No. PH02471**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280**

Signed this ____ day of _____ 2024

**BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy**

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ayman Jalloul, RPh, Certificate of Registration No. 23280, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, in Case Nos. 23-503-PH-N and 23-503-RPH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of May 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5F



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #4691,
Pharmacy License No. PH02471, and**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,**

Respondents.

**CASE NOS. 23-503-PH-N
23-503-RPH-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 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 Ayman Jalloul, RPh (Jalloul), Certificate of Registration No. 23280, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Jalloul was employed as managing pharmacist by CVS Pharmacy #4691 at the time of the events alleged herein.

3. On or about November 27, 2023, in the course of dispensing multiple prescriptions to patient J.S. at CVS Pharmacy #4691, Jalloul and/or his staff also dispensed prescription no. 1395147 for 20 mg Lisinopril to be taken twice a day, intended for patient J.W.

At the time of the error, patient J.S. was on a course of medication that included a prescription for 10 mg Lisinopril to be taken once a day.

4. J.S. ingested the erroneously dispensed medication for 5 days, and experienced negative medical outcomes including dizziness, heart palpitations and insomnia.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/ Managing Pharmacist & Pharmacy Responsibility (Respondents Jalloul and CVS Pharmacy #4691)

5. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an “incompetent, unskillful, or negligent manner.” NAC 639.945(1)(i).

6. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

7. Respondent Jalloul engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he and/or his staff erroneously dispensed prescription no. 1395147 to J.S., resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12).

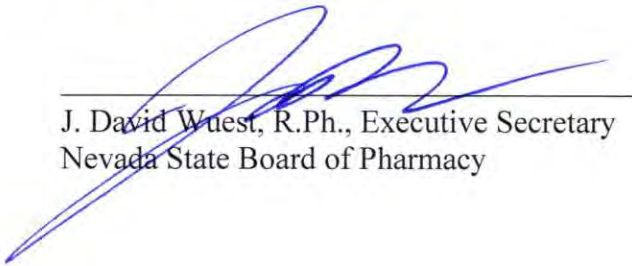
8. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

9. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #4691 is responsible for those violations, including all

errors and omissions of Jalloul and/or his staff, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 27th day of FEBRUARY 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,

Respondent.

CASE NO. 23-503-RPH-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place
1790 E Plumb Ln
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

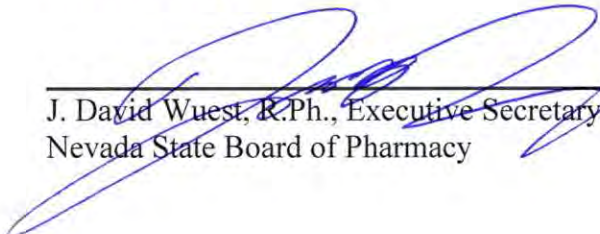
bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 FEBRUARY 2024.



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.

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,**

Respondent.

CASE NO. 23-503-RPH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____, 2024.

AYMAN JALLOUL, RPH



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy 4691
5151 Sparks Blvd.
Sparks, NV 89436-8209

Brian J. Convery, Esq.
200 Campus Drive, Suite 130
Florham Park, NJ 07932

Ayman Jalloul, RPH
[REDACTED] District St., Unit [REDACTED]
Reno, NV 89502

A handwritten signature in blue ink, appearing to read "Erin Miller", written over a horizontal line.

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #4691,
Pharmacy License No. PH02471, and**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280,**

Respondents.

**CASE NOS. 23-503-PH-N
23-503-RPH-N**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Ayman Jalloul, RPh (Jalloul), Certificate of Registration No. 23280, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 27, 2024, Respondents were 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.
2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.
3. Respondents are 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).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge 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. Respondent Jalloul engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he and/or his staff erroneously dispensed prescription no. 1395147 to J.S., resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #4691 is responsible for those violations, including all errors and omissions of managing pharmacist Jalloul and/or his staff, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

6. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Ayman Jalloul, RPh, Certificate of Registration No. 23280, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Jalloul shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Jalloul shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #4691 shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #4691 shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. 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 July 17, 2024. Respondents will appear in person 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 Respondents or counsel are not present at the meeting.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. 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.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's 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, due and payable by September 1, 2024.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by September 1, 2024.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents 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.

Respondents have 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 knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

**CVS PHARMACY #4691,
Pharmacy License No. PH02471**

**AYMAN JALLOUL, RPH,
Certificate of Registration No. 23280**

Signed this ____ day of _____ 2024

**BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy**

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ayman Jalloul, RPh, Certificate of Registration No. 23280, and Respondent CVS Pharmacy #4691, Pharmacy License No. PH02471, in Case Nos. 23-503-PH-N and 23-503-RPH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of May 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5G



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822,

Respondent.

Case No. 23-257-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, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Candice Denham, D.V.M. (Respondent), because the violations alleged herein, weigh on Respondent's character to hold certificates of registration issued by the Board pursuant to NRS 453.226 to prescribe controlled substances and NRS 639.100 to dispense drugs. Since April 19, 2023, Respondent has held certificate of registration number CS35349 to prescribe controlled substances issued by the Board pursuant to NRS 453.226 and certificate of registration number DV00822 to dispense drugs pursuant to NRS 639.100.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent has been licensed by the Board to prescribe controlled substances (CS35349) since April 19, 2023. NRS 453.226. Such a license authorizes the holder to write prescriptions for controlled substances. NRS 453.226.

4. Respondent has been licensed by the Board to dispense drugs (DV00822) since April 19, 2023. NRS 639.100. Such a license authorizes the holder to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner. NRS 639.0065.

5. Respondent submitted a controlled substance application and an application for veterinary authority to dispense drugs, both signed on April 12, 2023, that stated she had never been the subject of a board citation or administrative action whether completed or pending in any state.

6. It later came to the Board's attention that Respondent had voluntarily surrendered her DEA Certificate of Registration No. FS5781263 in the State of Hawaii on February 24, 2023.

7. Respondent had admitted at the time to the DEA that she had been using stimulants.

8. On November 2, 2023, Respondent's controlled substance license was suspended pursuant to NRS 639.2107.

APPLICABLE LAW

9. If a regulatory body revokes the license of a person in a contested case pursuant to this chapter, the regulatory body shall prescribe a period during which the person may not apply for reinstatement of the license. The period must not be less than 1 year and not more than 10 years. NRS 622A.410(1).

10. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

11. Unprofessional conduct includes, "performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

12. The Board may suspend or revoke any registration 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. NRS 639.2010(10).

13. The Board may revoke or suspend a registration if a respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this

chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

14. A person may not secure or attempt to secure any certificate, license or permit issued by the Board for themselves by making, or causing to be made, any false representation. NRS 639.281(1).

15. In lieu of a suspension or revocation, or in concert with it, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Unprofessional Conduct by a DVM

16. Respondent applied for a certificate of registration with the Board to prescribe controlled substances pursuant to NRS 453.226. On the Board's controlled substance application, question three of section five asks whether the applicant has been the subject of a board citation or an administrative action whether completed or pending in any state. Respondent also applied for veterinarian authority to dispense drugs pursuant to NRS 639.100. On the Board's application for veterinarian authority to dispense drugs, question three of section four asks the same question, whether the applicant has been the subject of a board citation or administrative action whether completed or pending in any state. Respondent answered "no" to this question on both applications. Respondent answered "no" even though she had voluntarily surrendered her Hawaii DEA Registration Number FS 5781263 on February 24, 2023.

17. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed or was a party to a fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

18. Respondent performed or was a party to a fraudulent or deceitful practice or transaction because Respondent failed to disclose that she had voluntarily surrendered her Hawaii DEA Certificate of Registration. *See* NAC 639.945(1)(h). Respondent also performed or was a party to a fraudulent or deceitful practice or transaction because Respondent failed to truthfully answer question three of section five on the Board's controlled substance registration and question three of section four of the Board's application for veterinarian authority to dispense drugs. *See* NAC 639.945(1)(h).

19. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NRS 639.281; NAC 639.945; and NAC 639.955.

COUNT TWO

Obtaining a Certificate of Registration by the Filing of a False Application

20. Respondent filed a false application with the Board when her controlled substance application and her application for veterinary authority to dispense drugs neglected to disclose her voluntary surrender of her DEA Certificate of Registration.

21. The Board may suspend or revoke any registration 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. NRS 639.2010(10). Additionally, a person may not secure or attempt to secure any certificate, license or permit issued by the Board for themselves by making, or causing to be made, any false representation. NRS 639.281(1).

22. Respondent's application was obtained by the filing of a false application because she neglected to disclose that she voluntarily surrendered her DEA certificate of registration less than two months before she sent in her applications to the Board. *See* NRS 639.210(10); NRS 639.281(1); and NRS 639.281(2).

23. Having obtained a certificate of registration from the Board by the filing of a false application, Respondent is subject to discipline by the Board. NRS 639.210(10); NRS 639.255; NRS 639.281; and NAC 639.955.

COUNT THREE
Violations of NRS Chapter 639

24. By filing an application with the Board that neglected to include Respondent's voluntary surrender of her DEA Certificate of Registration, she violated NRS 639.210(4), NRS 639.210(10), and NRS 639.281.

25. The Board may revoke or suspend a registration if a respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

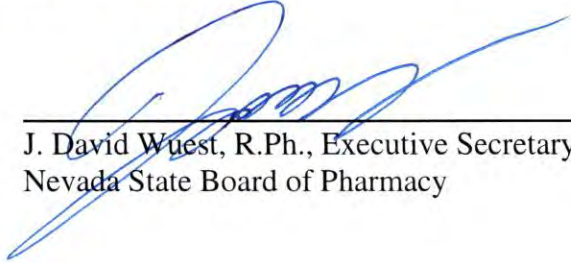
26. Respondent violated or attempted to violate provisions of NRS Chapter 639 when she failed to disclose to the Board that she voluntarily surrendered her DEA Certificate of Registration on February 24, 2023. *See* NRS 639.210(12).

27. These actions violated NRS 639.210(4) because she engaged in unprofessional conduct by being a party to a fraudulent or deceitful practice or transaction. *See* NRS 639.210(4); NRS 639.210(12); and NAC 639.945(1)(h). Respondent violated NRS 639.210(10) and NRS 639.281 because she obtained a certificate of registration from the Board by the filing of a false application. NRS 639.210(10); NRS 639.210(12); and NRS 639.281.

28. Having committed violations of NRS Chapter 639, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.210(10); NRS 639.210(12); NRS 639.255; NRS 639.281; and NAC 639.955.

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 24th day of NOVEMBER 2023.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822,

Respondent.

CASE NO. 23-257-CS-S

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

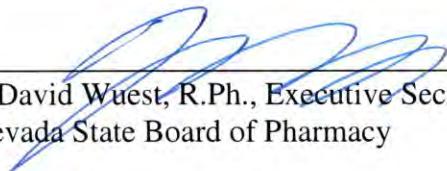
gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 24 day of NOVEMBER 2023.



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.

**CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822,**

Respondent.

CASE NO. 23-257-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 him/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 _____, 2023.

CANDICE DENHAM, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Candice Denham, DVM
[REDACTED] West Elkhorn Rd
North Las Vegas, NV 89084

Candice Denham, DVM
[REDACTED] Emerald Cove Ct.
Las Vegas, NV 89117

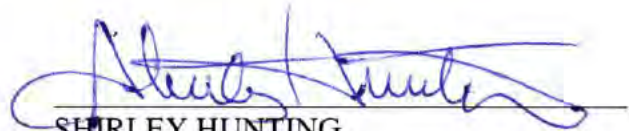

SHIRLEY HUNTING

Exhibit 1

Candice Denham
111 Hekili St., Ste. 104
Kailua, HI 96734
NIAA 23-257-CS-S

9171 9690 0935 0280 1506 21



Certified = 9.73
Standard = 1.83

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of December 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Candice Denham
111 Hekili St., Ste. 104
Kailua, HI 96734



SHIRLEY HUNTING

CERTIFIED MAIL™



9171 9690 0935 0280 1506 21

Board of Pharmacy
1000 Parkway Suite 206
Honolulu, HI 96821

Postage Requested

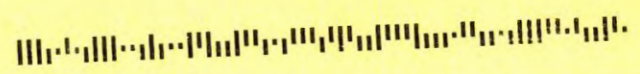
Postage 5009.73
Net Cost \$0.00

12/29/23
A.S.

Candice Denham
111 Hekili St., Ste. 104
Kailua, HI 96734

-R-T-S- 967343050-1N 12/29/23

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



Candice Denham, DVM
3310 West Elkhorn Rd
North Las Vegas, NV 89084
NIAA 23-257-CS-S

9171 9690 0935 0307 6314 92



ANSWER DUE:

1/8/24

Candice Denham, DVM
[REDACTED] Emerald Cove Ct.
Las Vegas, NV 89117
NIAA 23-257-CS-S

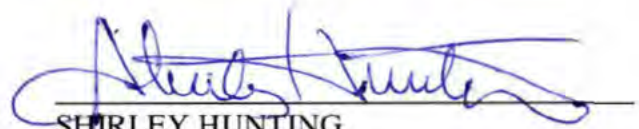
9171 9690 0935 0307 6315 08

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of November 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Candice Denham, DVM
3310 West Elkhorn Rd
North Las Vegas, NV 89084

Candice Denham, DVM
[REDACTED] Emerald Cove Ct.
Las Vegas, NV 89117



SHIRLEY HUNTING

Tracking Number:

Remove X

9171969009350307631492

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item has been delivered to the original sender at 1:21 pm on December 18, 2023 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender

RENO, NV 89521

December 18, 2023, 1:21 pm

[See All Tracking History](#)[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Feedback

Tracking Number:

Remove X

9171969009350307631508

Copy

Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)

Latest Update

This is a reminder to arrange for redelivery of your item before December 15, 2023 or your item will be returned on December 16, 2023. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivery Attempt: Action Needed

Reminder to Schedule Redelivery of your item before December 15, 2023

December 6, 2023

Notice Left (No Authorized Recipient Available)

LAS VEGAS, NV 89117

December 1, 2023, 12:33 pm

See All Tracking History

Feedback

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



Schedule Redelivery



USPS Tracking Plus®



ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

Tracking Number:

Remove X

9171969009350307631508

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item has been delivered to the original sender at 11:50 am on January 23, 2024 in RENO, NV 89521.

Get More Out of USPS Tracking:
USPS Tracking Plus®

- Delivered
- Delivered, To Original Sender
- RENO, NV 89521
- January 23, 2024, 11:50 am
- Arrived at USPS Regional Facility
- RENO NV DISTRIBUTION CENTER
- January 22, 2024, 3:51 pm
- Arrived at USPS Regional Facility
- PHOENIX AZ DISTRIBUTION CENTER ANNEX
- January 19, 2024, 9:40 pm
- Return to Sender Processed
- PHOENIX, AZ 85034
- January 19, 2024, 11:15 am
- Reminder to Schedule Redelivery of your item
- December 6, 2023
- Notice Left (No Authorized Recipient Available)

Feedback

LAS VEGAS, NV 89117
December 1, 2023, 12:33 pm

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
November 30, 2023, 3:24 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
November 29, 2023, 11:31 pm

USPS picked up item
RENO, NV 89521
November 29, 2023, 12:35 pm

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☒ Complete items 1, 2, and 3. ☒ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: Candice Denham, DVM 3310 West Elkhorn Rd North Las Vegas, NV 89084		B. Received by (Printed Name) C. Date of Delivery	
2. A. 9171 9690 0935 0307 6314 92		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Return Service Requested

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

9171 9690 0935 0307 6314 92

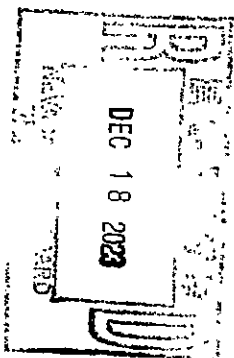
ANK

Candice Denham, DVM
 3310 West Elkhorn Rd
 North Las Vegas, NV 89084

NIXIE 852 75 2 0112/13/23
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 ECI 75521485156 21847547043-80346



neopost
 11/20/2023
 US POSTAGE



CERTIFIED MAIL™



9171 9690 0935 0307 6315 08

rd of Pharmacy
Parkway Suite 206
da 89521

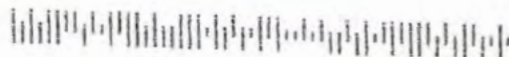
Requested



Candice Denham, DVM
[REDACTED] Emerald Cove Ct.
Las Vegas, NV 89117

-R-T-S- 891175024-1N *91 01/19/24

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



12/1

Exhibit 2



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

December 14, 2023

Candice Denham
3310 W Elkhorn Rd
North Las Vegas, NV 89084

Re: Candice Denham, and Case No. 23-257-CS-S

Dear Candice Denham,

The hearing for case number **23-257-CS-S** has been scheduled for Wednesday, 1/17/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV 89123

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,
Darlene Nases
Assistant Board Coordinator

9171 9690 0935 0307 6319 28

Nevada State Board of Pharmacy

965 Damonte Ranch Parkway, Suite 206 • Reno, Nevada 89521

ADDRESS SERVICE REQUESTED

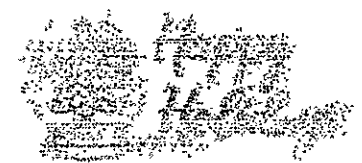


9171 9690 0935 0307 6319 28

CERTIFIED MAIL

END. NV 89521

NOV 30 2023



NOV 27, 2023

Candice Denham
3310 W Elkhorn Rd
North Las Vegas, NV 89084

NIXIE 89199 12/30/2023

Ref

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
ATTEMPTED NOT KNOWN
SORT IN MANUAL ONLY NO AUTOMATION
BC: 56998999933

Re: Candice Denham and Case No. 23-257-CCS

9171 9690 0935 0307 6319 28

UTF

89084257-257

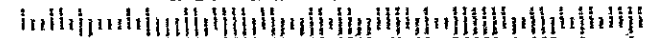


Exhibit 3

JOE LOMBARDO
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

November 2, 2023

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [REDACTED]@gmail.com

Candice Denham, D.V.M.
[REDACTED] Emerald Cove Ct.
Las Vegas NV 89117

Re: Suspension of Certificate of Registration No. CS35349 (Case No. 23-257-CS-S)

Dear Dr. Denham:

The Nevada State Board of Pharmacy (Board) has determined that your DEA Registration Number FS5781263 was voluntarily surrendered on February 24, 2023.

Please be advised that pursuant to NRS 639.2107 the voluntary surrender of your DEA Registration Number operates as an immediate suspension of your Certificate of Registration No. CS35349 with the Board. You have **not** been and are **not** authorized to prescribe any controlled substances in the state of Nevada. 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 Ext. 132 or gvanderdonck@pharmacy.nv.gov.

Best regards,

Gustaf Vanderdonck
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 8253 70

Exhibit 4

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☒ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: CANDICE Middle: _____ Last: DENHAM
 Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☒ F ☐ X
 Home Address: _____
 City: Las Vegas State: NV Zip: 89117
 Telephone: _____ Email: Kathleen.Denham@spinal.com
 Degree: DM Practitioner License #: 3193A Specialty: None

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Aliante Animal Hospital
 Practice Address: 3310 West Elkhorn Rd Suite #: _____
 City: North Las Vegas State: NV Zip: 89108
 Telephone: 7027784443 Fax: 7027783022 Email: drdenham@alianteanimalhospital.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: Personal and Professional History		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?			✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following **where applicable:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/12/2023

Date

Controlled Substance Registration Application

3 of 5

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable \$150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

- ☒ Dangerous Drugs AND Controlled Substances
☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Carlyce Middle: _____ Last: Dentham
 Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☒ F ☐ X
 Home Address: _____ EMERALD CREEK CT
 City: LAS VEGAS State: NV Zip: 89117
 Telephone: _____ Email: _____@gmail.com
 Degree: DVM Practitioner License #: 3913A

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Aliante Animal Hospital
 Practice Address: 3310 WEST ELKHORN Suite #: _____
 City: NORTH LAS VEGAS State: NV Zip: 89084
 Telephone: 702 718 4443 Fax: 702 718 3022 Email: drdentham@alianteanimalhospital.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	☒	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Candice Denham Dunn

Print Name (First, Last)

4/12/2023

Date



Original Signature (electronic, copies or stamps not accepted)

4/12/2023

Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC

4-17-23

Controlled Substance Registration Application

4 of 5

Section 4: Personal and Professional History						Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?							☒
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?							☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?							☒
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?							☒
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
Criminal Action:		State:	Date:	Case #:	County:	Court:	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Candice Denham DM
 Print Name (First, Last)

Candice Denham DM
 Original Signature (electronic, copies or stamps not accepted)

4/12/2023
 Date

Board Use Only	Received: <u>4-17-23</u>	Amount: <u>150.⁰⁰ CC</u>
----------------	--------------------------	-------------------------------------

Candice Denham

Legal First Name: Candice
Legal Last Name: Denham
Previous or Other Name(s): Soquena

Licenses

License Number	License Category	License Status	Initial Licensure Date	License Expiry Date
3193	Veterinarian	Active	Mar-27-2023	Jun-30-2023

Notices, Restrictions and Findings

Type	Effective Date	Summary	Completion Date	Attachments
None.				

Places of Work

Name	Street Address	City	Postal Code	Start Date	End Date
Kailua Animal Clinic	111 Hekili St Ste 104	Kailua	96734	May-05-2007	Mar-01-2023

Exhibit 5

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

File No.

R4-23-2004

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.

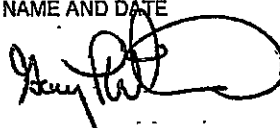
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

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
Candice Soquena, DVM	Kailua Animal Clinic 111 Hekili Street, Suite 104 Kailua, Hawaii 96734
DEA REGISTRATION NO. FS5781263	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
	2/24/2024 2023

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE  GARY L. WHISENAND 2/24/23	TITLE DIVERSION INVESTIGATOR
NAME AND DATE  Kyle F. Hoppel 2/24/23	TITLE Diversion Investigator

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.
Submission of this information is voluntary. There is no effect on the individual if not provided.

EFFECT:

Exhibit 6

Jessette Phaynarikone

From: Jessette Phaynarikone
Sent: Thursday, April 25, 2024 9:14 AM
To: [REDACTED]
Cc: Gus Vanderdonck; Darlene Nases
Subject: 23-257-CS-S. Notice of Hearing - Candice Denham
Attachments: 23-257-CS-S. 21 Day Letter.Denham.pdf

Hi,

The **Notice of Hearing** letter has been sent out via certified and regular mail. Please see attached courtesy copy for Case No. 23-257-CS-S.

If you have any questions, please contact Gus Vanderdonck via email (gvanderdonck@pharmacy.nv.gov).

Thank you.



Jessette Phaynarikone

Administrative Assistant - Board Coordinator I | Nevada State Board of Pharmacy

jphaynarikone@pharmacy.nv.gov

Office: 775-850-1440

Fax: 775-850-1444

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Candice Denham

██████████ Emerald Cove Ct

Las Vegas, NV 89117

Re: Candice Denham and Case No. 23-257-CS-S

Dear Candice Denham,

The hearing for case number **23-257-CS-S** has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4862 83

Denham Exhibits 1543



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Candice Denham

██████ West Elkhorn Rd
North Las Vegas, NV 89084

Re: Candice Denham and Case No. 23-257-CS-S

Dear Candice Denham,

The hearing for case number **23-257-CS-S** has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4862 76

Denham Exhibits 1542

Declaration of Shirley Hunting



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822,

Respondent.

Case No. 23-257-CS-S

DECLARATION OF SHIRLEY
HUNTING

I, Shirley Hunting, hereby state the following:

1. Pursuant to NRS 53.045, I have made this declaration at the request of Gustaf A. Vanderdonck, Assistant General Counsel, for use in the above-entitled administrative action. I make this declaration for the purpose of authenticating Exhibit 1, attached hereto.

2. I was employed by the Nevada State Board of Pharmacy ("Board") as the supervisor of its Board Coordination team. In that capacity, I provided administrative support to the Board and the Board's staff, and I also served as the Board's custodian of records.

3. I am knowledgeable about the Board's business processes and information systems as they pertain to the licensure and/or registration of persons who are subject to the Board's regulatory jurisdiction. I am also familiar with the use and operation of the Board's data management system and its processes for serving and filing accusations, notices of hearing, and related legal documents.

4. The Board maintains a searchable data management system that contains licensing information and records, including contact information, for the Board's licensees and registrants. Information and records are entered into the system in the regular course of the Board's business at or near the time by, or from information transmitted by persons with knowledge of such information and/or the contents of such records.

5. The Board also maintains an on-line portal through which the Board's licensees and registrants may obtain, renew, and/or update their licenses and/or registrations. This IT system

generates a searchable record of all on-line transactions and stores it in the database. I am familiar with the operation of this system and the way in which the Board's registrants and licensees may access the system's portal to conduct business with the Board.

6. In addition to using the on-line portal, the Board's licensees and registrants may use email or regular mail to update their contact information on file with the Board.

7. I have searched the Board's database for information concerning Candice Denham, DVM, who holds Certificate of Registration Nos. CS35349 and DV00822. As of December 23, 2023, the contact information in the database lists Ms. Denham's last-known address as 3310 W. Elkhorn Road, North Las Vegas, NV 89084. Board staff also located two other addresses for Ms. Denham, one at 9112 Emerald Cove Court, Las Vegas, NV 89117, and another at 111 Hekili Street, Ste. 104, Kailua, HI 96734.

8. As of December 23, 2023, I have been unable to locate any notes or transactional records in the Board's IT system to indicate that Ms. Erian attempted to update her contact information via the Board's on-line portal, via email, or through other means of communication.

9. Exhibit 1 is a true and correct copy of the certificate of service of the Notice of Intended Accusation and Action that bears my signature. Additionally, the USPS mailing records are attached as well.

10. The certificate of service on Exhibit 1 accurately reflects that on November 29, 2023, and December 23, 2023, I mailed copies of the Notice of Intended Action and Accusation and notice of hearing to Candice Denham, DVM, at her last-known address on file with the Board, plus the two additional addresses located by board staff.

I, Shirley Hunting, declare under penalty of perjury that the foregoing is true and correct.

Executed this 30th day of January 2024.


Shirley Hunting
Board Coordinator and Custodian of Records
Nevada State Board of Pharmacy

Declaration of Darlene Nases

BEFORE THE NEVADA STATE BOARD OF PHARMACY



NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822

Respondent.

Case No. 23-257-CS-S

DECLARATION OF DARLENE NASES

I, Darlene Nases, hereby state the following:

1. Pursuant to NRS 53.045, I have made this declaration at the request of Gustaf A. Vanderdonck, Assistant General Counsel, for use in the above-entitled administrative action. I make this declaration for the purpose of authenticating Exhibit 2, attached hereto.

2. I am employed by the Nevada State Board of Pharmacy ("Board") as the supervisor of its Board Coordination team. In that capacity, I provide administrative support to the Board and the Board's staff, and I also serve as the Board's custodian of records.

3. I am knowledgeable about the Board's business processes and information systems as they pertain to the licensure and/or registration of persons who are subject to the Board's regulatory jurisdiction. I am also familiar with the use and operation of the Board's data management system and its processes for serving and filing accusations, notices of hearing, and related legal documents.

4. The Board maintains a searchable data management system that contains licensing information and records, including contact information, for the Board's licensees and registrants. Information and records are entered into the system in the regular course of the Board's business at or near the time by, or from information transmitted by persons with knowledge of such information and/or the contents of such records.

5. The Board also maintains an on-line portal through which the Board's licensees and registrants may obtain, renew, and/or update their licenses and/or registrations. This IT system

generates a searchable record of all on-line transactions and stores it in the database. I am familiar with the operation of this system and the way in which the Board's registrants and licensees may access the system's portal to conduct business with the Board.

6. In addition to using the on-line portal, the Board's licensees and registrants may use email or regular mail to update their contact information on file with the Board.

7. I have searched the Board's database for information concerning Candice Denham, DVM, who holds Certificate of Registration Nos. CS35349 and DV00822. As of December 14, 2023, the contact information in the database lists Ms. Denham's last-known address as 3310 W. Elkhorn Road, North Las Vegas, NV 89084.

8. As of December 14, 2023, I have been unable to locate any notes or transactional records in the Board's IT system to indicate that Ms. Denham attempted to update her contact information via the Board's on-line portal, via email, or through other means of communication.

9. Exhibit 2 is a true and correct copy of the twenty-one-day letter sent to Respondent in this case.

10. The address on Exhibit 2 accurately reflects that on December 14, 2023, I mailed a copy of the associated twenty-one-day letter to Candice Denham, DVM, to her last-known address on file with the Board. I mailed one copy to Ms. Denham via Certified U.S. Mail. It was returned as undeliverable.

I, Darlene Nases, declare under penalty of perjury that the foregoing is true and correct.

Executed this 29th day of January 2024.



Darlene Nases
Assistant Board Coordinator
Nevada State Board of Pharmacy

Memorandum of Costs and Fees

BEFORE THE NEVADA STATE BOARD OF PHARMACY



NEVADA STATE BOARD OF PHARMACY,

Case Nos. 23-257-CS-S

Petitioner,

v.

MEMORANDUM OF
COSTS AND FEES

CANDICE DENHAM, DVM,
Certificate of Registration Nos. CS35349, and
DV00822,

Respondent.

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigation Time (Investigator Dena McClish)

<u>Date(s)</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
06/2023 - 10/2023	Investigation	11.0	\$53.85	\$592.35
Subtotal (Investigation):				\$592.35

Attorney Time (Gustaf Vanderdonck)

<u>Date(s)</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
11/2023-01/2024	Discussion, Review Report, Review Statutes and Regulations, Draft Accusation, Prepare Exhibits, Prepare Case	6.0	\$49.52	\$297.12
Subtotal (Attorney Time):				\$297.12

Administrative Costs

<u>Date(s)</u>	<u>Description</u>	<u>Amount</u>
11/29/2023	Postage	\$9.73
11/29/2023	Postage	\$9.73
12/14/2023	Postage	\$8.53

12/23/2023	Postage	\$9.73
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Subtotal (Administrative Costs)	\$37.72
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Total Costs and Fees:	\$927.19
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I, Gustaf Vanderdonck, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 31st day of January, 2024.

/s/ Gustaf A. Vanderdonck
Assistant General Counsel
Nevada State Board of Pharmacy

5H



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #9840,
License No. PH01336,**

v.

**DEISY SERRANO, RPH,
Certificate of Registration No. 14845,**

Respondents.

**CASE NOS. 23-433-PH-N
23-433-RPH-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Deisy Serrano (Respondent Pharmacist), because Respondent Pharmacist, at the time of the violations alleged herein, held Certificate of Registration No. 14845, issued by the Board pursuant to NRS 639.100 and NRS 639.127, authorizing Respondent to engage in the practice of pharmacy in the State of Nevada. Respondent Pharmacist has held Certificate of Registration No. 14845 since October 29, 1999.

2. The Board has personal jurisdiction over Respondent CVS Pharmacy #9840 (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held License No. PH01336, issued by the Board pursuant to NRS 639.230, authorizing it to operate as a pharmacy. Respondent Pharmacy has held License No. PH01336 since January 28, 1999.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

4. Respondent Pharmacy has been licensed by the Board to operate as a pharmacy since January 28, 1999. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231.

5. Respondent Pharmacist has been registered by the Board to practice as a pharmacist since October 29, 1999. NRS 639.127. Such a registration authorizes the holder to engage in the practice of pharmacy. NRS 639.127.

6. Respondent Pharmacy is located at 8005 S. Virginia St., Reno, NV 89511.

7. Respondent Pharmacist was the managing pharmacist of Respondent Pharmacy at the time of the events alleged herein.

8. Respondent Pharmacist was issued a citation and fine by the Board on August 22, 2023, for misfilling an amoxicillin prescription (Case No. 23-488-RPH-N). Respondent Pharmacist never reconstituted the prescription. Additionally, Respondent Pharmacist failed to provide counseling on how to take the medication.

9. On or about October 17, 2023, patient M.C. was prescribed a Humulin N 3 ML Insulin Isophane Human 100 UNT/ML Pen Injector for gestational diabetes.

10. Patient M.C. was nearly nine (9) months pregnant at the time the prescription was written and filled.

11. On or about October 18, 2023, patient M.C. went to Respondent Pharmacy to pick up her prescription.

12. Patient M.C. had never been prescribed insulin before and sought Respondent Pharmacist's guidance on how to use the injector pen. Particularly, she asked about where to inject the medication.

13. Instead of providing counseling on matters that would benefit patient M.C.'s therapy by drugs, Respondent Pharmacist dismissed patient M.C. Stating that she should, "just inject it at bedtime."

14. Patient M.C.'s questions regarding where the injector pen should be injected were also dismissed. Respondent Pharmacist told her that she may, "inject it anywhere, your stomach, your thigh, wherever, just read the directions."

15. When patient M.C. asked how to attach the needles to the injector pen, Respondent Pharmacist once again just told her to read the directions on the packaging.

16. Patient M.C. went back home without having any idea how to use her insulin injector pen. Patient M.C. and her husband had to look up how to use the injector pen on YouTube.

17. Additionally, once patient M.C. returned home, patient M.C. and her husband realized that needles were not included.

18. Respondent Pharmacist failed to even mention needles despite patient M.C. asking Respondent Pharmacist questions directly about needles.

19. Patient M.C. went without her insulin on October 18, 2023.

20. On or about October 19, 2023, patient M.C.'s husband, K.G., went into Respondent Pharmacy and met with Respondent Pharmacist.

21. K.G. told Respondent Pharmacist that he and his wife were very upset about the fact that Respondent Pharmacist failed to counsel patient M.C. on using the insulin pen injector and that Respondent Pharmacist failed to mention that needles were not included in the prescription.

22. Respondent Pharmacist quipped back that patient M.C., "should have known," that needles would not be included with the insulin.

23. K.G. purchased needles out of pocket during that exchange.

24. Respondent Pharmacy's counseling records indicate that Respondent Pharmacist conducted counseling.

25. However, in an interview with Respondent Pharmacist, Board Investigator Monica S. Segedy asked Respondent Pharmacist why she did not counsel patient M.C. and Respondent Pharmacist stated that she could not remember if counseling was performed or not.

26. CVS Pharmacy records incorrectly state that patient M.C. refused counseling.

27. Medical systems, including New York-Presbyterian Hospital, recognize that women in their third trimester of pregnancy may have trouble injecting an insulin pen into their abdomen (a place that Respondent Pharmacist stated patient M.C. should inject the insulin pen), if the skin on their abdomen was too tight to properly perform an injection. In these instances, New York-Presbyterian Hospital recommends finding a different spot on the side of the abdomen or elsewhere on the body where the skin will be looser. See <https://www.nyp.org/healthlibrary/multimedia/insulin-injection-areas-for-gestational-diabetes>.

28. Respondent Pharmacist did not properly take into account patient M.C.'s pregnancy when she simply told her to inject the insulin pen into her abdomen, or "anywhere" because it was possible that patient M.C. may not have had enough loose skin in her abdomen to properly inject the insulin pen.

APPLICABLE LAW

29. In Nevada, the Board may suspend or revoke any registration if the holder or applicant engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

30. Unprofessional conduct includes, "failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned." NAC 639.945(1)(e).

31. Unprofessional conduct includes, "performing any of his or her duties as the holder of a certificate or registration issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. A pharmacist is required to perform a review of a patient's profile prior to engaging in counseling. NRS 639.266(1).

33. A pharmacist is required to communicate all matters which will enhance therapy through drugs with the patient or a person caring for the patient. NRS 639.266(1).

34. The communication must include appropriate elements of counseling for the patient, as established by the Board. NRS 639.266(1).

35. A pharmacist has a duty to counsel patients and supply all information required by the Board pursuant to NAC 639.707(1) and (2).

36. Additionally, a pharmacist also must supply any additional information, if, in the professional judgement of the pharmacist, that information is necessary to ensure the safe and effective use of the drug or device by the patient. NAC 639.707(1)(k).

37. A pharmacist shall review a patient's record before dispensing a prescription. NAC 639.707(4).

38. A pharmacist has a duty to keep accurate records of whether counseling was given or refused by a patient. *See* NAC 639.707(6).

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel they employ. NAC 639.945(2).

40. In lieu of a suspension or revocation, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Performing Duties in an Incompetent, Unskillful or Negligent Manner – Failing to Review Patient Record (Respondent Pharmacist and Respondent Pharmacy)

41. Respondent Pharmacist failed to check patient M.C.'s profile prior to counseling and dispensing the drug to the final end user (patient M.C. is the final end user) or did so in a manner that was inadequate to provide the level of information required to properly engage in patient counseling. Pursuant to NRS 639.266, no pharmacist can engage in adequate counseling before checking the patient's record.

42. Because of this, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct because Respondent Pharmacist performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

43. Respondent Pharmacist performed her duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner because she failed to check patient

M.C.'s profile, or did so in a manner that was inadequate to provide the level of information required to properly counsel patient M.C. *See* NAC 639.945(1)(i). In Nevada, checking a patient's record is a precursor to counseling them. NRS 639.266(1). If Respondent Pharmacist had checked or adequately checked patient M.C.'s profile, Respondent Pharmacist would have known that patient M.C. was taking insulin for the first time and that she was in her third trimester of pregnancy – likely meaning that patient M.C. required more in depth and specific counseling (beyond what was already required by law). *See* NAC 639.707(1)(k); NAC 639.945(1)(i).

44. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

45. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT TWO

Unprofessional Conduct – Performing Duties in Incompetent, Unskillful or Negligent Manner – Failure to Counsel by a Pharmacist (Respondent Pharmacist and Respondent Pharmacy)

46. Respondent Pharmacist failed to communicate matters which would enhance therapy through drugs. For example, Respondent Pharmacist failed to counsel patient M.C. on how to get and use needles with her insulin injection pen. *See* NAC 639.707(2)(b). Respondent Pharmacist also failed to counsel patient M.C. on where/how to inject the pen at all. *See* NAC 639.707(2)(b).

47. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct when she performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

48. Respondent Pharmacist performed her duties in an incompetent, unskillful, or negligent manner because she failed to communicate *all matters* which will enhance therapy through drugs with the patient or a person caring for the patient. NRS 639.266(1); NAC 639.707; and NAC 639.945(1)(i). Respondent Pharmacist failed uphold this duty because she never counseled patient M.C. on matters of critical importance to patient M.C.'s therapy through drugs, including how to get needles, how to use the needles, where to inject the insulin pen, how to inject the pen into different places on the patient's body, how to dose the injector pen correctly, and any matters that relate to patient M.C.'s pregnancy that may be of concern when taking this medication in this manner. *See* NRS 639.266(1); NAC 639.707(2); and NAC 639.945(1)(i). Additionally, Respondent Pharmacist never reviewed patient M.C.'s profile prior to counseling. *See* NRS 639.266(1); NAC 639.707(4).

49. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

50. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT THREE

Unprofessional Conduct – Failure to Confer with Prescribing Practitioner (Respondent Pharmacist and Respondent Pharmacy)

51. Respondent Pharmacist dispensed an insulin injector pen without needles. As this was patient M.C.'s first time using an insulin pen, patient M.C. was not in a position to know that needles did not come with the original written prescription sent in electronically by the prescribing physician. Respondent Pharmacist should have known that a prescription for insulin should also include needles. The fact that the prescription did not include needles should have been something that triggered a phone call to the prescribing practitioner. *See* NAC 639.945(1)(e). Patient M.C. went a day without being able to use

her insulin pen injector because she did not have needles. Patient M.C.'s husband, K.G. ended up having to pay for needles out of pocket because of Respondent Pharmacist's failure to contact the prescribing physician.

52. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct because she failed to confer with the person writing, making, or ordering a prescription when there was an error that should be questioned. NAC 639.945(1)(e).

53. Respondent Pharmacist failed to confer with the person writing, making, or ordering a prescription when there was an error that should be questioned because she failed to contact the prescribing practitioner to inquire about why needles were not included with the insulin injector pen prescription. *See* NAC 639.945(1)(e). Respondent Pharmacist should have known that since needles were not prescribed in the original prescription that patient M.C. likely would not have been able to take the medication unless Respondent Pharmacist called the doctor to get a prescription for needles or sell them out of pocket. *See* NAC 639.945(1)(e). The insulin injector pen is worthless without needles and if Respondent Pharmacist took the time and care to speak with the prescribing practitioner, Respondent Pharmacist could have ensured that patient M.C. left the store with needles and that her husband would not need to come back the next day (a day after patient M.C. was unable to take her medication) and pay out-of-pocket for them. *See* NAC 639.945(1)(e).

54. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

55. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT FOUR

Unprofessional Conduct – Performing Duties in Incompetent, Unskillful or Negligent Manner – Failure to Maintain an Accurate Record of Counseling (Respondent Pharmacist and Respondent Pharmacy)

56. Respondent Pharmacist recorded patient M.C. as having been counseled incorrectly. Respondent Pharmacist entered into the record that she conducted counseling despite the fact that she failed to provide the information necessary to properly conduct counseling in this state.

57. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct when she performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

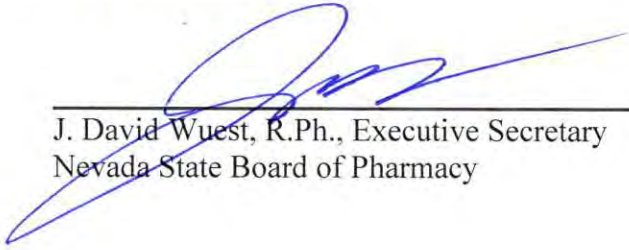
58. Respondent Pharmacist performed her duties in an incompetent, unskillful, or negligent manner because she failed to keep accurate records of counseling. *See* NAC 639.707(6); NAC 639.945(1)(i). A regulation that requires a pharmacist to keep records of whether a patient was counseled or declined counseling also imposes a duty on the pharmacist keeping the records to do so accurately. *See* NAC 639.707(6). Since Respondent Pharmacist incorrectly marked patient M.C. as having been counseled, even though patient M.C. and her husband represent that they had not, Respondent Pharmacist failed to adhere to the duty of keeping accurate records of counseling. *See* NAC 639.707(6); NAC 639.945(1)(i).

59. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

60. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

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 21st day of FEBRUARY 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #9840,
License No. PH01336,

Respondent.

CASE NO. 23-433-PH-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

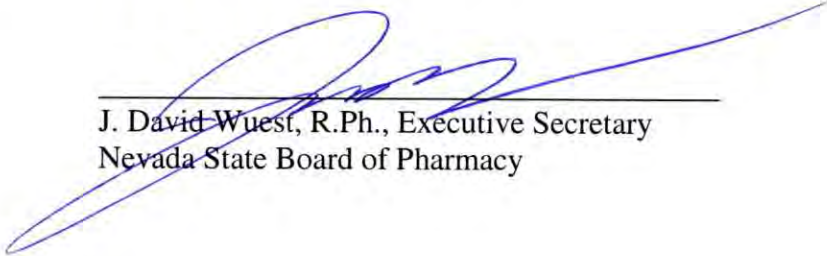
gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 FEBRUARY, 2024.



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.

**CVS PHARMACY #9840,
License No. PH01336,**

Respondent.

CASE NO. 23-433-PH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____, 2024.

TYPE OR PRINT NAME

**AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #9840**



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Deisy Serrano, RPH
[REDACTED] Otter Way
Reno, NV 89521

CVS Pharmacy #9840
8005 S. Virginia St.
Reno, NV 89511

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

A handwritten signature in blue ink, appearing to read "Erin Miller", written over a horizontal line.

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #9840,
License No. PH01336, and**

**DEISY SERRANO, RPH,
Certificate of Registration No. 14845**

Respondents.

**CASE NO. 23-433-PH-N;
23-433-RPH-N**

STIPULATION AND ORDER

Gregory Zunino, Senior General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent CVS Pharmacy #9840, License No. PH01336, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about March 1, 2024, 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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.
4. 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.
5. Respondent 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 to them 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 their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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. This proposed Stipulation and Order shall apply only to CVS Pharmacy #9840;

8. 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. Respondent Serrano was employed by CVS Pharmacy #9840 at the time of the events alleged herein;

B. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano failed to review Patient M.C.'s record prior to counseling or reviewed the patient's profile in a manner that was inadequate to provide the patient with proper counseling. NRS 639.210(4); NRS 639.266; NAC 639.707(1)(k); NAC 639.707(4); and NAC 639.945(1)(i);

C. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano failed to communicate matters which would enhance therapy through drugs. NRS 639.210(4); NRS 639.266(1); NAC 639.707(2)(b); NAC 639.707(4); and NAC 639.945(1)(i);

D. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano failed to confer with the prescribing practitioner when there was an error or omission that should have been questioned (no needles in prescription). NRS 639.210(4); NAC 639.945(1)(e);

E. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano marked patient M.C. as having been counseled properly despite the fact that

Respondent Serrano failed to provide all of the information necessary to properly conduct counseling duties in this state. NRS 639.210(4); NAC 639.707(6); and NAC 639.945(1)(i);

F. Respondent CVS Pharmacy #9840 is responsible for all violations of the staff they employ, including errors and omissions of Respondent Serrano. NAC 639.945(3);

9. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall pay **Two Thousand Dollars and Zero Cents (\$2,000.00)** 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 thirty (30) of the effective date of this Order;

B. Respondent shall pay **Five Hundred Dollars and Zero Cents (\$500.00)** 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 that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS 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 July 17, 2024. 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 agreement herein may not be used or referred to in a full hearing on the merits of this matter;

15. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

16. 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 June 26, 2024

Signed this 26th day of June, 2024



RESPONDENT FOR CVS PHARMACY
#9840,
License No. PH01336



GREGORY ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent CVS Pharmacy #9840, License No. PH01336, in Case No. 23-433-PH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of July, 2024.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #9840,
License No. PH01336,**

v.

**DEISY SERRANO, RPH,
Certificate of Registration No. 14845,**

Respondents.

**CASE NOS. 23-433-PH-N
23-433-RPH-N**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Deisy Serrano (Respondent Pharmacist), because Respondent Pharmacist, at the time of the violations alleged herein, held Certificate of Registration No. 14845, issued by the Board pursuant to NRS 639.100 and NRS 639.127, authorizing Respondent to engage in the practice of pharmacy in the State of Nevada. Respondent Pharmacist has held Certificate of Registration No. 14845 since October 29, 1999.

2. The Board has personal jurisdiction over Respondent CVS Pharmacy #9840 (Respondent Pharmacy), because Respondent Pharmacy, at the time of the violations alleged herein, held License No. PH01336, issued by the Board pursuant to NRS 639.230, authorizing it to operate as a pharmacy. Respondent Pharmacy has held License No. PH01336 since January 28, 1999.

3. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

4. Respondent Pharmacy has been licensed by the Board to operate as a pharmacy since January 28, 1999. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231.

5. Respondent Pharmacist has been registered by the Board to practice as a pharmacist since October 29, 1999. NRS 639.127. Such a registration authorizes the holder to engage in the practice of pharmacy. NRS 639.127.

6. Respondent Pharmacy is located at 8005 S. Virginia St., Reno, NV 89511.

7. Respondent Pharmacist was the managing pharmacist of Respondent Pharmacy at the time of the events alleged herein.

8. Respondent Pharmacist was issued a citation and fine by the Board on August 22, 2023, for misfilling an amoxicillin prescription (Case No. 23-488-RPH-N). Respondent Pharmacist never reconstituted the prescription. Additionally, Respondent Pharmacist failed to provide counseling on how to take the medication.

9. On or about October 17, 2023, patient M.C. was prescribed a Humulin N 3 ML Insulin Isophane Human 100 UNT/ML Pen Injector for gestational diabetes.

10. Patient M.C. was nearly nine (9) months pregnant at the time the prescription was written and filled.

11. On or about October 18, 2023, patient M.C. went to Respondent Pharmacy to pick up her prescription.

12. Patient M.C. had never been prescribed insulin before and sought Respondent Pharmacist's guidance on how to use the injector pen. Particularly, she asked about where to inject the medication.

13. Instead of providing counseling on matters that would benefit patient M.C.'s therapy by drugs, Respondent Pharmacist dismissed patient M.C. Stating that she should, "just inject it at bedtime."

14. Patient M.C.'s questions regarding where the injector pen should be injected were also dismissed. Respondent Pharmacist told her that she may, "inject it anywhere, your stomach, your thigh, wherever, just read the directions."

15. When patient M.C. asked how to attach the needles to the injector pen, Respondent Pharmacist once again just told her to read the directions on the packaging.

16. Patient M.C. went back home without having any idea how to use her insulin injector pen. Patient M.C. and her husband had to look up how to use the injector pen on YouTube.

17. Additionally, once patient M.C. returned home, patient M.C. and her husband realized that needles were not included.

18. Respondent Pharmacist failed to even mention needles despite patient M.C. asking Respondent Pharmacist questions directly about needles.

19. Patient M.C. went without her insulin on October 18, 2023.

20. On or about October 19, 2023, patient M.C.'s husband, K.G., went into Respondent Pharmacy and met with Respondent Pharmacist.

21. K.G. told Respondent Pharmacist that he and his wife were very upset about the fact that Respondent Pharmacist failed to counsel patient M.C. on using the insulin pen injector and that Respondent Pharmacist failed to mention that needles were not included in the prescription.

22. Respondent Pharmacist quipped back that patient M.C., "should have known," that needles would not be included with the insulin.

23. K.G. purchased needles out of pocket during that exchange.

24. Respondent Pharmacy's counseling records indicate that Respondent Pharmacist conducted counseling.

25. However, in an interview with Respondent Pharmacist, Board Investigator Monica S. Segedy asked Respondent Pharmacist why she did not counsel patient M.C. and Respondent Pharmacist stated that she could not remember if counseling was performed or not.

26. CVS Pharmacy records incorrectly state that patient M.C. refused counseling.

27. Medical systems, including New York-Presbyterian Hospital, recognize that women in their third trimester of pregnancy may have trouble injecting an insulin pen into their abdomen (a place that Respondent Pharmacist stated patient M.C. should inject the insulin pen), if the skin on their abdomen was too tight to properly perform an injection. In these instances, New York-Presbyterian Hospital recommends finding a different spot on the side of the abdomen or elsewhere on the body where the skin will be looser. See <https://www.nyp.org/healthlibrary/multimedia/insulin-injection-areas-for-gestational-diabetes>.

28. Respondent Pharmacist did not properly take into account patient M.C.'s pregnancy when she simply told her to inject the insulin pen into her abdomen, or "anywhere" because it was possible that patient M.C. may not have had enough loose skin in her abdomen to properly inject the insulin pen.

APPLICABLE LAW

29. In Nevada, the Board may suspend or revoke any registration if the holder or applicant engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

30. Unprofessional conduct includes, "failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned." NAC 639.945(1)(e).

31. Unprofessional conduct includes, "performing any of his or her duties as the holder of a certificate or registration issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

32. A pharmacist is required to perform a review of a patient's profile prior to engaging in counseling. NRS 639.266(1).

33. A pharmacist is required to communicate all matters which will enhance therapy through drugs with the patient or a person caring for the patient. NRS 639.266(1).

34. The communication must include appropriate elements of counseling for the patient, as established by the Board. NRS 639.266(1).

35. A pharmacist has a duty to counsel patients and supply all information required by the Board pursuant to NAC 639.707(1) and (2).

36. Additionally, a pharmacist also must supply any additional information, if, in the professional judgement of the pharmacist, that information is necessary to ensure the safe and effective use of the drug or device by the patient. NAC 639.707(1)(k).

37. A pharmacist shall review a patient's record before dispensing a prescription. NAC 639.707(4).

38. A pharmacist has a duty to keep accurate records of whether counseling was given or refused by a patient. *See* NAC 639.707(6).

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel they employ. NAC 639.945(2).

40. In lieu of a suspension or revocation, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Performing Duties in an Incompetent, Unskillful or Negligent Manner – Failing to Review Patient Record (Respondent Pharmacist and Respondent Pharmacy)

41. Respondent Pharmacist failed to check patient M.C.'s profile prior to counseling and dispensing the drug to the final end user (patient M.C. is the final end user) or did so in a manner that was inadequate to provide the level of information required to properly engage in patient counseling. Pursuant to NRS 639.266, no pharmacist can engage in adequate counseling before checking the patient's record.

42. Because of this, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct because Respondent Pharmacist performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

43. Respondent Pharmacist performed her duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner because she failed to check patient

M.C.'s profile, or did so in a manner that was inadequate to provide the level of information required to properly counsel patient M.C. *See* NAC 639.945(1)(i). In Nevada, checking a patient's record is a precursor to counseling them. NRS 639.266(1). If Respondent Pharmacist had checked or adequately checked patient M.C.'s profile, Respondent Pharmacist would have known that patient M.C. was taking insulin for the first time and that she was in her third trimester of pregnancy – likely meaning that patient M.C. required more in depth and specific counseling (beyond what was already required by law). *See* NAC 639.707(1)(k); NAC 639.945(1)(i).

44. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

45. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT TWO

Unprofessional Conduct – Performing Duties in Incompetent, Unskillful or Negligent Manner – Failure to Counsel by a Pharmacist (Respondent Pharmacist and Respondent Pharmacy)

46. Respondent Pharmacist failed to communicate matters which would enhance therapy through drugs. For example, Respondent Pharmacist failed to counsel patient M.C. on how to get and use needles with her insulin injection pen. *See* NAC 639.707(2)(b). Respondent Pharmacist also failed to counsel patient M.C. on where/how to inject the pen at all. *See* NAC 639.707(2)(b).

47. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct when she performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

48. Respondent Pharmacist performed her duties in an incompetent, unskillful, or negligent manner because she failed to communicate *all matters* which will enhance therapy through drugs with the patient or a person caring for the patient. NRS 639.266(1); NAC 639.707; and NAC 639.945(1)(i). Respondent Pharmacist failed uphold this duty because she never counseled patient M.C. on matters of critical importance to patient M.C.'s therapy through drugs, including how to get needles, how to use the needles, where to inject the insulin pen, how to inject the pen into different places on the patient's body, how to dose the injector pen correctly, and any matters that relate to patient M.C.'s pregnancy that may be of concern when taking this medication in this manner. *See* NRS 639.266(1); NAC 639.707(2); and NAC 639.945(1)(i). Additionally, Respondent Pharmacist never reviewed patient M.C.'s profile prior to counseling. *See* NRS 639.266(1); NAC 639.707(4).

49. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

50. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT THREE

Unprofessional Conduct – Failure to Confer with Prescribing Practitioner (Respondent Pharmacist and Respondent Pharmacy)

51. Respondent Pharmacist dispensed an insulin injector pen without needles. As this was patient M.C.'s first time using an insulin pen, patient M.C. was not in a position to know that needles did not come with the original written prescription sent in electronically by the prescribing physician. Respondent Pharmacist should have known that a prescription for insulin should also include needles. The fact that the prescription did not include needles should have been something that triggered a phone call to the prescribing practitioner. *See* NAC 639.945(1)(e). Patient M.C. went a day without being able to use

her insulin pen injector because she did not have needles. Patient M.C.'s husband, K.G. ended up having to pay for needles out of pocket because of Respondent Pharmacist's failure to contact the prescribing physician.

52. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct because she failed to confer with the person writing, making, or ordering a prescription when there was an error that should be questioned. NAC 639.945(1)(e).

53. Respondent Pharmacist failed to confer with the person writing, making, or ordering a prescription when there was an error that should be questioned because she failed to contact the prescribing practitioner to inquire about why needles were not included with the insulin injector pen prescription. *See* NAC 639.945(1)(e). Respondent Pharmacist should have known that since needles were not prescribed in the original prescription that patient M.C. likely would not have been able to take the medication unless Respondent Pharmacist called the doctor to get a prescription for needles or sell them out of pocket. *See* NAC 639.945(1)(e). The insulin injector pen is worthless without needles and if Respondent Pharmacist took the time and care to speak with the prescribing practitioner, Respondent Pharmacist could have ensured that patient M.C. left the store with needles and that her husband would not need to come back the next day (a day after patient M.C. was unable to take her medication) and pay out-of-pocket for them. *See* NAC 639.945(1)(e).

54. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

55. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

COUNT FOUR

Unprofessional Conduct – Performing Duties in Incompetent, Unskillful or Negligent Manner – Failure to Maintain an Accurate Record of Counseling (Respondent Pharmacist and Respondent Pharmacy)

56. Respondent Pharmacist recorded patient M.C. as having been counseled incorrectly. Respondent Pharmacist entered into the record that she conducted counseling despite the fact that she failed to provide the information necessary to properly conduct counseling in this state.

57. Because of these actions, Respondent Pharmacist has engaged in unprofessional conduct. NRS 639.210(4). Respondent Pharmacist engaged in unprofessional conduct when she performed her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

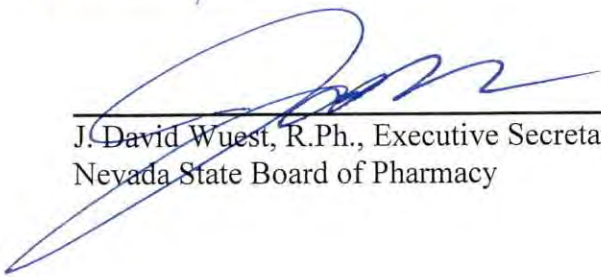
58. Respondent Pharmacist performed her duties in an incompetent, unskillful, or negligent manner because she failed to keep accurate records of counseling. *See* NAC 639.707(6); NAC 639.945(1)(i). A regulation that requires a pharmacist to keep records of whether a patient was counseled or declined counseling also imposes a duty on the pharmacist keeping the records to do so accurately. *See* NAC 639.707(6). Since Respondent Pharmacist incorrectly marked patient M.C. as having been counseled, even though patient M.C. and her husband represent that they had not, Respondent Pharmacist failed to adhere to the duty of keeping accurate records of counseling. *See* NAC 639.707(6); NAC 639.945(1)(i).

59. Having engaged in unprofessional conduct as alleged above, Respondent Pharmacist is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

60. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Pharmacy is responsible for those violations, including all errors and omissions of Respondent Pharmacist, pursuant to NAC 639.945(2).

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 27^r day of FEBRUARY 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DEISY SERRANO, RPH,
Certificate of Registration No. 14845,

Respondent.

CASE NO. 23-433-RPH-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

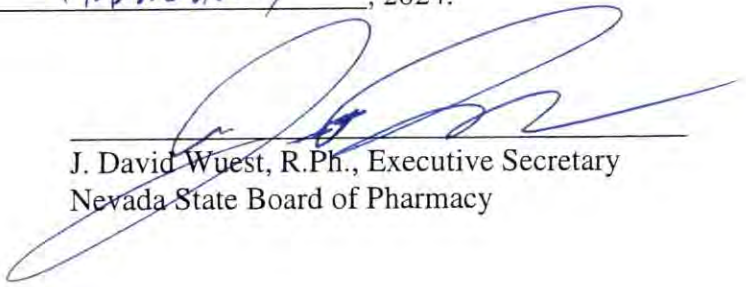
gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 FEBRUARY, 2024.



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.

**DEISY SERRANO, RPH,
Certificate of Registration No. 14845,**

Respondent.

CASE NO. 23-433-RPH-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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 _____, 2024.

DEISY SERRANO, RPH



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of March 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Deisy Serrano, RPH
[REDACTED] Otter Way
Reno, NV 89521

CVS Pharmacy #9840
8005 S. Virginia St.
Reno, NV 89511

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

A handwritten signature in blue ink, appearing to read "Erin Miller", written over a horizontal line.

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #9840,
License No. PH01336, and**

**DEISY SERRANO, RPH,
Certificate of Registration No. 14845**

Respondents.

CASE NO. 23-433-RPH-N

**STIPULATION AND ORDER
(RESPONDENT SERRANO ONLY)**

Gustaf Vanderdonck, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Deisy Serrano, Certificate of Registration No. 14845,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.
2. On or about March 1, 2024, 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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.
4. 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.
5. Respondent 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 to them 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 their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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. This proposed Stipulation and Order shall apply only to **DEISY SERRANO**;

8. 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. Respondent Serrano was employed by CVS Pharmacy #9840 at the time of the events alleged herein;

B. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano reviewed Patient M.C.'s record prior to counseling in a manner that was inadequate to provide the patient with proper counseling. NRS 639.210(4); NRS 639.266; NAC 639.707(1)(k); NAC 639.707(4); and NAC 639.945(1)(i). Because Respondent Serrano failed to adequately review the patient profile, Respondent Serrano also failed to confer with the prescribing practitioner when there was an error or omission that should have been questioned (no needles in prescription). NRS 639.210(4); NAC 639.945(1)(e);

C. Respondent Serrano committed an act of unprofessional conduct when Respondent Serrano failed to communicate matters which would enhance therapy through drugs. NRS 639.210(4); NRS 639.266(1); NAC 639.707(2)(b); NAC 639.707(4); and NAC 639.945(1)(i);

9. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall pay **One Thousand Dollars and Zero Cents (\$1,000.00)** 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 thirty (30) of the effective date of this Order;

B. Respondent shall pay **Five Hundred Dollars and Zero Cents (\$500.00)** 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;

C. Respondent shall complete **four (4) additional continuing education credits (CE Credits) on the topic of counseling** and submit them to Board staff for approval and must be completed within six (6) months of the date of this Order, this is in addition to the continuing education requirements pursuant to NAC 639.330;

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. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS 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 July 17, 2024. 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 agreement herein may not be used or referred to in a full hearing on the merits of this matter;

15. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

16. 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 April, 2024



DEISY SERRANO, RPH,
Certificate of Registration No. 14845

Signed this 24th day of April, 2024



GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Deisy Serrano, RPH, Certificate of Registration No. 14845, in Case No. 23-433-RPH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of July, 2024.

Helen Park, President
Nevada State Board of Pharmacy

5J



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506,

Respondent.

CASE NO. 21-086-CS-N

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Maurice Vargas, D.D.S. (Respondent), because the violations alleged herein, weigh on Respondent's character to hold a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing Respondent to write prescriptions for controlled substances. Since August 31, 2007, Respondent has held certificate of registration no. CS15506, allowing Respondent to prescribe controlled substances issued by the Board pursuant to NRS 453.226.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent is a dentist who practices at North Vegas Dental, located at 1631 W. Craig Rd., North Las Vegas, NV 89032.

4. Respondent has been registered by the Board to prescribe controlled substances since August 31, 2007. NRS 453.226. Such a registration authorizes the holder to write prescriptions for controlled substances. NRS 453.226.

5. A requirement of possessing a controlled substance registration with the Board is to maintain and actively use a prescription monitoring program (PMP) account. NRS 453.162.

6. Respondent's PMP account was activated on or about June 29, 2015.

7. Board PMP Compliance Coordinator Dave Jones conducts audits of practitioners to ensure that they are compliant with state law related to the PMP. The audits are conducted to ensure compliance with NRS 453.164(7) and NRS 639.23507.

8. Board PMP Compliance Coordinator Jones conducted an audit of Respondent's PMP account.

9. Board PMP Compliance Coordinator Jones found that Respondent conducted a "MyRx" review of all the prescriptions Respondent had written as required by NRS 453.164(7) on the following dates: June 26, 2023, May 17, 2023, June 13, 2022, February 21, 2022, June 14, 2021, June 18, 2019, June 29, 2017, and June 29, 2015.

10. Respondent was not in compliance for the entire calendar years of 2016, 2018, and 2020.

11. Additionally, Respondent was not in compliance for part of the calendar years of 2017, 2019, and 2021.

12. Board PMP Compliance Coordinator Jones also found that Respondent conducted individual patient queries a grand total of nine (9) times as required by NRS 639.23507, despite writing over 890 prescriptions for 651 unique patients during that period.

13. This means that Respondent failed to conduct individual patient inquiries at least over 640 times during this period.

APPLICABLE LAW

14. Each practitioner who is authorized to write prescriptions for human consumption of controlled substances listed in schedule II, III, IV or V shall access the database of the (PMP) program at least once every 6 months to review the information concerning the practitioner that is listed in the database, including, without limitation, information concerning prescriptions issued by the practitioner, and notify the Board if any such information is not correct, and to verify to the Board that he or she

continues to have access to and has accessed the database as required by this subsection. NRS 453.164(7).

15. A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board. NRS 639.23507.

16. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

17. Unprofessional conduct includes, “performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

18. In lieu of a suspension or revocation, the Board may impose a fine of up to \$10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Query PMP Every 6 Months

19. Respondent established his PMP account on June 29, 2015. Between these dates, Respondent failed to review his PMP account every six (6) months for the entire calendar years of 2016, 2018, and 2020 to ensure that the information in the account concerning the practitioner, including the legitimacy or validity of the prescriptions Respondent is shown as having written was correct. Respondent also failed to do this for part of the calendar years of 2017, 2019, and 2021. Respondent was and is still required to do so every six (6) months. NRS 453.164(7).

20. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

21. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to query his PMP account every six (6) months to review the information in the account regarding the practitioner as is required by law. *See* NRS 453.164(7) and NAC 639.945(1)(i). The information regarding the practitioner that Respondent was and still is required to look at includes information concerning the prescriptions written by the practitioner. *See* NRS 453.164(7). A check of the PMP account at least once every six (6) months ensures that a practitioner has not had their credentials stolen or duplicated and that, if they have been stolen or duplicated, the Board is notified of any potentially forged prescriptions by the practitioner in a timely manner. *See* NRS 453.164(7). The required six (6) month check of a practitioner's PMP account guards against forged controlled substance prescriptions and allows practitioners to work with the Board to stop them in real time. *See* NRS 453.164(7).

22. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

COUNT TWO

Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription for a Controlled Substance

23. Between the period of time from January 1, 2018, to September 18, 2023, Respondent only queried individual patients given unique prescriptions nine (9) times. During the same period, Respondent wrote over 890 prescriptions for over 650 unique patients. Respondent failed to query the PMP regarding individual patient information when prescribing them controlled substances over 640 times.

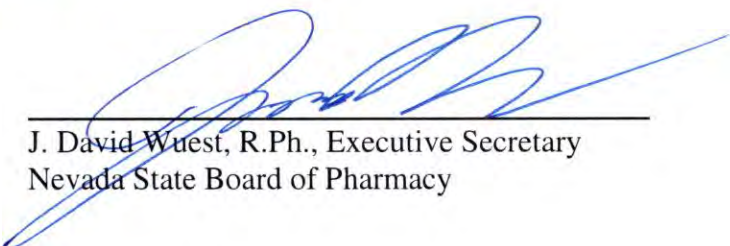
24. Because of these actions, Respondent has engaged in unprofessional conduct. NRS 639.210(4). Respondent engaged in unprofessional conduct because Respondent, as the holder of a certificate of registration issued by the Board, performed his duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

25. Respondent performed his duties as the holder of a certificate of registration issued by the Board in an incompetent, unskillful or negligent manner because Respondent failed to conduct patient queries on over 640 patients given initial prescriptions for controlled substances in schedule I-IV, or for an opioid that is a controlled substance and listed in schedule V. *See* NRS 639.23507 and NAC 639.945(1)(i). Respondent failed to query over 640 patients that should have been queried as PMP records reflect that Respondent only queried nine patients since Respondent's PMP account has been active. *See* NRS 639.23507.

26. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945.

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 January 2024.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506,

Respondent.

CASE NO. 21-086-CS-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 6, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

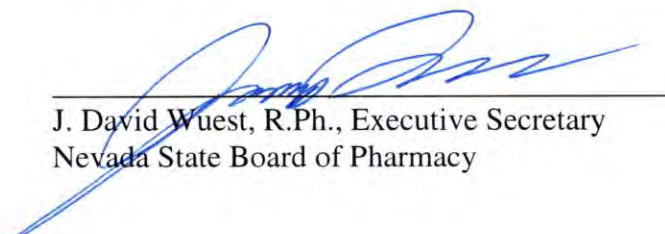
gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 January 2024.



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.

MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506,

Respondent.

CASE NO. 21-086-CS-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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.

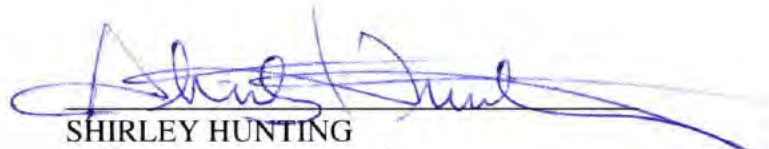
DATED this _____ day of _____, 2024.

MAURICE VARGAS, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Maurice Vargas, DDS
[REDACTED] W. Craig RD #10
North Las Vegas, NV 89032



SHIRLEY HUNTING
BOARD COORDINATOR



1 Candace C. Herling, Esq. (NBN 13503)
2 Jessica Gandy, Esq. (NBN 14202)
3 HUTCHISON & STEFFEN, PLLC
4 Peccole Professional Park
5 10080 West Alta Drive, Suite 200
6 Las Vegas, NV 89145
7 Telephone: (702) 385-2500
8 Facsimile: (702) 385-2086
9 cherling@hutchlegal.com
10 jgandy@hutchlegal.com
11 *Attorneys for Respondent,*
12 *Maurice Vargas, DDC*

8 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

9 NEVADA STATE BOARD OF PHARMACY,

Case No. 21-086-CS-N

10
11 Petitioner,

12 v.

RESPONDENT'S ANSWER AND
NOTICE OF DEFENSE

13 MAURICE VERGAS, DDC,
14 Certificate of Registration No. CS15506,

15 Respondent.

16
17 Respondent, MAURICE VARGAS, DDS ("Dr. Vargas"), by and through his counsel of
18 record, the law firm of Hutchison & Steffen, PLLC, hereby answers THE NEVADA STATE
19 BOARD OF PHARMACY'S ("Board") NOTICE OF INTENDED ACTION AND
20 ACCUSATION as follows:

21 **JURISDICTION**

22 1. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
23 veracity of the allegations contained in Paragraph 1 of the Board's Notice of Intended Action and
24 Accusation, and therefore denies the same.

25 2. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
26 veracity of the allegations contained in Paragraph 2 of the Board's Notice of Intended Action and
27 Accusation, and therefore denies the same.

FACTUAL ALLEGATIONS

3. Dr. Vargas admits the statements in Paragraph 3 of the Board's Notice of Intended Action and Accusation.

4. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 4 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

5. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 5 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

6. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 6 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

7. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 7 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

8. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 8 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

9. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 9 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

10. Dr. Vargas denies each and every allegation as written in Paragraph 10 of the Board's Notice of Intended Action and Accusation.

11. Dr. Vargas denies each and every allegation as written in Paragraph 11 of the Board's Notice of Intended Action and Accusation.

12. Dr. Vargas is without sufficient knowledge or information to form a belief as to the veracity of the allegations contained in Paragraph 12 of the Board's Notice of Intended Action and Accusation, and therefore denies the same.

1 Accusation, and therefore denies the same.

2 13. Dr. Vargas denies each and every allegation as written in Paragraph 13 of the
3 Board's Notice of Intended Action and Accusation.

4 **APPLICABLE LAW**

5 14. Dr. Vargas admits to the language of NRS 453.164(7) in Paragraph 14 of the
6 Board's Notice of Intended Action and Accusation but denies any violation of the same.

7 15. Dr. Vargas admits to the language of NRS 639.23507 in Paragraph 15 of the
8 Board's Notice of Intended Action and Accusation but denies any violation of the same.

9 16. Dr. Vargas admits to the language of NRS 639.210(4) in Paragraph 16 of the
10 Board's Notice of Intended Action and Accusation but denies any violation of the same.

11 17. Dr. Vargas admits to the language of NAC 639.954(1)(i) in Paragraph 17 of the
12 Board's Notice of Intended Action and Accusation but denies any violation of the same.

13 18. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
14 veracity of the allegations contained in Paragraph 18 of the Board's Notice of Intended Action and
15 Accusation, and therefore denies the same.

16 **COUNT I**

17 **Unprofessional Conduct – Failure to Query PMP Every 6 Months**

18 19. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
19 veracity of the allegations contained in Paragraph 19 of the Board's Notice of Intended Action and
20 Accusation, and therefore denies the same.

21 20. Dr. Vargas is without sufficient knowledge or information to form a belief as to
22 the veracity of the allegations contained in Paragraph 20 of the Board's Notice of Intended Action
23 and Accusation, and therefore denies the same.

24 21. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
25 veracity of the allegations contained in Paragraph 21 of the Board's Notice of Intended Action and
26 Accusation, and therefore denies the same.

27 22. Dr. Vargas is without sufficient knowledge or information to form a belief as to the

1 veracity of the allegations contained in Paragraph 22 of the Board's Notice of Intended Action and
2 Accusation, and therefore denies the same.

3 **COUNT II**

4 **Unprofessional Conduct – Failure to Query Patients Prior to Issuing an Initial Prescription**
5 **for a Controlled Substance**

6 23. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
7 veracity of the allegations contained in Paragraph 23 of the Board's Notice of Intended Action and
8 Accusation, and therefore denies the same.

9 24. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
10 veracity of the allegations contained in Paragraph 24 of the Board's Notice of Intended Action and
11 Accusation, and therefore denies the same.

12 25. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
13 veracity of the allegations contained in Paragraph 25 of the Board's Notice of Intended Action and
14 Accusation, and therefore denies the same.

15 26. Dr. Vargas is without sufficient knowledge or information to form a belief as to the
16 veracity of the allegations contained in Paragraph 26 of the Board's Notice of Intended Action and
17 Accusation, and therefore denies the same.

18 **NOTICE OF DEFENSES**

19 **FIRST AFFIRMATIVE DEFENSE**

20 The Board's Notice of Intended Action and Accusation fails to state claims against Dr.
21 Vargas upon which relief can be granted.

22 **SECOND AFFIRMATIVE DEFENSE**

23 The Board's Notice of Intended Action and Accusation does not give Dr. Vargas the
24 necessary and appropriate notice of claims against him, which is a violation of Dr. Vargas's due
25 process rights.

26 **THIRD AFFIRMATIVE DEFENSE**

27 The violations complained of in the Notice of Intended Action and Accusation, if any, were

1 not the result of willful, malicious or deliberate conduct on the part of Dr. Vargas.

2 **FOURTH AFFIRMATIVE DEFENSE**

3 Dr. Vargas denies each and every allegation of the Board's Notice of Intended Action and
4 Accusation not specifically admitted or otherwise pled to herein.

5 **FIFTH AFFIRMATIVE DEFENSE**

6 All possible Affirmative Defenses may not have been alleged herein insofar as sufficient
7 facts were not available after reasonable inquiry upon the filing of Dr. Vargas's Answer, and
8 therefore, Dr. Vargas reserves the right to amend his Answer to allege additional Affirmative
9 Defenses if subsequent investigation warrants.

10 **SIXTH AFFIRMATIVE DEFENSE**

11 Dr. Vargas hereby incorporates by reference those affirmative defenses enumerated in
12 NRCP 8 and 12, as if fully set forth herein. In the event further investigation or discovery reveals
13 the applicability of any such defenses, Defendant reserves the right to seek leave of Court to amend
14 his Answer to specifically assert any such defense(s). Such defenses are herein incorporated by
15 reference for the specific purpose of not waiving any such defense.

16 **SEVENTH AFFIRMATIVE DEFENSE**

17 The violations alleged in the Board's Notice of Intended Action and Accusation were not
18 committed by Dr. Vargas and the Board has mistakenly attributed the actions or inactions of
19 another individual to Dr. Vargas.

20 **EIGHTH AFFIRMATIVE DEFENSE**

21 It has been necessary for Dr. Vargas to employ the services of an attorney to defend this
22 action and a reasonable sum should be allowed Defendant for attorneys' fees, together with costs
23 of suit incurred herein.

24 **NINTH AFFIRMATIVE DEFENSE**

25 The Board's Notice of Intended Action and Accusation lacks specific details or fails to
26 provide clear allegations, making it difficult, if not impossible, to prepare a defense.

27 ...

1 **TENTH AFFIRMATIVE DEFENSE**

2 The Board's investigation was improper.

3 **ELEVENTH AFFIRMATIVE DEFENSE**

4 The Board's Investigation failed to follow proper procedures.

5 **TWELFTH AFFIRMATIVE DEFENSE**

6 The Board mishandled the evidence of the investigation and/or unlawfully obtained
7 evidence which does not meet the standards for admissibility.

8 **THIRTEENTH AFFIRMATIVE DEFENSE**

9 The Board failed to follow its own administrative procedures or regulations in the handling
10 of the Notice of Intended Action and Accusation.

11 **PRAYER FOR RELIEF**

12 WHEREFORE, Dr. Vargas prays for judgment as follows:

- 13 1. That the Board takes nothing by virtue of its Notice of Intended Action and
14 Accusation, and that all allegations against Dr. Vargas are dismissed with prejudice;
15 2. For reasonable attorney's fees and costs of suit incurred herein;
16 3. For costs and disbursements incurred herein; and
17 4. For such other and further relief as is just and proper.

18 DATED this 15th day of February 2024

19 HUTCHISON & STEFFEN, PLLC

20 /s/ Candace Herling

21 Candace C. Herling, Esq. (NBN 13503)

22 Jessica Gandy, Esq. (NBN 14202)

23 Peccole Professional Park

24 10080 West Alta Drive, Suite 200

25 Las Vegas, NV 89145

26 Telephone: (702) 385-2500

27 Attorneys for Respondent Maurice Vargas, DDC

1 **CERTIFICATE OF SERVICE**

2 I certify that I am an employee of HUTCHISON AND STEFFEN, PLLC, and that on this
3 15th day of February 2024, I submitted for filing and served a true and correct copy of the
4 **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE** by electronic mail to the
5 following:

6 J. David Wuest – Executive Secretary
7 Nevada State Board of Pharmacy
8 985 Damonte Ranch Parkway, Suite 206
9 Reno, NV 89521
10 *Petitioner*

Electronic submission for filing:
TeamBC@Pharmacy.nv.gov
gvanderdonck@Pharmacy.nv.gov

11 /s/ Tya Frabott
12 An employee of HUTCHISON & STEFFEN, PLLC
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506,**

Respondent.

CASE NO. 21-086-CS-S

STIPULATION AND ORDER

Gregory Zunino, Senior General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Maurice Vargas, D.D.S., Certificate of Registration No. CS15506, by and through counsel Jessica R. Gandy, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about January 26, 2024, 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. 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.
4. Respondent 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 to them 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 this Stipulation, Respondent hereby freely and voluntarily waives their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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. Respondent's Prescription Monitoring Program (PMP) account was opened on June 29, 2015;

B. Respondent did not conduct a "MyRx" review of all of the prescriptions Respondent had written for the calendar years of 2016, 2018, and 2020, in violation of NRS 453.164(7); NRS 639.210(4); and NAC 639.945(1)(i);

C. Respondent did not conduct a "MyRx" review of all of the prescriptions Respondent had written for part of the calendar years of 2017, 2019, and 2021, in violation of NRS 453.164(7); NRS 639.210(4); and NAC 639.945(1)(i);

D. Respondent only conducted individual queries nine (9) times between January 1, 2018, and September 18, 2023, in violation of NRS 639.23507; NRS 639.210(4); and NAC 639.945(1)(i);

E. During this period of time, Respondent wrote at least 890 prescriptions for at least 650 unique patients;

7. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a **public reprimand** for not properly checking the PMP as required by Nevada law;

B. Respondent agrees to **continue to comply with all PMP related laws and regulations**, including but not limited to, NRS 453.164(7) and NRS 639.23507, and to contact the Board of Pharmacy in the future if he has any problems or questions;

C. Respondent shall pay a fine of **Five Thousand Dollars and Zero Cents (\$5,000.00)** 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 ninety (90) of the effective date of this Order;

D. Respondent shall pay **One Thousand Dollars and Zero Cents (\$1,000.00)** 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 ninety (90) of the effective date of this Order;

9. 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. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639;

10. 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 July 17, 2024. Respondent and/or Counsel for 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;

11. 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;

12. 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 agreement herein may not be used or referred to in a full hearing on the merits of this matter;

13. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

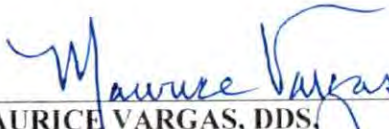
14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

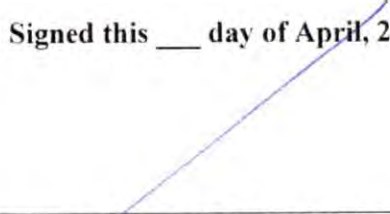
Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

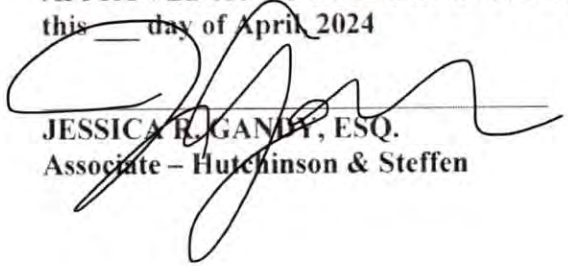
Signed this ____ day of April, 2024

Signed this ____ day of April, 2024


MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506


GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of April, 2024


JESSICA R. GANDY, ESQ.
Associate – Hutchinson & Steffen

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:

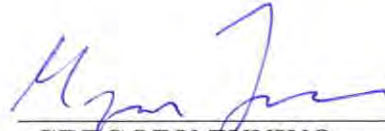
Signed this ____ day of April, 2024

Signed this 12th day of June, 2024

MAURICE VARGAS, DDS,
Certificate of Registration No. CS15506

APPROVED AS TO FORM AND CONTENT
this ____ day of April, 2024

JESSICA R. GANDY, ESQ.
Associate – Hutchinson & Steffen



GREGORY ZUNINO
Senior General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Maurice Vargas, D.D.S., Certificate of Registration No. CS15506, in Case No. 21-086-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 July, 2024.

Helen Park, President
Nevada State Board of Pharmacy

6

6A



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

August 1, 2023

Via Certified Mail and Regular Mail

Kylie Sondermann
Aesthetics MedSpa
6295 Sharlands Ave., Suite 1
Reno, Nevada 89523

**CEASE-AND-DESIST and CITATION-AND-FINE ORDER:
Case No. 23-167-A-N, Unlicensed Practice of Pharmacy**

Dear Ms. Sondermann:

The Nevada State Board of Pharmacy (Board) has determined that while employed by Aesthetics MedSpa between January 1, 2023, and July 3, 2023, you regularly possessed, stored, administered, and/or dispensed dangerous drugs even though you did not hold a pharmacy license, a certificate of registration authorizing you to engage in the practice of pharmacy, or a license or registration authorizing you to possess, store, administer, and/or dispense dangerous drugs as a "practitioner" engaged in the practice of pharmacy.

"Practitioner" is defined by NRS 639.0125 and NRS 454.00958 to include a physician, an advanced practice registered nurse, and a physician assistant. As a registered nurse, you are not a health care provider who is authorized to possess, store, or administer dangerous drugs without supervision and direction by such a practitioner. *See* NRS 454.213.

Further, pursuant to NRS 639.285 and NRS 639.100(1), it is unlawful for any person to possess, store, administer and/or dispense dangerous drugs without having secured the appropriate license and/or certificate of registration from the Board. Additionally, it is unlawful to furnish dangerous drugs to anyone except upon the order of a practitioner. NRS 454.221(1).

The term "furnish" means to supply by any means, by sale or otherwise. NRS 454.006. The term "dangerous drug" includes any drug that has been approved by the Food and Drug Administration for use only with a prescription. *See* NRS 454.201. Prior to any sale at retail, a dangerous drug may only be possessed and/or stored by a registered pharmacist or a licensed practitioner. *See* NRS 454.213.

The relevant facts are as follows:

- On or about May 8, 2023, the Board received a complaint from the Nevada State Board of Cosmetology. The complaint alleged that Aesthetics MedSpa, located at 6295 Sharlands Ave., Suite C1, in Reno, Nevada, is not properly licensed to possess, store, administer, and/or dispense botulinum toxin type A and injectable

dermal fillers. These include dangerous drugs marketed under the brand names Versa, Botox, Voluma, Volbella, Kybella, Juvéderm, and Vollure. All are "dangerous drugs" as defined by NRS 454.201.

- Between May 15, 2023, and July 3, 2023, Board Investigator Monica Segedy interviewed multiple witnesses and gathered documentary evidence confirming that you were and continue to be employed by Aesthetics MedSpa as a registered nurse.
- The Board's investigation further confirmed that in the course of your employment with Aesthetics MedSpa, you regularly possessed, stored, administered, and/or dispensed dangerous drugs without supervision and direction by a practitioner, and that you routinely injected botulinum toxin type A and injectable dermal fillers without an order issued by a practitioner.

Accordingly, based upon the above evidentiary summary, the Board hereby orders you to immediately **CEASE and DESIST** from possessing, storing, administering, and/or dispensing dangerous drugs while not working under the supervision and at the direction of a Nevada-licensed physician, advanced practice registered nurse, or physician assistant. Should you fail to comply with this cease-and-desist order, the Board will take such additional legal action as it deems appropriate.

Additionally, pursuant to NRS 639.2895(3), the Board has assessed an **administrative fine** against you in the amount of **Five Thousand and 00/100 Dollars (\$5,000.00)**. This fine has been assessed against you because you engaged in the unlicensed practice of pharmacy while employed by Aesthetics MedSpa. See NRS 639.100. "Practice of pharmacy" includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a). The term "dispense" includes the prescribing by a practitioner, *administering*, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

If you do not intend to contest the above fine, please pay the 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 may contest this citation by submitting to the Board, at the Reno address listed above, a written request for a public hearing. You must submit any such request not later than 30 days after receipt of this notice. See NRS 639.2895(2). Additionally, please be aware that issuance of the foregoing letter does not preclude the filing of an administrative disciplinary complaint, a civil suit, or criminal charges, if deemed appropriate based upon evidence not

currently available to the Board's investigative staff. If you have any questions, please contact me by telephone at 775-850-1440, ext. 124, or *via* email at zunino@pharmacy.nv.gov.

Sincerely,

/s/ Gregory L. Zunino

Gregory L. Zunino

Nevada State Board of Pharmacy

Senior General Counsel

Darlene Nases

From: Gregory Zunino
Sent: Friday, August 18, 2023 2:48 PM
To: Shirley Hunting; Darlene Nases; Kristopher Mangosing
Subject: FW: Kylie Sondermann and Aesthetics MedSpa - Case No. 23-167-A-N
Attachments: 2023 0817 Aesthetics - L AN to BOPh re Kylie Sondermann.pdf

Kylie Sondermann has appealed her cite-and-fine. See attached.

Gregory L. Zunino
Senior General Counsel
Nevada State Board of Pharmacy
(775) 850-1440, ext. 124

From: Kim-Mistrille, Gaylene <Gaylene.Kim-Mistrille@lewisbrisbois.com>
Sent: Thursday, August 17, 2023 3:30 PM
To: Gregory Zunino <zunino@pharmacy.nv.gov>
Cc: Najjar, Alia <Alia.Najjar@lewisbrisbois.com>; Vogel, Brent <Brent.Vogel@lewisbrisbois.com>; Harris, Adrina <Adrina.Harris@lewisbrisbois.com>
Subject: Kylie Sondermann and Aesthetics MedSpa - Case No. 23-167-A-N

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Please see attached correspondence from Alia A. Najjar.

Thank you.



Gaylene Kim-Mistrille, Legal Secretary to
S. Brent Vogel
Robert Rourke
Melanie L. Thomas
Alia A. Najjar

gaylene.kim-mistrille@lewisbrisbois.com

T: 702.693.4369 F: 702.893.3789

6385 S. Rainbow Blvd. Suite 600 Las Vegas, Nevada 89118 | [LewisBrisbois.com](https://www.LewisBrisbois.com)

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Alia A. Najjar, M.D.
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Alia.Najjar@lewisbrisbois.com
Direct: 702.693.4377

August 17, 2023

VIA U.S. MAIL

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

Re: *Cease and Desist and Citation and Fine Order*
Case No.: 23-167-A-N
Our Client: Kylie Sondermann and Aesthetics MedSpa

To Whom It May Concern:

Lewis Brisbois Bisgaard & Smith LLP ("the Firm") represents Kylie Sondermann and Aesthetics MedSpa in the above-referenced matter. In that regard, pursuant to NRS 639.2895(2), this correspondence serves as Ms. Sondermann's written request for public hearing to contest the citation. Should you have any questions, please do not hesitate to contact me at (702) 693-4377 or alia.najjar@lewisbrisbois.com.

Sincerely,

/s/ Alia A. Najjar, M.D., Esq.

Alia A. Najjar, M.D., Esq. of
LEWIS BRISBOIS BISGAARD & SMITH LLP

AAN

cc: S. Brent Vogel: brent.vogel@lewisbrisbois.com
Kylie Sondermann
Gregory L. Zunino: zunino@pharmacy.nv.gov

6B

JOE LOMBARDO
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 29, 2024

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

Ronald Lee Burnett, RN
Certificate of Registration No. PR17526
[REDACTED] Pyramid Way, Ste. A
Sparks, Nevada 89431
[REDACTED]@gmail.com

RE: Notice of Nevada CITATION-and-FINE: Case No. 23-342-PR-N

Greetings, Ronald Burnett:

The Nevada State Board of Pharmacy ("Board") has determined that in October of 2020 and October of 2022, you applied for renewal of your Nevada Controlled Substance Registration, CS26690 but failed to disclosure administrative disciplinary actions taken against you by the Nevada and California State Boards of Nursing. Specifically, you failed to disclosure a July 11, 2019, Agreement for Reprimand and Continuing Education filed with the Nevada State Board of Nursing in Case No. 2019-1192, as well as a Voluntary Surrender of your California RN license #548836, in Case No. 2020-293.

The above referenced non-disclosures on your 2020 and 2022 controlled substance renewal applications were discovered when you did make the disclosures on your Advanced Practice Registered Nurse application to the Board for a certificate of registration to prescribe controlled substance in August of 2023.

Pursuant to Nevada Revised Statutes ("NRS") 639.210(4), it is unlawful to engage in unprofessional conduct or conduct contrary to the public interest. Performing of in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest in violation of NRS 639.210(4) as further defined by Nevada Administrative Code ("NAC") 639.945(1)(h). Pursuant to NRS 639.210(10), it is unlawful to obtain 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.

Pursuant to NRS 639.241, the Board staff may file a formal accusation against a Pharmacy for violations of NRS Chapter 639 and/or NAC Chapter 639. If found guilty by the Board at a hearing on the violations alleged in a formal accusation, the Board may impose a fine of up to \$10,000.00 for each violation.

As an alternative to the filing of a formal accusation, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2). Based on the above evidentiary summary, the Board has assessed an **administrative fine** against you in the amount of **One Thousand Dollars (\$1,000.00)**.

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check, or money order* payable to

“State of Nevada, Office of the Treasurer,” and it must be received at the Board’s Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead.

Pursuant to the Nevada Public Records Act, this citation constitutes a public record that must be released to anyone who makes a proper request for it. However, unless this citation is affirmed by the Board on appeal, this matter will not be reported to the National Practitioner Data Bank. If you have any questions, please contact Gus Vanderdonck, the Board’s Assistant General Counsel, at 775-850-1440, ext. 132, or *via* email at gvanderdonck@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

Darlene Nases

From: Gus Vanderdonck
Sent: Wednesday, April 24, 2024 11:06 AM
To: Darlene Nases; Erin Miller; Jessette Phaynarikone
Subject: FW: Request for appeal

From: Burnett, Ronald (BOP) [REDACTED] <[REDACTED]@bop.gov>
Sent: Wednesday, April 24, 2024 7:58 AM
To: Gus Vanderdonck <gvanderdonck@pharmacy.nv.gov>
Subject: Request for appeal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Mr. Vanderdonck, I apologize for this delayed email. As previously discussed on Monday, 4/22/2024, I am requesting a public hearing before the Board in order to discuss alleged case no. 23-342-PR-N

Thank you for your consideration in regard to this matter.

Ronald Burnett, MSN, FNP-BC – Department of Justice Bureau of Prisons.

7



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NAZANIN KAZEMINY, RPH,
Certificate of Registration No. 20034,**

Respondent.

Case No. 23-140-RPH-N

**FIRST AMENDED NOTICE OF
INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Nazanin Kazeminy ("Respondent"), because Respondent holds a certificate of registration issued by the Board that authorizes her to engage in the practice of pharmacy. Respondent holds certificate of registration no. 20034, which was issued by the Board pursuant to NRS 639.127.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

FACTUAL ALLEGATIONS

3. Respondent is a pharmacist registered by the Board to engage in the practice of pharmacy. Respondent has practiced as a Nevada-registered pharmacist since October 2018. Respondent's certificate of registration is currently in full force and effect.

4. Between October 2019 and November 2021, Respondent was employed at CVS #9586, a pharmacy located at 55 Damonte Ranch Parkway in Reno, Nevada. During that time, Respondent met James Biggs ("Biggs"), with whom she became romantically involved.

5. In late 2020 or early 2021, Respondent told Biggs that she and/or her pharmacist friends were creating false COVID-19 vaccination cards for friends and/or close family members. Respondent offered to create a false vaccination card for Biggs, and Biggs accepted the offer.

6. Sometime prior to April 2021, Respondent provided Biggs with a false vaccination card. Respondent advised Biggs that her friend Arnold had created the card at her request. The card falsely stated that Biggs had been vaccinated at Vons Pharmacy #1795 on March 16, 2021. Further, the card falsely stated that Biggs had been vaccinated with the Janssen COVID-19 vaccine. Vons Pharmacy #1795, located in Henderson, Nevada, has no record of a vaccination administered to Biggs.

7. In April 2021, Respondent provided Biggs with a second false vaccination card indicating that Biggs had been vaccinated at CVS # 9586 on April 24, 2021. The second vaccination card falsely stated that Biggs had received the first dose of the Moderna COVID-19 vaccine. Respondent told Biggs to destroy or discard the first vaccination card, explaining that Biggs should have only one vaccination card in his possession. Biggs retained a photograph of the first vaccination card even though Respondent told him to discard it.

8. Respondent, or someone acting at Respondent's direction, created a false record of the vaccination allegedly administered to Biggs at CVS # 9586 on April 24, 2021. That record was reported to and appears in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and implementing regulations. That system is known as "Nevada WebIZ."

9. In May 2021, Respondent, or someone acting at Respondent's direction, made a second entry on Biggs' false vaccination card. The second entry falsely indicated that Biggs had been vaccinated at CVS # 9586 on May 26, 2021. The entry falsely stated that Biggs had received the second dose of the Moderna COVID-19 vaccine.

10. Respondent, or someone acting at Respondents' direction, created a false record of the second Moderna vaccination allegedly administered to Biggs at CVS # 9586 on May 26, 2021. That record was reported to and appears in Nevada WebIZ.

11. In September 2021, Respondent left the employ of CVS and moved to Yerington, Nevada, where she resided with Biggs. While in Yerington, Respondent worked briefly for Raley's Pharmacy. In October 2021, Respondent returned to Reno and began working for Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada.

12. In March 2022, Respondent, or someone acting at Respondent's direction, made a third entry on Biggs' false vaccination card. The third entry falsely stated that Biggs had been vaccinated at Safeway # 0188 on March 12, 2022. The entry falsely stated that Biggs had received a booster dose of the Moderna COVID-19 vaccine.

13. Respondent, or someone acting at Respondent's direction, created a false record of the Moderna booster vaccination allegedly administered to Biggs at Safeway #0188 on March 12, 2022. That record was reported to and appears in Nevada WebIZ.

14. In 2021, as noted above, Respondent worked for CVS. In 2022, Respondent worked for Safeway as a "floating" pharmacist. This means that she worked at different Safeway Pharmacy locations as needed. These locations included Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada, and Safeway Pharmacy #1210, located at 5150 Mae Anne Avenue in Reno, Nevada.

15. In June 2021, while still employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Chang Suh ("Suh") on June 24, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Suh received the first dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

16. In August 2021, while still employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on

August 18, 2021, at CVS # 9841, located at 1695 Robb Drive in Reno, Nevada. The record falsely indicates that Suh received the second dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

17. In February 2022, while employed by Safeway, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on February 27, 2022, at Safeway Pharmacy # 0188, located at 1031 Steamboat Parkway in Reno, Nevada. The record falsely indicates that Suh received the Pfizer COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

18. In August 2022, while employed by Safeway, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Suh on August 6, 2022, at Safeway Pharmacy # 1210, located at 5150 Mae Anne Avenue in Reno, Nevada. The record falsely indicates that Suh received a booster dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

19. On information and belief, Respondent, or someone acting at Respondent's direction, provided Suh with a false vaccination card for use by Suh. On information and belief, said card reflects the fictitious vaccination information described in paragraphs 15 through 18 above.

20. In April and May of 2021, Respondent worked at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. During that time, Respondent maintained a close friendship with Jessica Porreca-Moser ("Porreca-Moser"), a pharmacist colleague who was then working at CVS #9841, located at 1695 Robb Drive in Reno, Nevada.

21. In April 2021, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Porreca-Moser on April 22, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Porreca-Moser received the first dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

22. In May 2021, while employed by CVS, Respondent, or someone acting at Respondent's direction, created a false record of an immunization allegedly administered to Porreca-Moser on May 21, 2021, at CVS # 9586, located at 55 Damonte Ranch Parkway in Reno, Nevada. The record falsely indicates that Porreca-Moser received the second dose of the Moderna COVID-19 vaccine. That record was reported to and appears in Nevada WebIZ.

23. On information and belief, Respondent, or someone acting at Respondent's direction, provided Porreca-Moser with a false vaccination card for use by Porreca-Moser. On information and belief, said card reflects the fictitious vaccination information described in paragraphs 21 and 22 above.

APPLICABLE LAW

24. The Board may revoke or suspend the registration of any pharmacist who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

25. A pharmacist's conduct is deemed unprofessional and contrary to the public interest if the pharmacist is a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

26. A pharmacist's conduct is deemed unprofessional and contrary to the public interest if the pharmacist performs "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." NAC 639.945(1)(i).

27. A pharmacist who administers immunizations has a duty to make a truthful record of any vaccine administered to a patient. NRS 454.213(1)(r); NRS 639.2592; NAC 639.2977; NAC 439.893.

28. A pharmacist who administers immunizations has a duty to comply with applicable federal law. NRS 639.210(11). It is a violation of federal law for a pharmacist to make any false statement related to a health care benefit program. 18 U.S.C. § 1035. A "health care benefit program" is "any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual, and includes any individual or entity who is

providing a medical benefit, item, or service for which payment may be made under the plan or contract.” 18 U.S.C. § 24(b).

COUNT ONE

Unprofessional Conduct by a Pharmacist (Respondent + James Biggs)

29. As alleged in paragraphs 5 through 13 above, Respondent falsified pharmacy records and/or public health records in a series of transactions intended to falsely represent the vaccination status of James Biggs. Respondent intended for said representations to be used by Biggs as a means of avoiding lawful restrictions on Biggs’ personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in “deceitful transactions” within the meaning of NAC 639.945(1)(h).

30. As alleged in paragraphs 5 through 13 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Biggs. By engaging in said conduct, Respondent performed her duties in an “incompetent manner” within the meaning of NAC 639.945(1)(i).

31. As alleged in paragraphs 5 through 13 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

32. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

COUNT TWO

Unprofessional Conduct by a Pharmacist (Respondent + Chang Suh)

33. As alleged in paragraphs 15 through 19 above, Respondent falsified pharmacy records and/or public health records in a series of transactions intended to falsely represent the vaccination status of Chang Suh. Respondent intended for said representations to be used by Suh as a means of avoiding lawful restrictions on Suh’s personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in “deceitful transactions” within the meaning of NAC 639.945(1)(h).

34. As alleged in paragraphs 15 through 19 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Chang Suh. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

35. As alleged in paragraphs 15 through 19 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

36. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

COUNT THREE

Unprofessional Conduct by a Pharmacist (Respondent + Jessica Porreca-Moser)

37. As alleged in paragraphs 21 through 23 above, Respondent falsified pharmacy records and/or public health records in one or more transactions intended to falsely represent the vaccination status of Jessica Porreca-Moser. Respondent intended for said representations to be used by Porreca-Moser as a means of avoiding lawful restrictions on Porreca-Moser's personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in "deceitful transactions" within the meaning of NAC 639.945(1)(h).

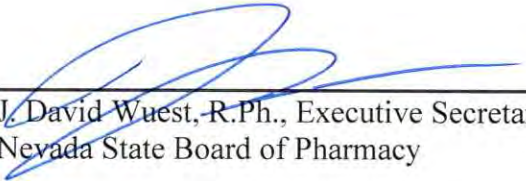
38. As alleged in paragraphs 21 through 23 above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Jessica Porreca-Moser. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

39. As alleged in paragraphs 21 through 23 above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

40. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Nazanin Kazeminy.

DATED this 22nd day of FEBRUARY 2024.



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 First Amended 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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 First Amended 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NAZANIN KAZEMINY, RPH,
Certificate of Registration No. 20034,

Respondent.

CASE NO. 23-140-RPH-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 First Amended Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

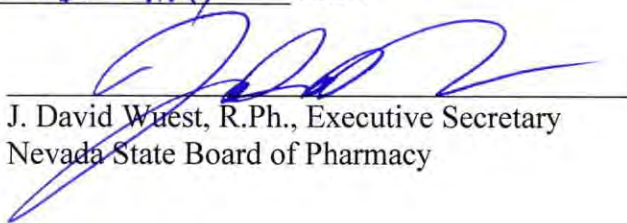
zunino@pharmay.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 22nd day of FEBRUARY 2024.



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.

**NAZANIN KAZEMINY, RPH,
Certificate of Registration No. 20034,**

Respondent.

CASE NO. 23-140-RPH-N

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

I. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended 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.

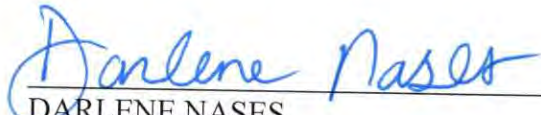
DATED this _____ day of _____, 2024.

NAZANIN KAZEMINY, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn Beggs, Esq. c/o Nazanin Kazeminy
316 California Ave. #863
Reno, NV 89509



DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 23-140-RPH-N

Petitioner,

v.

**NAZANIN KAZEMINY, RPH,
Certificate of Registration No. 20034,**

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER**

Respondent.

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday April 17, 2024, and Thursday April 18, 2024. Gregory Zunino, Senior General Counsel, prosecuted the case before the Board. Lyn Beggs, Esq., appeared on behalf of Respondent Nazanin Kazeminy ("Respondent"). The Board received Exhibits 1 through 8 into evidence and heard testimony from eight witnesses. By a vote of three to one, based upon a preponderance of the evidence presented, the Board found Respondent guilty of the charge set forth in Count One of the First Amended Notice of Intended Action and Accusation on file herein ("Accusation"). The Board found Respondent not guilty of the charges set forth in Count Two and Count Three of the Accusation. As to Count One of the Accusation, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Respondent is a pharmacist registered by the Board to engage in the practice of pharmacy. Respondent has practiced as a Nevada-registered pharmacist since October 2018. Respondent's certificate of registration is currently in full force and effect.

2. Between October 2019 and November 2021, Respondent was employed at CVS #9586, a pharmacy located at 55 Damonte Ranch Parkway in Reno, Nevada. During that time, Respondent met James Biggs ("Biggs"), with whom she became romantically involved.

3. In late 2020 or early 2021, Respondent told Biggs that she and/or her pharmacist friends were creating false COVID-19 vaccination cards for friends and/or close family members. Respondent offered to create a false vaccination card for Biggs, and Biggs accepted the offer.

4. Sometime prior to April 2021, Respondent provided Biggs with a false vaccination card. Respondent advised Biggs that her friend Arnold had created the card at her request. The card falsely stated that Biggs had been vaccinated at Vons Pharmacy #1795 on March 16, 2021. Further, the card falsely stated that Biggs had been vaccinated with the Janssen COVID-19 vaccine. Vons Pharmacy #1795, located in Henderson, Nevada, has no record of a vaccination administered to Biggs.

5. In April 2021, Respondent provided Biggs with a second false vaccination card indicating that Biggs had been vaccinated at CVS # 9586 on April 24, 2021. The second vaccination card falsely stated that Biggs had received the first dose of the Moderna COVID-19 vaccine. Respondent told Biggs to destroy or discard the first vaccination card, explaining that Biggs should have only one vaccination card in his possession. Biggs retained a photograph of the first vaccination card even though Respondent told him to discard it.

6. Respondent, or someone acting at Respondent's direction, created a false record of the vaccination allegedly administered to Biggs at CVS # 9586 on April 24, 2021. The record was reported to and appears in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and implementing regulations. This system is known as "Nevada WebIZ."

7. In May 2021, Respondent, or someone acting at Respondent's direction, made a second entry on Biggs' false vaccination card. The second entry falsely indicated that Biggs had been vaccinated at CVS # 9586 on May 26, 2021. The entry falsely stated that Biggs had received the second dose of the Moderna COVID-19 vaccine.

8. Respondent, or someone acting at Respondent's direction, created a false record of the second Moderna vaccination allegedly administered to Biggs at CVS # 9586 on May 26, 2021. This record was reported to and appears in Nevada WebIZ.

9. In September 2021, Respondent left the employ of CVS and moved to Yerington, Nevada, where she resided with Biggs. While in Yerington, Respondent worked briefly for Raley's Pharmacy. In October 2021, Respondent returned to Reno and began working for Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada.

10. In March 2022, Respondent, or someone acting at Respondent's direction, made a third entry on Biggs' false vaccination card. The third entry falsely stated that that Biggs had been vaccinated at Safeway # 0188 on March 12, 2022. The entry falsely stated that Biggs had received a booster dose of the Moderna COVID-19 vaccine.

11. Respondent, or someone acting at Respondent's direction, created a false record of the Moderna booster vaccination allegedly administered to Biggs at Safeway #0188 on March 12, 2022. This record was reported to and appears in Nevada WebIZ.

12. In 2021, as noted above, Respondent worked for CVS. In 2022, Respondent worked for Safeway as a "floating" pharmacist. This means that she worked at different Safeway Pharmacy locations, as needed. These locations included Safeway Pharmacy #0188, located at 1031 Steamboat Parkway in Reno, Nevada, and Safeway Pharmacy #1210, located at 5150 Mae Anne Avenue #300 in Reno, Nevada.

CONCLUSIONS OF LAW

13. As stated above, Respondent falsified pharmacy records and/or public health records in a series of transactions intended to falsely represent the vaccination status of James Biggs. Respondent intended for said representations to be used by Biggs as a means of avoiding lawful restrictions on Biggs' personal mobility, potentially jeopardizing public health during the COVID-19 pandemic. By engaging in said conduct, Respondent participated in "deceitful transactions" within the meaning of NAC 639.945(1)(h).

14. As stated above, Respondent made or caused to be made a false or inaccurate record of vaccines administered to Biggs. By engaging in said conduct, Respondent performed her duties in an "incompetent manner" within the meaning of NAC 639.945(1)(i).

15. As stated above, Respondent made false statements related to a health care benefit program, thus violating 18 U.S.C. § 1035.

16. By having committed any one or more of the acts or violations described above, Respondent is subject to discipline for unprofessional conduct. NRS 639.210; NRS 639.255; NAC 639.945(1)(h) and (i); NAC 639.955.

ORDER

17. Based upon the foregoing, and good cause appearing therefore, the Board hereby revokes Respondent's Certificate of Registration No. 20034 authorizing her to engage in the practice of pharmacy. Respondent shall be ineligible to petition the Board for reinstatement to the practice of pharmacy for a period of two (2) years from the effective date of this order.

18. Based upon the foregoing, and good cause appearing therefore, Respondent shall pay a fine of **Ten Thousand and No/100 Dollars (\$10,000.00)**, payable by cashier's check, certified check or money order written to the **"State of Nevada, Office of the Treasurer."**

19. Based upon the foregoing, and good cause appearing therefore, Respondent shall reimburse the Board for its costs of investigation and attorney's fees in the amount of **Eight Thousand Four Hundred and Six and 29/100ths Dollars (\$8,406.29)**. Based upon the Memorandum of Costs and Fees on file herein, the Board finds that such costs and fees were reasonable, necessary, and actually incurred. Respondent shall pay this sum by cashier's check, certified check or money order written to the **"Nevada State Board of Pharmacy."**

20. This order is effective immediately.

IT IS SO ORDERED.

Entered this 18th day of April 2024.

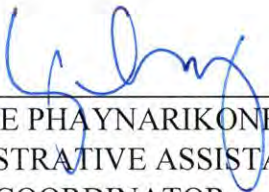


Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of April 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn Beggs, Esq.
316 California Ave #863
Reno, NV 89509



JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT I
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NAZANIN KAZEMINY, RPH,
Certificate of Registration No. 20034,**

Respondent.

Case No. 23-140-RPH-N

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), by and through counsel, Gregory L. Zunino, Esq., and Respondent Nazanin Kazeminy ("Respondent"), by and through counsel, Aaron Bart Fricke, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction and authority over Respondent and this matter.
2. On April 18, 2024, after a contested hearing, the Board issued findings of fact, conclusions of law, and an order (the "Order") by which the Board adjudicated Respondent guilty of the violations stated in Count One of the Notice of Intended Action and Accusation (the "Accusation") on file herein.
3. Having found Respondent guilty of the violations stated in Count One of the Accusation, the Board revoked Respondent's certificate of registration number 20034, with an allowance to petition for reinstatement to the practice of pharmacy after two (2) years from the effective date of the Order. The Board further ordered Respondent to pay a fine of Ten Thousand and 00/100 Dollars (\$10,000.00), and to reimburse the Board for the Board's costs of investigation and prosecution in the amount of Eight Thousand Four Hundred Six and 29/100 Dollars (\$8,406.29).
4. On May 21, 2024, Respondent filed a petition for judicial review of the Order. Respondent's petition for judicial review is currently pending in the First Judicial District Court (the "District Court") under the caption, *Nazanin Kazeminy v. Nevada State Board of Pharmacy*, Dept. No. 1, Case No. 24OC00911B.

5. On May 30, 2024, pursuant to a stipulation between the parties, the District Court stayed the enforcement of the Order pending the District Court's ruling on Respondent's petition for judicial review ("Stay"). The District Court's Stay is subject to the proviso that Respondent shall refrain from administering COVID-19 vaccinations while the stay is in effect.

6. The parties wish to settle the issues raised in Respondent's petition for judicial review while avoiding the considerable time and expense of protracted litigation. To facilitate settlement, Respondent admits to having committed the offense of unprofessional conduct as stated in Count One of the Accusation. Respondent further agrees that at the Board's meeting on July 17, 2024, she will truthfully answer any questions that the Board may pose to her concerning the underlying facts of the offense as stated in Count One of the Accusation. The parties agree that the Board may question Respondent in a closed hearing to consider Respondent's character, misconduct, or competence as authorized by NRS 241.030.

7. If this Stipulation is approved by the Board, the parties shall within fifteen (15) days after such approval file a joint stipulation to dismiss Respondent's petition for judicial review now pending in the District Court. Upon dismissal of the petition for judicial review, this Stipulation as so approved by the Board will supersede and replace the Order and the discipline imposed thereby.

8. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with the litigation now pending in the District Court, the Board and Respondent agree to the imposition of the following penalties:

- A. Respondent's certificate of registration no. 20034 shall be **REVOKED**; however, the imposition of the revocation shall be stayed, and Respondent shall be placed on probation for a period of five (5) years from and after the effective date of this Stipulation. Upon successful completion of the terms and conditions of probation as forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions.
- B. As a condition of probation, Respondent shall pay an administrative fine of **Five Thousand and No/100 Dollars (\$5,000.00)**, payable by *cashier's check, certified check, or money*

order written to the “**State of Nevada, Office of the Treasurer.**” Respondent shall remit payment in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before December 31, 2024.

- C. As a condition of probation, Respondent shall pay the sum of **Eight Thousand Four Hundred Six and 29/100 Dollars (\$8,406.29)** to reimburse the Board for recoverable attorney’s fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier’s check, certified check, or money order* written to the “**Nevada State Board of Pharmacy.**” Respondent shall remit payment in full to the Board’s Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before December 31, 2024.
- D. As a condition of probation, Respondent’s authority to engage in the practice of pharmacy shall be suspended for a period of six (6) months from June 30, 2024. During this period of time, Respondent shall not perform any of the tasks or activities described in NRS 639.0124. Effective January 1, 2024, Respondent may practice pharmacy in a manner consistent with the provisions of Nevada law and the terms and conditions of her probation.
- E. As a condition of probation, Respondent shall, at her own expense, complete a 22-hour “Ethics and Professionalism” bootcamp course (applicable for all medical and pharmacy professionals – see, e.g.: <https://pbieducation.com/courses/me-22/>). Respondent may complete the course within one hundred twenty (120) days after enrollment in the course, provided that Respondent shall enroll in the first course that becomes available after the effective date of this Stipulation. Respondent shall report all applicable enrollment and course completion information to Board by sending email to teambc@pharmacy.nv.gov.
- F. As a condition of probation, and during the full 5-year term of her probation, Respondent shall refrain from engaging in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS 639.210 and the regulations promulgated thereunder.

9. If approved by the Board, and subject to the provisions of paragraph 7 regarding dismissal of Respondent's petition for judicial review, this Stipulation will replace and supersede the Order and will constitute a full and final resolution of the Accusation in Case No. 23-140-RPH-N.

10. Respondent understands and acknowledges that her failure to comply with the terms of probation as stated herein 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Senior 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 July 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

12. The Board may 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

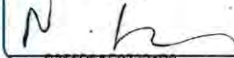
13. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Order shall continue in full force and effect subject only to the Stay and the District Court's preliminary orders and/or final ruling in *Nazanin Kazeminy v. Nevada State Board of Pharmacy*, Dept. No. 1, Case No. 24OC00911B. Except as specifically provided herein, the terms and admissions of this Stipulation may not be used, relied upon, or referred to by any party during any administrative or judicial proceedings.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 26th day of June 2024.

DocuSigned by:



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NAZANIN KAZEMINY

Certificate of Registration No. 20034

Signed this 27th day of June 2024.

NEVADA STATE BOARD OF PHARMACY

By 

GREGORY L. ZUNINO
Senior General Counsel

Approved as to Form and Content:



AARON BART FRICKE, ESQ.

Attorney for Respondent Nazanin Kazeminy

DECISION AND ORDER

As to Nazanin Kazeminy, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 23-140-RPH-N. This Decision and Order supersedes and replaces the Board's Decision and Order dated April 18, 2024, according to the terms of the foregoing Stipulation. For purposes of enforcement, the terms of the foregoing Stipulation shall be made effective upon the District Court's entry of an order dismissing Respondent's petition for judicial review in the case of *Nazanin Kazeminy v. Nevada State Board of Pharmacy*, Dept. No. 1, Case No. 24OC00911B. For purposes of preparation, implementation, and administration, including the computation of probation and other time periods, the terms of the foregoing Stipulation shall be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 17th day of July 2024.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8794,
Pharmacy License No. PH01405, and**

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondents.

**CASE NOS. 19-134-PH-S
19-134-RPH-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 Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Vaknin was employed as managing pharmacist by CVS Pharmacy #8794 at the time of the events alleged herein.

3. On or about July 17, 2019, APRN C.C. submitted an electronic prescription to CVS Pharmacy #8794 for patient J.L. for escitapram oxalate 5mg oral tablet quantity of sixty

(60) with directions to take 2 tablets by mouth daily with 6 refills. Vaknin performed data entry and the CVS computer system designated this prescription no. 1321503.

4. In the course of filling, performing final product review and dispensing prescription no. 1321503, Vaknin erroneously dispensed estradiol 0.5mg and failed to counsel the patient.

5. J.L. ingested the medication from August 6, 2019 through August 15, 2019, and experienced negative medical outcomes including dizziness, light headedness, shortness of breath, and increased anxiety.

6. Records of prescriptions dispensed by CVS Pharmacy #8794 from July 21, 2019, through July 27, 2019, reveal that two hundred and fifty-six (256) dispensed prescriptions lacked any documentation of medication counseling to the patient.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct (Respondent Vaknin)

7. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Vaknin engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed estradiol 0.5mg for prescription no. 1321503, resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Failure to Provide Medication Counseling to Patient (Respondent Vaknin)

9. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

10. Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to J.L. for prescription no. 1321503 and is subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Managing Pharmacist Responsibility (Respondent Vaknin)

11. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

12. As the managing pharmacist of CVS Pharmacy #8794 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, Vaknin is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR

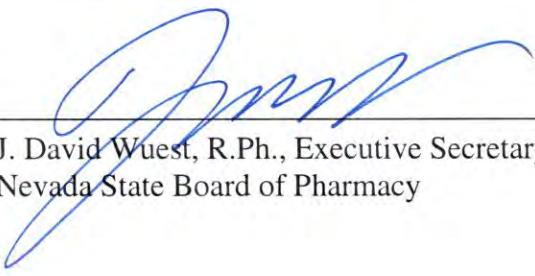
Pharmacy/Pharmacy Owner Responsibility (Respondent CVS Pharmacy #8794)

13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

14. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8794 is responsible for those violations, including all errors and omissions of Vaknin, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 30th day of OCTOBER, 2023.



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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,

Respondent.

CASE NO. 19-134-RPH-S

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 ("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.

2. A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 17, 2024, at 9:00 AM PST, or soon thereafter at the following location:

**Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123**

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

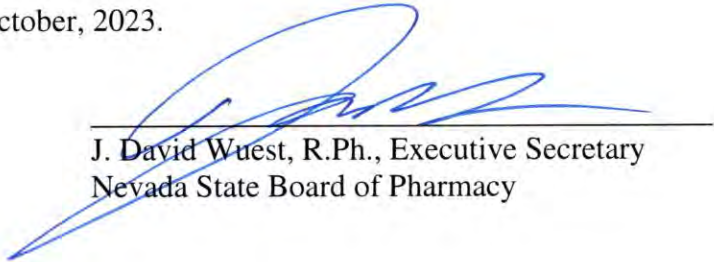
You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. 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.

5. 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 30th day of October, 2023.



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.

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondent.

CASE NO. 19-134-RPH-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 him/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 _____, 2023.

BRENDA VAKNIN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of November, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8794
1600 N Buffalo Drive
Las Vegas, NV 89128

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Brenda Vaknin, RPH
[REDACTED] Palmares Court
Las Vegas, NV 89134


SHIRLEY HUNTING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8794,
Pharmacy License No. PH01405, and**

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondents.

**CASE NOS. 19-134-PH-S
19-134-RPH-S**

**FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND ORDER
[VAKNIN ONLY]**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, May 29, 2024. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Brenda Vaknin, RPh, Certificate of Registration No. 19231, failed to appear. The Board took notice of the Stipulation and Order entered January 17, 2024, with Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events herein, Respondent Brenda Vaknin, RPh (Vaknin), Certificate of Registration No. 19231, was a pharmacist registered with the Board.
2. Vaknin was employed as managing pharmacist by Respondent CVS Pharmacy #8794, Pharmacy License No. PH01405, at the time of the events herein.

3. On or about July 17, 2019, APRN C.C. submitted an electronic prescription to CVS Pharmacy #8794 for patient J.L. for escitalopram oxalate 5mg oral tablet quantity of sixty (60) with directions to take 2 tablets by mouth daily with 6 refills. Vaknin performed data entry and the CVS computer system designated this prescription no. 1321503.

4. In the course of filling, performing final product review and dispensing prescription no. 1321503, Vaknin erroneously dispensed estradiol 0.5mg and failed to counsel the patient.

5. J.L. ingested the medication from August 6, 2019 through 15, 2019, and experienced negative medical outcomes including dizziness, light headedness, shortness of breath, and increased anxiety.

6. Records of prescriptions dispensed by CVS Pharmacy #8794 from July 21, 2019, through July 27, 2019, reveal that two hundred and fifty-six (256) dispensed prescriptions lacked any documentation of medication counseling to the patient.

7. On or about October 30, 2023, 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.

8. Respondent failed to file an Answer and Notice of Defense denying or admitting the allegations in the Accusation.

9. On or about April 25, 2024, Board staff attempted service of a second Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

10. Board staff incurred at least \$1,988.71 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Vaknin because, at the time of the events herein, Vaknin held a registration issued by the Board.

2. The applicable law in this matter is as follows:

A. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an “incompetent, unskillful, or negligent manner.” NAC 639.945(1)(i).

B. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

C. A managing pharmacist is 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

D. A respondent’s failure to file an Answer and Notice of Defense denying or admitting the allegations in the Accusation constitutes an admission and a waiver of the right to a hearing. NRS 622A.320(1); NRS 639.244.

E. If a respondent fails to appear at a scheduled hearing and the Board finds that the respondent was given sufficient legal notice of the hearing, it may accept the allegations as true. NRS 622A.350.

3. Vaknin is guilty on Count One of the Accusation: Vaknin engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed

estradiol 0.5mg for prescription no. 1321503, resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

4. Vaknin is guilty on Count Two of the Accusation: Vaknin violated NRS 639.266 and NAC 639.707 when she failed to provide medication counseling to patient J.L. for prescription no. 1321503 and is subject to discipline pursuant to NRS 639.210(12).

5. Vaknin is guilty on Count Three of the Accusation: As the managing pharmacist of CVS Pharmacy #8794 at the time, Vaknin is responsible for the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC 639.708, and is subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

6. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Brenda Vaknin, RPh, Certificate of Registration No. 19231 is suspended until October 31, 2025, pursuant to NRS 639.255(1)(c).

2. In the event Respondent applies for biennial renewal of Certificate of Registration No. 19231 pursuant to NRS 639.180, or applies for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

3. Vaknin accept this Order as a public reprimand regarding her duties and responsibilities as a managing pharmacist under NRS Chapter 639.

4. Pursuant to NRS 639.255(1)(f) and NAC 639.955(1), Vaknin shall pay a fine of On Thousand Dollars (\$1,000.00) for Count One of the Accusation, Thousand Dollars (\$1,000.00) for

Count Two of the Accusation, and Two Thousand Dollars (\$2,000.00) for Count Three of the Accusation, for a total of Four Thousand Dollars (\$4,000.00) for the violations, by personal, business, certified or cashier's 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, due and payable by December 1, 2024.

5. Pursuant to NRS 622.400, Vaknin shall pay One Thousand Nine Hundred Eighty-Eight Dollars and Seventy-One Cents (\$1,988.71) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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, due and payable by December 1, 2024.

6. 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 by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

7. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

8. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 30th day of May, 2024.

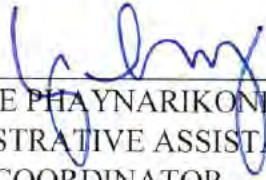


Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of June 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Brenda Vaknin
[REDACTED] Palmares Court
Las Vegas, NV 89134



JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT I
BOARD COORDINATOR

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located?		☒ Nevada	☐ Out-of-State
*Is the business also a wholesaler? (NRS 639.016)		☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.			
Type of Application (check applicable box)		MDEG Business Type (check applicable box)	
☒ New MDEG	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)	
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)	
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)	
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information	
Facility Name: <u>SUPER CARE HEALTH</u>	
MDEG Physical Address: <u>380 Freeport Blvd, Suite 23</u>	
City: <u>Sparks</u>	State: <u>NV</u> Zip: <u>89431</u>
Mailing Address (if different from physical address): <u>8345 Firestone Blvd Ste # 210</u>	
City: <u>Downey</u>	State: <u>CA</u> Zip: <u>90241</u>
Telephone: <u>800-206-4880</u>	Website: <u>www.supercarehealth.com</u>
Email: <u>finance@supercare.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Frank Martinez Jacquelyn Carrillo, RCP</u> <u>AN 04-10-2024</u>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^a : This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf MDEG products will ALSO be sold to the Entities with an (a) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	☒ Medical Gases** ☒ Respiratory Equipment** ☒ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others: **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: <u>Susana Ruybalid Jacquelyn Carrillo, RCP</u> Telephone: <u>702-239-6501</u> <u>AN 04-10-2024</u>

Check the Days the Business will be Opened and provide the Hours of Operation

☒ Mon: 9:00a-5:00p	☒ Tue: 9:00a-5:00p	☒ Wed: 9:00a-5:00p	☐ Thurs: 9:00a-5:00p	☒ Fri: 9:00a-5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company

	Yes	No
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)?		✓
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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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?	✓	
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

SCH: 0282800001, 0282800004, 0282800005, 0282800006, 0282800007, 0282800008, 0282800009, 0282800010, 0282800011, 0282800012-deactivated; Las Vegas location: 0282800013, 1679932198
RMS: 0261110001, 0261110002
Hucek: 6180990001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: Anthony J Cassar	Credentials: Pharmacist	%: 16
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
 - A practicing health professional; or
 - A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
- As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9:00a-5:00p	☒ Tue: 9:00a-5:00p	☒ Wed: 9:00a-5:00p	☐ Thurs: 9:00a-5:00p	☒ Fri: 9:00a-5:00p
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☒	
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?	☒	
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
SCH: 0282800001, 0282800004, 0282800005, 0282800006, 0282800007, 0282800008, 0282800009, 0282800010, 0282800011, 0282800012-deactivated; Las Vegas location: 0282800013, 1679932198
RMS: 0261110001, 0261110002
Hucek: 6180990001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: <u>Anthony J Cassar</u>	Credentials: <u>Pharmacist</u>	%: <u>16</u>
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A practicing health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.		
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: <u>N/A</u>		
Parent Company (if any): _____		
Corporation Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: <u>California</u>		
Parent Company (if any): <u>SUPER CARE INC</u>		
Corporation/Organization Name: <u>SUPER CARE INC dba SuperCare Health</u>		
Mailing Address: <u>8345 E. Firestone Blvd., #210</u>		
City: <u>Downey</u>	State: <u>CA</u>	Zip: <u>90241</u>
Telephone: <u>626-380-1663</u>	Email: <u>snichols@supercare.com</u>	
Contact Person Name: <u>Susean Nichols</u>		

Section 7: Partnership

Partnership Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		

Section 8: Sole Owner

Owner's Name: _____		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• ^a Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Cassar

Print Name of Authorized Person Submitting Application

[Signature]

Original signature of Authorized Person (copies or stamps not accepted)

1/26/2024
Date

Board Use Only	Date Received: <i>2/15/24</i>	Amount: <i>\$500 check 48292</i>
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John Cassar, CEO (and Owner)

Anthony Cassar, Owner and Shareholder

Shawn Christenson, CFO

- Diane Koss VP Finance
 - Susie Ngo, Controller

Elizabeth Dreis, VP of Managed Care

Jennifer McCabe, VP of Revenue Cycle Management

Revenue Cycle Management

- Stephanie Hursh, Director of Revenue Cycle Management
- Steven Orosco, Director of Revenue Cycle Management

Mark Bradshaw, CLO and Corporate Secretary

- Rina Tan, Director of Compensation & Benefits
- David Fein, VP of Compliance & PI/QA
- Susean Nichols, Compliance

Kristen Bengo, VP of Human Resources

- Shannon Taylor, Director of Human Resources

Technology

IT Department

Mya Moran, Senior Marketing Manager

- Marketing Department

Hayk Melkumyan, COO

- Dr. Ali Khorasani, PIC, Director of Pharmacy
- Nicole Rodriguez, Director of Respiratory Services

Customer Service

- Jennifer Tejada, Director of Customer Care
- Taylor Bring, Director of Customer Care
- Chris Alder, Director of Customer Care
- Sean Nahm, Director of Corporate Operations
- Stephen Bilbo, Director of Operations
 - Ray Raygoza, ROM
 - Yamiley Pacada, ROM
 - Frank Martinez, ROM

Operations Locations

City of Industry, CA	Bakersfield, CA	Carson, CA	Fairfield, CA	Fresno, CA	Glendale, CA	Milpitas, CA	Modesto, CA	Monterey, CA	Albuquerque, NM
Palm Springs, CA	Rancho Cordova, CA	Riverside, CA	San Diego, CA	San Luis Obispo, CA	Tustin, CA	Victorville, CA	Windsor, CA	Hucsek - Modesto	Las Vegas, NV



BA20231627853



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: BA20231627853

Date Filed: 10/23/2023

B2200-4974 10/23/2023 4:29 PM Received by California Secretary of State

Entity Details

Corporation Name SUPER CARE, INC.
Entity No. 1294600
Formed In CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address 8345 FIRESTONE BLVD, SUITE 210
DOWNEY, CA 90241

Mailing Address of Corporation

Mailing Address 8345 FIRESTONE BLVD, SUITE 210
DOWNEY, CA 90241
Attention Mark Bradshaw

Street Address of California Office of Corporation

Street Address of California Office 8345 FIRESTONE BLVD, SUITE 210
DOWNEY, CA 90241

Officers

Officer Name	Officer Address	Position(s)
JOHN CASSAR	8345 FIRESTONE BLVD, SUITE 210 DOWNEY, CA 90241	Chief Executive Officer
MARK BRADSHAW	8345 Firestone Blvd, Suite 210 Downey, CA 90241	Secretary
SHAWN CHRISTENSON	8345 Firestone Blvd, Suite 210 Downey, CA 90241	Chief Financial Officer

Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

Directors

Director Name	Director Address
JOHN CASSAR	8345 Firestone Blvd, Suite 210 Downey, CA 90241
ANTHONY CASSAR	8345 Firestone Blvd, Suite 210 Downey, CA 90241
MARK BRADSHAW	8345 Firestone Blvd, Suite 210 Downey, CA 90241

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name MARK BRADSHAW
Agent Address 8345 FIRESTONE BLVD. SUITE 210
DOWNEY, CA 90241

Type of Business

Type of Business	MEDICAL EQUIPMENT, SUPPLIES AND SERVICES
Email Notifications	
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Labor Judgment	No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.
Electronic Signature	
☒ By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.	
<u>Mark Bradshaw</u>	<u>10/23/2023</u>
Signature	Date

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SUPER CARE, INC.

Nevada Business Identification # NV20161034246

Expiration Date: 01/31/2025

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.



Certificate Number: B202401154265842

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 01/15/2024.

FRANCISCO V. AGUILAR
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2024

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
ISU Vansa Insurance Services
818-763-9365
12155 Riverside Drive
Valley Village CA 91607

CONTACT NAME: Lori Davies

PHONE (A/C, No, Ext): 818-763-9365

FAX (A/C, No): 818-762-2242

E-MAIL ADDRESS: LoriD@isuvansa.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Pharmacists Mutual Insurance

13714

INSURER B: Lloyds of London

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
SuperCare, Inc.
16017 Valley Blvd.
City Of Industry CA 91744

License#: 0B23558
SUPEINC-01

COVERAGES

CERTIFICATE NUMBER: 2050582345

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 ☒ PROF LIAB GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		BOP0164118 05	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PROFESSIONAL LIAB \$ INCLUDED
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		CAM0001869 02	1/1/2024	1/1/2025	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 \$ 10,000		UCL0162011 05	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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 Y N/A	WCV0162120 07	1/1/2024	1/1/2025	☒ 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
B	☒ CYBER LIABILITY		ACS1195824	1/1/2024	1/1/2025	Ea Claim Aggregate 3,000,000 3,000,000

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

SUPERCARE, INC. LIST OF LOCATIONS:

16017 E. Valley Blvd, City of Industry, CA 91744
1960 Chicago Ave. Ste E5, Riverside, CA 92507
12176 Industrial Blvd., Ste 5, Victorville, CA 92395
505 Watt Dr., Ste 3, Fairfield, CA 94534
1107 Kansas Ave., Modesto, CA 95351
3485 Sacramento Dr., Ste E, San Luis Obispo, CA 93401
See Attached...

CERTIFICATE HOLDER

CANCELLATION

NPWest
PO Box 100142
Columbia SC 29202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: SUPEINC-01

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY ISU Vansa Insurance Services		NAMED INSURED SuperCare, Inc. 16017 Valley Blvd. City Of Industry CA 91744
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

399 Business Park Ct, Ste 403, Windsor, CA 95492
1637 E. Del Amo Blvd., Carson, CA 90746
14371 Franklin Ave., Tustin, CA 92780
1001 Pecten Ct., Milpitas, CA 95035
8345 Firestone Blvd., Ste 210, Downey, CA 90241
1121 Kansas Ave., Modesto, CA 95351
3301 Sunrise Blvd., Ste C, Rancho Cordova, CA 95742
4180 W. Alamos Ave., Fresno, CA 93722
7243 Engineer Rd., San Diego, CA 92111
2320 Del Monte Ave. Bldg B1, Monterey, CA 93940
870 E. Research Dr. Unit 12, Palm Springs, CA 92262
3335 Pegasus Dr., Ste 308, Bakersfield, Ca 93308
710 Ruberta Ave., Glendale, CA 91201
9420 San Mateo NE Ste C, Albuquerque, NM 87113
3625 W. Teco Ave. Ste 8, Las Vegas, NV 89118
380 Freeport Blvd, Ste 23, Sparks, NV 89431

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/02/2022

Amount: \$ 525.00

Permit #: MP01363

SUPER CARE HEALTH
3625 W TECO AVE #8
LAS VEGAS NV 89118

(ID Card)

Trim ID Card to fit your wallet

	Medical Devices, Equipment, Gas Effective Date: 11/01/2022 Expires: 10/31/2024
Permit # MP01363 Active	SUPER CARE HEALTH 3625 W TECO AVE #8 LAS VEGAS NV 89118
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

Permit Type: Medical Devices, Equipment,
Gas

Permit #: MP01363

Effective Date: 11/01/2022

NEVADA
STATE BOARD OF PHARMACY
Medical Devices, Equipment, Gas

Expires: 10/31/2024

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

SUPER CARE HEALTH
3625 W TECO AVE #8
LAS VEGAS NV 89118

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/02/2022

Amount: \$ 525.00

Permit #: PH02928

SUPER CARE PHARMACY
16017 VALLEY BLVD
City of Industry CA 91745

(ID Card)

Trim ID Card to fit your wallet

	Pharmacy Effective Date: 11/01/2022 Expires: 10/31/2024
Permit # PH02928 Active	SUPER CARE PHARMACY 16017 VALLEY BLVD City of Industry CA 91745
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

Permit Type: Pharmacy
Permit #: PH02928
Effective Date: 11/01/2022
DEA #:

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Expires: 10/31/2024
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

SUPER CARE PHARMACY
16017 VALLEY BLVD
City of Industry CA 91745

NONTRANSFERABLE
POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider



has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date 1/7/2022 Renew By 1/2024 eCard Code 225401665143



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name Emergency Management Resources

Training Center ID TX 05079

TC City, State Dallas, TX

TC Phone

Instructor Name Chelsea Patterson

Instructor ID 09200892493

© 2020 American Heart Association 20-3000 10/20

Nevada State Board of
Medical Examiners



LICENSE CARD

This is to certify that
SUSANA RUYBALID, CRT
holds
ACTIVE
status as a
PRACTITIONER OF RESPIRATORY CARE
in the state of Nevada in accordance with
Nevada Revised Statutes Chapter 630.

License #

Issue Date:
10/28/2010

Expiration Date:
06/30/2025

For the most up-to-date information about this licensee
please visit our online licensee lookup at medboard.nv.gov.

**PLEASE NOTIFY THE NEVADA STATE BOARD OF MEDICAL
EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

President, Nevada State Board of
Medical Examiners

x

Y

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site SuperCare Health
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) pending
Physical Address 380 Freeport Blvd, Suite 23
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) 8345 Firestone Blvd. Ste 210
City Downey State CA Zip 90241
Telephone 800-206-4880 Website www.supercarehealth.com
Licensing Company Email finance@supercare.com

Section 2: Personal Information

First Anthony Middle John Last Cassar
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City West Hills State CA Zip 91308
Telephone [REDACTED] Email tcassar@supercare.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name USC School of Pharmacy		From - To (MM/YY - MM/YY) 8/02 - 5/96	
Address 1985 Zonal Ave	City Los Angeles	State CA	Zip 90089
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name Loyola Marymount University		From - To (MM/YY - MM/YY) 08/84 to 06/88	
Address 1 Loyola Marymount University Dr	City Los Angeles	State CA	Zip 90045
Diploma/Degree obtained, if any Bachelor Business Administration			
School Name Los Altos High School		From - To (MM/YY - MM/YY) 09/79 to 06/83	
Address 15325 Los Robles Ave	City Hacienda Heights	State CA	Zip 91745
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 12/15 to present	Address [REDACTED] Vista De La Luz	City Woodland Hills	State CA	Zip 91367
From - To (MM/YY - MM/YY) 07/99 to 12/15	Address [REDACTED] Valley Flores Dr.	City West Hills	State CA	Zip 91304
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Kanan Pharmacy		From - To (MM/YY - MM/YY) 3/1/04 - current	
Business Address 5847 Kanan Rd		City Agoura Hills	State CA
Phone (818) 889-3070	Title Pharmacist - Owner		
Description of Duties Owner & Pharmacist-in-charge			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. Provide all the following where applicable:

Date of Event/Arrest 06/03/2019	Disposition Date N/A	State CA	City Los Angeles	County Los Angeles
Case # AC201200482800		Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy, Department of Consumer Affairs		
Reason/Charge Early refill dispensing				
Plaintiff/Defendant/Claimant/Respondent Pharmacy Care Network, Inc., / Anthony John Cassar			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies; Anthony John Cassar				

Provide explanation below:

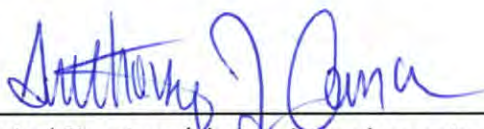
Anthony Cassar's pharmacist license was placed on probation as the outcome to the acquisition case number AC201200482800 with the California State Board of Pharmacy. Probation began July 2, 2019, and remained in effect for 3 years.

Anthony Cassar also owns a separate organization Pharmacy Care Network, Inc. dba Kanan Pharmacy & Medical Supplies (PHY46707), was placed on probation as the outcome to the acquisition case number AC201200482800 with the California State Board of Pharmacy. Probation began July 2, 2019, and will remain in effect for 3 years.

It was alleged by the California Board of Pharmacy there were various pharmacy violations related to early refill dispensing to four patients, dispensing to two patients based on forged prescriptions and altering prescriptions after having dispensed the medication.

The ALJ specifically stated that Anthony Cassar fully cooperated with the Board at all times during the investigation, was respectfully and forthcoming in his testimony at hearing, expressed remorse for all shortcomings found during the investigation and committed to improving his documentation habits in the future. In fact, it was noted that Mr. Cassar had refined and restructured his practice in the years following the events in question.

Therefore, rather than the license revocation initially requested in the accusation, the ALJ instead ordered that Mr. Cassar's license only be placed on probation for three years. The probation also specifically states that Mr. Cassar may continue to be a pharmacist-in-charge, designated representative-in-charge, or responsible manager of any single licensed entity. Effective, July 2, 2022 all requirements for the probation have been fulfilled and Mr. Cassar's pharmacist license and Kanan's pharmacy license were cleared.


Original Signature (electronic, copies or stamps not accepted)

2/6/24
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4, 5, 6. Provide all the following where applicable:

Date of Event/Arrest 01/28/2015	Disposition Date N/A	State CA	City N/A	County N/A
Case # AC201200456600		Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy, Department of Consumer Affairs		
Reason/Charge staff provided false information to a pharmacy inspector				
Plaintiff/Defendant/Claimant/Respondent SUPERCARE - see attached			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity SUPER CARE INC dba SUPERCARE				

Provide explanation below:

In December of 2011 an onsite pharmacy board inspection occurred and at that time our pharmacy was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statutes and regulations, expired drugs in inventory, inadequate security mislabeling. The pharmacist in charge and a pharmacy technician provided false information to the state board inspector. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

Also required by the California Board of Pharmacy, SuperCare retail - mail order pharmacy underwent periodic inspections by the Board and completes self-assessments. Self-Assessments were submitted to the board and accepted while inspections were completed which shown compliance. Effective February 7, 2020, the California Board of Pharmacy acknowledged that Super Care had fulfilled all requirements and the probation status has been cleared and the pharmacy license has been fully restored.

After meeting our obligations and working with the California Board of Pharmacy to correct the information on the pharmacy permit file, the board requested to complete a change of permit application be submitted. The conclusion of this submission issued a new permit to SuperCare PHY 57721.


Original Signature (electronic, copies or stamps not accepted)

2/6/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anthony Cassar

Print Name (First, Last)

Anthony J. Cassar

Original Signature (electronic, copies or stamps not accepted)

Date

2/6/24

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Anthony J. Cassar, 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 the license, registration, permit, certificate or certification for which I am applying for.

Anthony J. Cassar

Original Signature

Date

2/6/24

Subscribed and Sworn to before me this 6th day of February.

[Signature]

Notary Public Signature

SEE ATTACHED JURAT

(Seal)

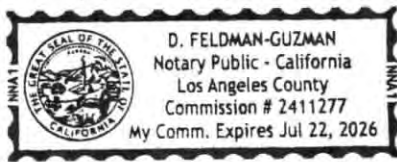
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 6th
day of February, 2024, by Anthony J. Cassar

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in blue ink, appearing to read 'Anthony J. Cassar', written over a horizontal line.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Super Care Health
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) pending
Physical Address 380 Freeport Blvd, Suite 23
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) 8345 Firestone Blvd. Ste 210
City Downey State CA Zip 90241
Telephone 800-206-4880 Website www.supercarehealth.com
Licensing Company Email finance@supercare.com

Section 2: Personal Information

First John Middle Louis Last Cassar
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] Sorrento Dr.
City Long Beach State CA Zip 90803
Telephone [REDACTED] Email johnc@supercare.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Personal History Application (Applicant's Initials jc) 1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Loyola Marymount University		From - To (MM/YY - MM/YY) 08/84 to 06/88	
Address 1 Loyola Marymount University Dr.	City Los Angeles	State CA	Zip 90045
Diploma/Degree obtained, if any Bachelor Associates of Business			
School Name Los Altos High School		From - To (MM/YY - MM/YY) 09/80 to 06/84	
Address 15325 Los Robles Ave	City Hacienda Heights	State CA	Zip 91745
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 02/22 to present	Address [REDACTED] Sorrento Dr	City Long Beach	State CA	Zip 90803
From - To (MM/YY - MM/YY) 09/02 to 02/22	Address [REDACTED] Santiago Ave	City Long Beach	State CA	Zip 90803
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name SUPER CARE INC (dba) Super Care Health		From - To (MM/YY - MM/YY) 2008 to current	
Business Address 8345 Firestone Blvd., Ste 210		City Downey	State CA
Phone 888-260-2550	Title CEO		
Description of Duties Oversee the growth and direction of the company.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4, 5, 6 Provide all the following where applicable:

Date of Event/Arrest 01/28/2015	Disposition Date N/A	State CA	City N/A	County N/A
Case # AC201200456600		Governing, licensing, Arresting Presiding Body/Agency/Court Board of Pharmacy, Department of Consumer Affairs		
Reason/Charge staff provided false information to a pharmacy inspector				
Plaintiff/Defendant/Claimant/Respondent SUPERCARE - see attached			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity SUPER CARE INC dba SUPERCARE				

Provide explanation below:

In December of 2011 an onsite pharmacy board inspection occurred and at that time our pharmacy was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statutes and regulations, expired drugs in inventory, inadequate security mislabeling. The pharmacist in charge and a pharmacy technician provided false information to the state board inspector. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

Also required by the California Board of Pharmacy, SuperCare retail - mail order pharmacy underwent periodic inspections by the Board and completes self-assessments. Self-Assessments were submitted to the board and accepted while inspections were completed which shown compliance. Effective February 7, 2020, the California Board of Pharmacy acknowledged that Super Care had fulfilled all requirements and the probation status has been cleared and the pharmacy license has been fully restored.

After meeting our obligations and working with the California Board of Pharmacy to correct the information on the pharmacy permit file, the board requested to complete a change of permit application be submitted. The conclusion of this submission issued a new permit to SuperCare PHY 57721.


Original Signature (electronic, copies or stamps not accepted)

1/26/2024
Date

Personal History Application (Applicant's Initials Q) 6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Cassar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

1/29/2024

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, John Cassar, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

1/26/2024

SEE ATTACHED CALIFORNIA
CERTIFICATE - MARKED PAGE 8 of 8

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

California Jurat
(in compliance with CA Gov't. Code §8202)

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

State of California }

County of LOS ANGELES }

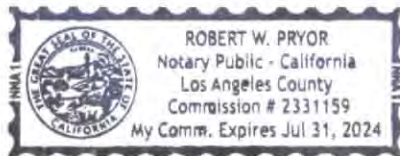
Subscribed and sworn to (or affirmed) before me on this 26TH day of

JANUARY, 2024,

by JOHN CASSAR

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)



Robert W. Pryor
Signature of Notary Public

This page is only valid when attached to the previous SEVEN page(s) of a document described as

PERSONAL HISTORY APPLICATION - LICENSE #: PENDING
TO: NEVADA STATE BOARD OF PHARMACY.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Super Care Health MDEG License # (if applicable) pending
Physical Address 380 Freeport Blvd., Suite 23
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) 8345 Firestone Blvd., Ste 210
City Downey State CA Zip 90241
Telephone 800-206-4880 Website www.supercarehealth.com
Licensing Company Email finance@supercare.com

Section 2: Personal Information

First Jacquelyn Middle Frances Last Carrillo
Alias(es, nicknames, name changes, etc.) _____
Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
Mailing Address Veterans Pkwy
City Reno State NV Zip 89521
Telephone Email
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

NAC 639.694

1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. 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;
 - d. Be employed by 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
 - e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. 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 days after the beginning of the employment.
4. 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.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
 - a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
 - b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
 - a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Covenant Christian High School		From - To (MM/YY - MM/YY) 09/2002-06/2006	
Address 505 E Naples St	City Chula Vista	State CA	Zip 91911
Diploma/Degree obtained, if any High School Diploma			
School Name Pima Medical Institute		From - To (MM/YY - MM/YY) 09/2007-07/2009	
Address 780 Bay Blvd #200	City Chula Vista	State CA	Zip 91910
Diploma/Degree obtained, if any Associates in Applied Science of Respiratory Therapy			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 12/2023-Present	Address [REDACTED] Veterans Pkwy [REDACTED]	City Reno	State NV	Zip 89521
From - To (MM/YY - MM/YY) 11/2021-11/2023	Address [REDACTED] Wetmore Rd	City Tucson	State AZ	Zip 85719
From - To (MM/YY - MM/YY) 03/2021-11/2021	Address [REDACTED] Yardarm Way	City Las Vegas	State NV	Zip 89145
From - To (MM/YY - MM/YY) 12/2017-03/2021	Address [REDACTED] Sunset Rd [REDACTED]	City Las Vegas	State NV	Zip 89119
From - To (MM/YY - MM/YY) 06/2016-12/2017	Address [REDACTED] Paradise Rd [REDACTED]	City Las Vegas	State NV	Zip 89119
From - To (MM/YY - MM/YY) 07/2015-05/2016	Address [REDACTED] 3rd Ave	City Chula Vista	State CA	Zip 91910
From - To (MM/YY - MM/YY) 10/2014-07/2015	Address [REDACTED] Glacier Pl	City Chandler	State AZ	Zip 85249
From - To (MM/YY - MM/YY) 01/1994-10/2014	Address [REDACTED] Carvalos Dr	City Chula Vista	State CA	Zip 91910
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name SuperCare Health		From - To (MM/YY - MM/YY) 04/24	
Business Address 380 Freeport Blvd., Suite 23		City Sparks	State NV
Phone 800-206-4880	Title Respiratory Therapist	Zip 89431	
Description of Duties		Number of Employed Hours 40	
Business Name Preferred Homecare		From - To (MM/YY - MM/YY) 05/2017-07/2020	
Business Address 871 Grier Dr Suite C		City Las Vegas	State NV
Phone 702-951-6900	Title Respiratory Therapist Lead	Zip 89119	
Description of Duties Deliver DME and respiratory equipment. Instruct on proper usage, troubleshoot, and assist patients as needed. processes required documentation for orders. Assist with inventory and organization of stock.		Number of Employed Hours 40	
Business Name AA Medical		From - To (MM/YY - MM/YY) 11/2016-04/2017	
Business Address 4135 N Rancho Dr		City Las Vegas	State NV
Phone 702-368-4477	Title Customer Service Rep	Zip 89130	
Description of Duties Process orders for Vent and PAP equipment/Supplies. Mask fittings, fulfill vent supply orders.		Number of Employed Hours 40	
Business Name Lifecare Solutions/Preferred Homecare		From - To (MM/YY - MM/YY) 10/2015-11/2016	
Business Address 10119 Carroll Canyon Rd		City San Diego	State CA
Phone 702-951-6900	Title Customer Service Rep	Zip 92131	
Description of Duties Medicare specialist for PAP equipment. Answer incoming calls for Respiratory Department. schedule appointments and provide patients' information on order being processed.		Number of Employed Hours 40	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

4/10/2024
 Date

I, Jaquelyn F Carrillo, certify that as the MDEG Administrator for
Super Care Health (Sparks)

that I (initial that you have read and meet the following requirements):

1. fl Have a high school diploma or its equivalent;
2. fl Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. fl Will be employed by 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
4. fl Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jaquelyn Carrillo
Print Name (First, Last)

Jaquelyn Carrillo
Original Signature (electronic, copies or stamps not accepted)

4/10/2024
Date

Board Use Only

Date Received: _____

BOARD OF PHARMACY LICENSING DETAILS FOR: RPH 49326

NAME: CASSAR, ANTHONY JOHN

LICENSE TYPE: REGISTERED PHARMACIST

LICENSE STATUS: CLEAR ♦ PRIOR DISCIPLINARY ACTION

SECONDARY STATUS: PROBATION TERMINATED/COMPLETED
ADDRESS NOT DISCLOSED

ISSUANCE DATE

MARCH 25, 1997

EXPIRATION DATE

MAY 31, 2024

CURRENT DATE / TIME

JANUARY 23, 2024

1:25:2 PM

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 2720 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 95833, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

♦ **CASE NUMBER:** AC201200482800

♦ **EFFECTIVE DATE OF ACTION:** JULY 2, 2019

♦ **DESCRIPTION OF ACTION:** THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED, THE REVOCATION IS STAYED, AND THE LICENSE IS PLACED ON PROBATION FOR THREE YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201200482800

DOCUMENT: [LINK](#)

LICENSE RELATIONSHIPS

NAME: KANAN PHARMACY & MEDICAL SUPPLIES

LICENSE/REGISTRATION TYPE: PHARMACY
(COMMUNITY)

LICENSE NUMBER: 46707 **PRIMARY STATUS:** CLEAR

♦ PRIOR DISCIPLINARY ACTION ♦ PROBATION
TERMINATED/COMPLETED

ADDRESS :

5847 KANAN RD
AGOURA HILLS CA 91301
LOS ANGELES COUNTY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 46707

NAME: KANAN PHARMACY & MEDICAL SUPPLIES
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR ♦ PRIOR DISCIPLINARY ACTION
SECONDARY STATUS: PROBATION TERMINATED/COMPLETED
ADDRESS
5847 KANAN RD
AGOURA HILLS CA 91301
LOS ANGELES COUNTY

ISSUANCE DATE

MAY 18, 2004

EXPIRATION DATE

MAY 1, 2024

CURRENT DATE / TIME

JANUARY 23, 2024
1:22:1 PM

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

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PUBLIC DISCLOSURES:

- ♦ **CASE NUMBER:** AC201200482800
- ♦ **EFFECTIVE DATE OF ACTION:** JULY 2, 2019
- ♦ **DESCRIPTION OF ACTION:** THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED, THE REVOCATION IS STAYED, AND THE LICENSE IS PLACED ON PROBATION FOR THREE YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201200482800

DOCUMENT: LINK

LICENSE RELATIONSHIPS

NAME: CASSAR, ANTHONY JOHN
LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST
LICENSE NUMBER: 49326 **PRIMARY STATUS:** CLEAR
♦ PRIOR DISCIPLINARY ACTION ♦ PROBATION
TERMINATED/COMPLETED

ADDRESS NOT DISCLOSED

BOARD OF PHARMACY
LICENSING DETAILS FOR: PHY 57721

NAME: SUPER CARE
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR
ADDRESS
[REDACTED] VALLEY BLVD
CITY OF INDUSTRY CA 91744
LOS ANGELES COUNTY

ISSUANCE DATE
MAY 15, 2020
EXPIRATION DATE
MAY 1, 2024
CURRENT DATE / TIME
JANUARY 23, 2024
1:36:40 PM

LICENSE RELATIONSHIPS

NAME: KHORASANI, ALI NOURI
LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST
LICENSE NUMBER: 75521 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 45943

NAME: SUPERCARE

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CANCELLED

SECONDARY STATUS: PROBATION TERMINATED/COMPLETED

ADDRESS

VALLEY BLVD
CITY OF INDUSTRY CA 91745
LOS ANGELES COUNTY

ISSUANCE DATE

JULY 23, 2002

EXPIRATION DATE

MAY 15, 2020

CURRENT DATE / TIME

JANUARY 23, 2024
1:35:52 PM

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 2720 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 95833, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

◆ **CASE NUMBER:** AC201200456600

◆ **EFFECTIVE DATE OF ACTION:** FEBRUARY 4, 2015

◆ **DESCRIPTION OF ACTION:** BY STIPULATION: THE LICENSE IS REVOKED, REVOCATION STAYED, AND PLACED ON PROBATION FOR 5 YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201200456600

DOCUMENT: LINK

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SUPER CARE, INC. DBA SUPERCARE
Gabriel Cassar, President;
Micheline Cassar, Chief Executive Officer;
John L. Cassar, Vice President;
Michael Cassar, Shareholder
Permit No. PHY 45943

GABRIEL JOHN CASSAR, AKA
GABRIEL CASSAR
Pharmacist License No. RPH 25650

KATHERINE THU LE, AKA
KATHERINE LE
Pharmacist-in-Charge
Pharmacist License No. 57903

TUAN KIEU NGUYEN
Pharmacy Technician Registration
No. TCH 89616

Case No. 4566

OAH No. 2014030278

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

As to: SUPER CARE, INC. DBA
SUPERCARE, PERMIT No.
PHY 45943

Respondents.

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the
Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on February 4, 2015.

It is so ORDERED on January 28, 2015.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

STAN C. WEISSER, Board President

KAMALA D. HARRIS
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General
LINDA L. SUN
Deputy Attorney General
State Bar No. 207102
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-6375
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SUPER CARE, INC. DBA SUPERCARE
Gabriel Cassar, President;
Micheline Cassar, Chief Executive Officer;
John L. Cassar, Vice President;
Michael Cassar, Shareholder
16017 Valley Blvd.
City of Industry, CA 91745
Permit No. PHY 45943

GABRIEL JOHN CASSAR, AKA
GABRIEL CASSAR
Valley Blvd.
City of Industry, CA 91745
Pharmacist License No. RPH 25650

KATHERINE THU LE, AKA
KATHERINE LE
Pharmacist-in-Charge
Whittmore Street,
Rowland, CA 91770
Pharmacist License No. RPH 57903

TUAN KIEU NGUYEN
Crenin Drive
Rowland Heights, CA 91748
Pharmacy Technician Registration
No. TCH 89616

Case No. 4566

OAH No. 2014030278

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

As to: SUPER CARE, INC. DBA
SUPERCARE, Permit No. PHY 45943

Respondents.

STIPULATED SETTLEMENT: SUPERCARE (4566)

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
entitled proceedings that the following matters are true:

PARTIES

1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy
("Board"). She brought this action solely in her official capacity and is represented in this matter
by Kamala D. Harris, Attorney General of the State of California, by Linda L. Sun, Deputy
Attorney General.

2. Respondent Super Care, Inc. dba Supercare; Gabriel Cassar, President; Micheline
Cassar, Chief Executive Officer; John L. Cassar, Vice President; Michael Cassar, Shareholder;
Katherine Le, Pharmacist-in-Charge (collectively "Respondent Pharmacy" or "Respondent") is
represented in this proceeding by attorney Tony J. Park, Esq., whose address is: 6789 Quail Hill
Parkway, #405, Irvine, CA 92603.

3. On or about July 23, 2002, the Board issued Permit Number PHY 45943 to
Respondent Pharmacy. The Permit was in full force and effect at all times relevant to the charges
brought herein and will expire on July 1, 2015, unless renewed.

JURISDICTION

4. Accusation No. 4566 was filed before the Board and is currently pending against
Respondent Pharmacy. The Accusation and all other statutorily required documents were
properly served on Respondent Pharmacy on January 29, 2014. Respondent Pharmacy timely
filed its Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 4566 is attached as Exhibit A and incorporated herein by
reference.

ADVISEMENT AND WAIVERS

6. Respondent Pharmacy has carefully read, fully discussed with counsel, and
understands the charges and allegations in Accusation No. 4566. Respondent Pharmacy has also
carefully read, fully discussed with counsel, and understands the effects of this Stipulated
Settlement and Disciplinary Order.

7. Respondent Pharmacy is fully aware of its legal rights in this matter, including the
right to a hearing on the charges and allegations in the Accusation; the right to be represented by
counsel at its own expense; the right to confront and cross-examine the witnesses against them;
the right to present evidence and to testify on its own behalf; the right to the issuance of
subpoenas to compel the attendance of witnesses and the production of documents; the right to
reconsideration and court review of an adverse decision; and all other rights accorded by the
California Administrative Procedure Act and other applicable laws.

8. Respondent Pharmacy voluntarily, knowingly, and intelligently waives and gives up
each and every right set forth above.

CULPABILITY

9. Respondent Pharmacy admits the truth of each and every charge and allegation in
Accusation No. 4566.

10. Respondent Pharmacy agrees that its Permit is subject to discipline and they agree to
be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
Pharmacy understands and agrees that counsel for Complainant and the staff of the Board of
Pharmacy may communicate directly with the Board regarding this stipulation and settlement,
without notice to or participation by Respondent or its counsel. By signing the stipulation,
Respondent Pharmacy understands and agrees that they may not withdraw its agreement or seek
to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
action between the parties, and the Board shall not be disqualified from further action by having
considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile
copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format
(PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

STIPULATED SETTLEMENT: SUPERCARE (4566)

STIPULATED SETTLEMENT: SUPERCARE (4566)

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Permit No. PHY 45943 issued to Respondent Pharmacy is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. Obey All Laws

Respondent Owner shall obey all state and federal laws and regulations.

Respondent Owner shall report any of the following occurrences to the Board, in writing, within seventy-two (72) hours of such occurrence:

- ☐ an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
 - ☐ a plea of guilty or nolo contendere in any state or federal criminal proceeding in any criminal complaint, information or indictment
 - ☐ a conviction of any crime
 - ☐ discipline, citation, or other administrative action filed by any state or federal agency which involves Respondent Pharmacy's permit or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, filling, or charging for any drug, device or controlled substance.
- Failure to timely report any such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent Owner shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent Owner shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

3. Interview with the Board

Upon receipt of reasonable prior notice, Respondent Owner shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent Owner shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of Respondent Pharmacy's compliance with the terms and conditions of their probation. Failure to cooperate shall be considered a violation of probation.

5. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, Respondent Owner shall pay to the Board its costs of investigation and prosecution in the amount of \$6,310.80 (six thousand three hundred ten dollars and eighty cents). The costs may be paid on a payment plan approved by the Board. There shall be no deviation from the payment plan schedule absent prior written approval by the Board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by Respondent Owner shall not relieve Respondent Pharmacy of their responsibility to reimburse the Board its costs of investigation and prosecution.

6. Probation Monitoring Costs

Respondent Owner shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

7. Status of License

Respondent Owner shall, at all times while on probation, maintain current licensure with the Board. If Respondent Owner submits an application to the Board, and the application is approved, for a change of location, change of permit or change of ownership, the Board shall retain continuing jurisdiction over the license, and Respondent shall remain on probation as determined by the Board. Failure to maintain current licensure shall be considered a violation of probation.

If Respondent Owner's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof or otherwise, upon renewal or reapplication Respondent Owner's license shall be subject to all terms and conditions of this probation not previously satisfied.

8. License Surrender While on Probation/Suspension

Following the effective date of this decision, should Respondent Owner discontinue business, Respondent Owner may tender the premise's license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, Respondent Owner shall relinquish the premises wall and renewal license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent Owner shall further submit a completed Discontinuance of Business form according to Board guidelines and shall notify the Board of the records inventory transfer.

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Respondent Owner shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the Respondent Pharmacy by, at minimum, providing a written notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five days of its provision to the pharmacy's ongoing patients, Respondent Owner shall provide a copy of the written notice to the Board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60) days.

Respondent Owner may not apply for any new licensure from the Board for three (3) years from the effective date of the surrender. Respondent Owner shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

Respondent Owner further stipulates that he or she shall reimburse the Board for its costs of investigation and prosecution prior to the acceptance of this surrender.

9. Notice to Employees

Respondent Owner shall, upon or before the effective date of this decision, ensure that all employees involved in permit operations are made aware of all the terms and conditions of probation, either by posting a notice of the terms and conditions, circulating such notice, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout the probation period. Respondent Owner shall ensure that any employees hired or used after the effective date of this decision are made aware of the terms and conditions of probation by posting a notice, circulating a notice, or both. Additionally, Respondent Owner shall submit written notification in the Board, within fifteen (15) days of the effective date of this decision, that this term has been satisfied. Failure to submit such notification to the Board shall be considered a violation of probation.

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"Employees" as used in this provision includes all full-time, part-time, volunteer, temporary and relief employees and independent contractors employed or hired at any time during probation.

10. **Owners and Officers: Knowledge of the Law**

Respondent Owner shall provide, within thirty (30) days after the effective date of this decision, signed and dated statements from its owners, including any owner or holder of ten percent (10%) or more of the interest in Respondent Pharmacy or Respondent Pharmacy's stock, and any officer, stating under penalty of perjury that said individuals have read and are familiar with state and federal laws and regulations governing the practice of pharmacy. The failure to timely provide said statements under penalty of perjury shall be considered a violation of probation.

11. **Posted Notice of Probation**

Respondent Owner shall prominently post a probation notice provided by the Board in a place conspicuous and readable to the public. The probation notice shall remain posted during the entire period of probation.

Respondent Owner shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, customer, member of the public, or other person(s) as to the nature of and reason for the probation of the licensed entity.

Failure to post such notice shall be considered a violation of probation.

12. **Violation of Probation**

If Respondent Owner has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over Respondent Pharmacy's license, and probation shall be automatically extended until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If Respondent Owner violates probation in any respect, the Board, after giving Respondent Owner notice and an opportunity to be heard, may revoke probation and carry out the disciplinary

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STIPULATED SETTLEMENT: SUPERCARE (4566)

order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against Respondent Pharmacy during probation, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

13. **Completion of Probation**

Upon written notice by the Board or its designee indicating successful completion of probation, Respondent Pharmacy's license will be fully restored.

14. **Community Services Program**

Within sixty (60) days of the effective date of this decision, Respondent Owner shall submit to the Board or its designee, for prior approval, a community service program in which Respondent shall provide free brown-bag events to the community for at least twenty (20) days per year for the first two (2) years of probation.

Within thirty (30) days of Board approval thereof, Respondent Owner shall submit documentation to the Board demonstrating commencement of the community service program. Respondent Owner shall report on progress with the community service program in the quarterly reports.

Failure to timely submit, commence, or comply with the program shall be considered a violation of probation.

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STIPULATED SETTLEMENT: SUPERCARE (4566)

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Tony J. Park, Esq. I understand the stipulation and the effect it will have on my Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12-8-2014

OWNER, SUPER CARR, INC. DBA SUPERCARE
Respondent

I have read and fully discussed with Respondent Super Carr, Inc. dba Supercare; Gabriel Cassar; Michelle Cassar; John L. Cassar; Michael Cassar; Katherine Lee; the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/09/2014

Tony J. Park, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated:

1/5/2015

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

LEIDA L. SUN
Deputy Attorney General
Attorneys for Complainant

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STIPULATED SETTLEMENT: SUPERCARE (4566)

Exhibit A

Accusation No. 4566

KAMALA D. HARRIS
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ARMANDO ZAMBRANO
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 4566

SUPER CARE, INC. DBA SUPERCARE
Gabriel Cassar, President;
Micheline Cassar, Chief Executive Officer;
John L. Cassar, Vice President;
Michael Cassar, Shareholder
Valley Blvd.
City of Industry, CA 91745
Permit No. PHY 45943

ACCUSATION

**GABRIEL JOHN CASSAR, AKA
GABRIEL CASSAR**
Valley Blvd.
City of Industry, CA 91745
Pharmacist License No. RPH 25650

**KATHERINE THULE, AKA
KATHERINE LE**
Pharmacist-in-Charge
Whitmore Street,
Rosemead, CA 91770
Pharmacist License No. RPH 57903

TUAN KIEU NGUYEN
Cordia Drive
Rowland Heights, CA 91748
Pharmacy Technician Registration
No. TCH 89616

Respondents.

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Accusation

Complainant alleges:

PARTIES

1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

Super Care, Inc. dba Supercare ("Respondent Pharmacy")

2. On or about July 23, 2002, the Board issued Permit Number PHY 45943 to Super Care, Inc. dba Supercare; Gabriel Cassar, President; Micheline Cassar, Chief Executive Officer; John L. Cassar, Vice President; Michael Cassar, Shareholder; Katherine Le, Pharmacist-in-Charge (collectively "Respondent Pharmacy"). The Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2014, unless renewed.

Gabriel John Cassar ("Respondent Cassar")

3. On or about June 10, 1958, the Board issued Registered Pharmacist License Number 25650 to Gabriel John Cassar, a.k.a. Gabriel Cassar ("Respondent Cassar"). The License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2015, unless renewed.

Katherine Thule Le ("Respondent Le")

4. On or about November 23, 2005, the Board issued Registered Pharmacist License Number RPH 57903 to Katherine Thule Le, a.k.a. Katherine Le ("Respondent Le"). The License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2015, unless renewed.

Tuan Kieu Nguyen ("Respondent Nguyen")

5. On or about March 10, 2009, the Board issued Pharmacy Technician Registration Number TCH 89616 to Tuan Kieu Nguyen ("Respondent Nguyen"). The Registration was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2014, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

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Accusation

STATUTORY PROVISIONS

7. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked."

8. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a failed status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

9. Section 4076 of the Code states:

"(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

...

"(9) The expiration date of the effectiveness of the drug dispensed."

10. Section 4084 of the Code provides:

"(a) When a board inspector finds, or has probable cause to believe, that any dangerous drug or dangerous device is adulterated, misbranded, or counterfeit, the board inspector shall affix a tag or other marking to that dangerous drug or dangerous device. The board inspector shall give notice to the person that the dangerous drug or dangerous device bearing the tag or marking has been embargoed."

11. Section 4104 of the Code provides, in pertinent part:

...

"(b) Every pharmacy shall have written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft, diversion, or self-use of dangerous drugs, among licensed individuals employed by or with the pharmacy."

12. Section 4116 of the Code provides:

"(a) No person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises

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Accusation

described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged. However, a pharmacist shall be responsible for any individual who enters the pharmacy for the purposes of receiving consultation from the pharmacist or performing clerical, inventory control, housekeeping, delivery, maintenance, or similar functions relating to the pharmacy if the pharmacist remains present in the pharmacy during all times as the authorized individual is present."

13. Section 4169 of the Code provides:

"(a) A person or entity may not do any of the following:

"(1) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler or pharmacy.

...

"(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111535 of the Health and Safety Code.

"(4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label."

14. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

"(i) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

"(g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

...

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Accusation

"(D) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

"(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

"(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board."

15. Section 4342 of the Code provides:

"(a) The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code)."

REGULATORY PROVISIONS

16. California Code of Regulations, title 16 ("CCR"), section 1714 provides:

"(d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist.

"(e) The pharmacy owner, the building owner or manager, or a family member of a pharmacist owner (but not more than one of the aforementioned) may possess a key to the

pharmacy that is maintained in a tamper evident container for the purpose of 1) delivering the key to a pharmacist or 2) providing access in case of emergency. An emergency would include fire, flood or earthquake. The signature of the pharmacist-in-charge shall be present in such a way that the pharmacist may readily determine whether the key has been removed from the container."

17. CCR section 1714.1 provides:

"This section is to ensure that pharmacists are able to have duty free breaks and meal periods to which they are entitled under Section 512 of the Labor Code and the orders of the Industrial Welfare Commission, without unreasonably impairing the ability of a pharmacy to remain open.

"(I) The pharmacy shall have written policies and procedures regarding the operations of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods. The policies and procedures shall include the authorized duties of ancillary staff, the pharmacist's responsibilities for checking all work performed by ancillary staff and the pharmacist's responsibility for maintaining the security of the pharmacy. The policies and procedures shall be open to inspection by the board or its designee at all times during business hours."

18. CCR section 1735.1 provides:

"(c) 'Quality' means the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, and absence of active ingredients other than those noted on the label."

19. CCR section 1735.2 provides:

"(f) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug product until it is dispensed.

"(j) Prior to allowing any drug product to be compounded in a pharmacy, the pharmacist-in-charge shall complete a self-assessment form for compounding pharmacies developed by the board Form 17M-39 (Rev. 01/11). That form contains a first section applicable to all compounding, and a second section applicable to sterile injectable compounding. The first section must be completed by the pharmacist-in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile injectable compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of odd-numbered each year, within 30 days of the start of a new pharmacist-in-charge, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education."

20. CCR section 1735.3 provides:

"(a) For each compounded drug product, the pharmacy records shall include:

"(3) The identity of the pharmacy personnel who compounded the drug product.

"(4) The identity of the pharmacist reviewing the final drug product.

"(5) The manufacturer and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. Exempt from the requirements in this paragraph are sterile products compounded on a one-time basis for administration within twenty-four hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code.

"(7) The equipment used in compounding the drug product.

"(9) The expiration date of the final compounded drug product.

"(c) Chemicals, bulk drug substances, drug products, and components used to compound drug products shall be obtained from reliable suppliers. The pharmacy shall acquire and retain any available certificates of purity or analysis for chemicals, bulk drug substances, drug products, and components used in compounding. Certificates of purity or analysis are not required for products that are approved by the Food and Drug Administration."

21. CCR section 1735.4 provides:

"(c) Drug products compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the name(s) of the active ingredient(s), concentration of strength, volume or weight, pharmacy reference or lot number, and expiration date."

22. CCR section 1735.5 provides:

"(a) Any pharmacy engaged in compounding shall maintain a written policy and procedure manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding.

"(b) The policy and procedure manual shall be reviewed on an annual basis by the pharmacist-in-charge and shall be updated whenever changes in processes are implemented."

23. CCR section 1735.6 provides:

"(a) Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug products. Where applicable, this shall include records of certification(s) of facilities or equipment.

"(b) Any equipment used to compound drug products shall be stored, used, and maintained in accordance with manufacturers' specifications.

"(c) Any equipment used to compound drug products for which calibration or adjustment is appropriate shall be calibrated prior to use to ensure accuracy. Documentation of

each such calibration shall be recorded in writing and these records of calibration shall be maintained and retained in the pharmacy."

24. CCR section 1735.7 provides:

"(a) Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding.

"(b) The pharmacy shall develop and maintain an on-going competency evaluation process for pharmacy personnel involved in compounding, and shall maintain documentation of any and all training related to compounding undertaken by pharmacy personnel."

25. CCR section 1735.8 provides:

"(a) Any pharmacy engaged in compounding shall maintain, as part of its written policies and procedures, a written quality assurance plan designed to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug products.

...

"(c) The quality assurance plan shall include written standards for qualitative and quantitative integrity, potency, quality, and labeled strength analysis of compounded drug products. All qualitative and quantitative analysis reports for compounded drug products shall be retained by the pharmacy and collated with the compounding record and master formula."

26. CCR section 1751.4 provides:

"(d) Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables, and stools, must be disinfected weekly and after any unanticipated event that could increase the risk of contamination."

27. CCR section 1751.6 provides:

...

"(b) The pharmacist-in-charge shall be responsible to ensure all pharmacy personnel engaging in compounding sterile injectable drug products shall have training and demonstrated competence in the safe handling and compounding of sterile injectable products, including cytotoxic agents if the pharmacy compounds products with cytotoxic agents."

perform their assigned responsibilities relating to compounding. The circumstances are as follows:

a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy located in the City of Industry, its Pharmacist-in-Charge Respondent Le failed to maintain training records and documented competency testing for Respondent Pharmacy's licensed employees compounding sterile injectable since October 13, 2009, and failed to maintain training records for the staff compounding inhaled respiratory drugs from powder to solutions.

SECOND CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Misbranded Drugs)

36. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), in conjunction with 4169, subdivision (a)(3), as defined under Health and Safety Code section 111335, in that during the Board's inspection on December 19, 2011, its Pharmacist-in-Charge Respondent Le allowed the selling of misbranded drugs with the expiration dates greater than the ingredients' expiration as shown on the following compounded drug products:

a. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL001 was prepared on 06/17/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 09/16/11, resulting in one (1) patient receiving an expired drug.

b. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL002 was prepared on 06/17/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 09/16/11, resulting in six (6) patients receiving an expired drug.

c. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL003 was prepared on 08/10/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's

28. CCR section 1793.7 provides:

"(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records."

HEALTH AND SAFETY CODE

29. Health and Safety Code section 111335 states:

"Any drug or device is misbranded if its labeling or packaging does not conform to the requirements of Chapter 4 (commencing with Section 110290)."

COST RECOVERY PROVISION

30. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUG CLASSIFICATIONS

31. Xopenex, brand name for Levalbuterol, is a dangerous drug under Code section 4022. It is used as an inhalation therapy for asthma.

32. Symbicort, brand name for Formoterol/Budesonide, is a dangerous drug pursuant to Code section 4022. It is used as an inhalation therapy for asthma.

33. Atrovent Nebules, brand name for Levalbuterol/Ipratropium, is a dangerous drug pursuant to Code section 4022. It is used as an inhalation therapy for asthma.

34. Perforomist, brand name for Formoterol, is a dangerous drug pursuant to Code section 4022. It is a long acting inhalation therapy for asthma.

FIRST CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Compounding Training Documentation)

35. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR sections 1735.7, subdivisions (a) and (b), and 1751.6, subdivision (b), in that Respondent Pharmacy failed to maintain written documentation and on-going competency evaluation to demonstrate its staff had the skills and training required to properly and accurately

expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 11/09/11, resulting in eighteen (18) patients receiving an expired drug.

d. Compounded Levalbuterol 0.63mg/ipratropium 0.5mg/3ml inhalation solution in Lot #LP013 was prepared on 08/11/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, both the levalbuterol powder and the ipratropium expiration dates were altered to reflect later dates such that the compound was issued an expiration date of 11/10/11, resulting in ten (10) patients receiving an expired drug.

e. Compounded Formoterol 12mcg/Budesonide 500mcg/2.5ml inhalation solution in Lot #FBB009 was prepared on 11/18/11 with the ingredient polysorbate 80 by Lescio listed under Lot #10200811 with an original expiration date of 12/11, but the ingredient's expiration date was altered to reflect a later date, such that the compound was issued an expiration date of 01/17/12, resulting in thirty (30) patients receiving an expired drug.

THIRD CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Complete Self-Assessment)

37. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.2, subdivision (j), in that its Pharmacist-in-Charge Respondent Le failed to complete a self-assessment. The circumstances are as follows:

a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment prior to compounding orally-inhaled products, and failed to complete the second section prior to compounding sterile injectable drugs and TPN admixtures.

b. On or about December 10, 2012, during a second Board inspection at Respondent Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment prior to compounding, and failed to complete the second section prior to compounding sterile injectable drugs and TPN admixtures.

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FOURTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Records for Compounded Products)

38. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.3, subdivision (c), in that it failed to maintain proper records for chemical products as follows:

a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy, Respondent Le failed to maintain the Certificates of Analysis as required for chemicals, bulk drugs substances, drug products, and components used in compounding.

FIFTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Compounding Policies and Procedures)

39. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.5, subdivisions (a) and (b), in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain a written policies and procedures manual related to compounding that establishes procurement procedures, methodologies for formulation and compounding drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding.

SIXTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Licensed Employee Policies and Procedures)

40. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4104, subdivision (b), in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain a written policies and procedures manual addressing chemical, mental, or physical impairment, theft, diversion, or self-use of dangerous drugs for the licensed employees.

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SEVENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Facilities and Equipment Records)

41. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.6, subdivisions (a), (b) and (c), in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain written documentation for monitoring the safe use of compounding facilities and equipment, failed to maintain written documentation for the calibration or adjustment of the equipment including the scales, incubator, the TPN compounded, and failed to maintain documentation related to the cleaning of the pharmacy's facilities and equipment.

EIGHTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Compounding Quality Assurance Plan)

42. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.8, subdivisions (a) and (c), in that during Board inspections at Respondent Pharmacy on December 19, 2011 and December 10, 2012, Respondent Le failed to maintain a written quality assurance plan, and failed to conduct qualitative or quantitative analysis of the pharmacy's compounded drug products to ensure the integrity, potency, quality, and labeled strength.

NINTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Unprofessional Conduct: Act of Moral Turpitude, Dishonesty, Fraud, Deceit, Corruption)

43. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivision (f) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician Respondent Nguyen committed an act of moral turpitude, dishonesty, fraud, deceit, or corruption, which attempted to subvert the Board's investigation. The circumstances are as follows:

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a. Respondent Le requested Respondent Nguyen to make copies of the original compounding records upon request by the Board Inspector. Respondent Nguyen altered the expiration dates on the ingredients levalbuterol, ipratropium, polysorbate and citric acid on the pharmacy's compounding records at Respondent Le's request.

b. Complaintant refers to and incorporates the allegations contained in the Second Cause for Discipline, as though set forth fully.

TENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Unprofessional Conduct: False Document/Misrepresentation)

44. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivision (g) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician Respondent Nguyen knowingly made documents which falsely represented the existence or non-existence of facts in an attempt to subvert the Board's investigation. The circumstances are as follows:

a. Respondent Le requested Respondent Nguyen to make copies of the original compounding records upon request by the Board Inspector. Respondent Nguyen altered the expiration dates on the ingredients levalbuterol, ipratropium, polysorbate and citric acid on the pharmacy's compounding records at Respondent Le's request.

b. Complaintant refers to and incorporates the allegations contained in the Second Cause for Discipline, as though set forth fully.

ELEVENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Security of Dangerous Drugs)

45. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4116, subdivision (a), in conjunction with CCR section 1714, subdivision (d), in that Respondent Pharmacy failed to ensure that the area where dangerous drugs was stored, possessed, prepared, manufactured, derived, compounded, disposed or repackaged was restricted to a pharmacist, and that a pharmacist remained present when other individuals were present. The circumstances are as follows:

a. On or about December 10, 2012, during a second Board inspection, Respondent Pharmacy granted the following employees access to the pharmacy where dangerous drugs were stored by using name badge keyless entry during after hours:

(i) Name: "Cleaning Personnel" had access to the pharmacy after closing from 6pm to 2am on Tues/Thurs/Sat.

(ii) Name: "Information Technology" (IT) had 24 hour access to pharmacy "Always On."

(iii) Name: "Managers" had 24 hour access to pharmacy "Always On."

(iv) Name: "Master" had 24 hour access to pharmacy "Always On."

(v) Name: "Pharmacists" had 24 hour access to pharmacy "Always On."

(vi) Name: "Pharmacy Staff" had access to pharmacy "7am-7pm M-F/Sat/Sun."

b. On or about December 10, 2012, during a second Board inspection, before Respondent Le arrived at the pharmacy at 09:35 a.m., there were 6 pharmacy staff inside the pharmacy without a pharmacist present, and 9 pharmacy staff present by 09:35 a.m. when Respondent Le arrived.

TWELFTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Operational Standards and Security)

46. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1714, subdivision (e), in that it allowed multiple personnel to have possession of a key to the pharmacy which was not maintained in a tamper evident container. The circumstances are as follows:

a. On or about December 10, 2012, during a second Board inspection, Respondent Le allowed the owners, family members, and/or managers of Respondent Pharmacy to set the "Access Levels" for the scanned name badge keyless entry into the pharmacy without creating a tamper evident process which would restrict entry into the pharmacy to only the pharmacist or during an emergency.

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THIRTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Operations Policy During Pharmacist Absence)

47. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (c) and CCR section 1714.1, subdivision (f), in that on or about December 10, 2012, during a second Board inspection, it failed to maintain written policies and procedures regarding the operations of the pharmacy during the temporary absence of the pharmacist.

FOURTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Proper Records of Compounded Drug Products/Supervision)

48. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (c) and CCR section 1735.3, subdivisions (a)(3), (a)(4), (a)(6), (a)(7), and (a)(9), in conjunction with CCR section 1793.7, subdivision (b), in that on or about December 10, 2012, during a second Board inspection, Respondent Pharmacy failed to maintain proper records of the compounded drug products, and maintain proper supervision of the pharmacy technicians. The circumstances are as follows:

a. From about November 14, 2012 to about December 7, 2012, Pharmacist-in-Charge Respondent Le allowed pharmacy technician A.Y. to compound non-sterile to sterile filtered unit dose oral inhalation drugs without documenting on the compounding form the manufacturer and lot numbers for each ingredient, the equipment used in compounding, the expiration date of each ingredient to confirm the final compounded drug product's expiration date.

b. From about November 14, 2012 to about December 7, 2012, pharmacy technician A.Y. did not sign the compounding forms identifying that he compounded the drug products, and Respondent Le did not sign the compounding forms identifying that she reviewed the final drug product, or that she was directly supervising A.Y. in the maintenance of the compounding records. As a result of the lack of supervision, Respondent Le allowed the following to occur:

(i) Two (2) patients received the batch of compounded Levalbuterol 0.63mg/ipratropium 0.5mg/3ml under Lot #LFP016 that which was compounded on 11/23/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no

record of who compounded the drug or who verified the end product. The drug was dispensed to both patients before completion of an end product testing for sterility.

(ii) Five (5) patients received the batch of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml under Lot #FBB00021 which was compounded on 12/05/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all five (5) patients before completion of an end product testing for sterility.

(iii) Fifty (50) patients received the batch of compounded Levalbuterol 1.25mg/ipratropium 0.5mg/3ml under Lot #LFP310 which was compounded on 11/20/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to thirty-three (33) of the fifty (50) patients before completion of an end product testing for sterility.

(iv) Seven (7) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL012 which was compounded on 12/05/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all seven (7) patients before completion of an end product testing for sterility.

(v) Twenty-nine (29) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL011 which was compounded on 11/14/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to nineteen (19) of the twenty-nine (29) patients before completion of an end product testing for sterility.

(vi) One hundred and forty (140) patients received the batches of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml all recorded under Lot #FBB00022 which were

compounded on 12/07/12, 12/05/12, 11/26/12 and 11/23/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all one hundred and forty (140) patients before completion of an end product testing for sterility.

FIFTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Ensure Compounding Limitations and Requirements)

49. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (c) and CCR section 1735.2, subdivision (f), in conjunction with CCR section 1735.1, subdivision (c), in that on or about December 10, 2012, during a second Board inspection, Respondent Pharmacy failed to ensure the integrity, potency, quality, and labeled strength of the compounded drug products until they were dispensed. The circumstances are as follows:

a. Respondent Le conducted quality testing on the end product of the compounded non-sterile to sterile orally inhaled filtered drugs by using a tryptic soy broth medium to confirm the absence of harmful bacteria contaminants. These batches were not quarantined but instead dispensed to patients before the fourteen (14) day testing period for sterility and prior to confirming the "Quality" was sterile for the following batches:

(i) Two (2) patients received the batch of compounded Levalbuterol 0.63mg/ipratropium 0.5mg/3ml under Lot #LFP016 that which was compounded on 11/23/12. The drug was dispensed to both patients before completion of an end product testing for sterility.

(ii) Five (5) patients received the batch of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml under Lot #FBB00021 which was compounded on 12/05/12. The drug was dispensed to all five (5) patients before completion of an end product testing for sterility.

(iii) Fifty (50) patients received the batch of compounded Levalbuterol 1.25mg/ipratropium 0.5mg/3ml under Lot #LFP310 which was compounded on 11/20/12. The drug was dispensed to thirty-three (33) of the fifty (50) patients before completion of an end product testing for sterility.

(iv) Seven (7) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL012 which was compounded on 12/05/12. The drug was dispensed to all seven (7) patients before completion of an end product testing for sterility.

(v) Twenty-nine (29) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL011 which was compounded on 11/14/12. The drug was dispensed to nineteen (19) of the twenty-nine (29) patients before completion of an end product testing for sterility.

(vi) One hundred and forty (140) patients received the batches of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml all recorded under Lot #FBB00022 which were compounded on 12/07/12, 12/05/12, 11/26/12 and 11/23/12. The drug was dispensed to all one hundred and forty (140) patients before completion of an end product testing for sterility.

SIXTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Dispensing/Sale of Expired Drug)

50. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (c), and 4169, subdivision (a)(4) as defined under Code section 4076, subdivision (a)(9), in that on or about December 10, 2012, during a second Board inspection, Respondent Le allowed the selling of a compounded drug labeled with an expired date on the 3000ml batch of Levalbuterol 0.63mg/ipratropium 0.5mg/3ml under Lot #LFP016 which was compounded on 11/23/12 with an expiration date of 01/23/12. This drug was dispensed as follows:

a. On 11/23/12 to Patient E.D. on RX 058028 with an expiration date of 01/23/12;

b. On 12/07/12 to Patient L.L. on RX 48575 with an expiration date of 01/23/12.

SEVENTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Include Expiration Date on Labels)

51. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (c), and 4169, subdivision (a)(3) as defined under Health and Safety Code section 111335 and CCR section 1735.4, subdivision (c), in that on or about December 10, 2012,

during a second Board inspection, Respondent Le allowed the dispensing of misbranded unit-dose containers of the following drugs which contained no expiration dates on the labels:

- a. Compounded Levalbuterol 0.63mg/Ipratropium 0.5mg/3ml;
- b. Compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml;
- c. Compounded Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
- d. Compounded Levalbuterol 1mg/3ml.

EIGHTEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Purchase of Dangerous Drugs from Unlicensed Entity)

52. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a)(1), in that on or about December 10, 2012, during a second Board inspection, Board Inspectors discovered that Respondent Le purchased Levalbuterol powder from a non-licensed wholesale distributor - Compounding Direct in Quebec Canada, which was manufactured by AARTI Industries without first confirming that the manufacturer was licensed by the Food and Drugs Administration. The circumstances are as follows:

- a. On or about 12/02/2011, Respondent Pharmacy purchased from Compounding Direct Levalbuterol Powder USP 3x100gms for \$4,500.
- b. On or about 07/13/2012, Respondent Pharmacy purchased from Compounding Direct Levalbuterol Powder USP 3x100gms for \$4,500.

NINETEENTH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Embargoed Misbranded Dangerous Drugs)

53. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a) and 4084, subdivisions (a) and (f), in that on or about December 10, 2012, during a second Board inspection, Board Inspectors sealed and embargoed the following compounded unit-dose vials for destruction for lacking expiration dates on the labels:

- a. 768 vials of Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
- b. 938 vials of Formoterol 12mcg/Budesonide 0.5mg/2.5ml;

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Accusation

- c. 1083 vials of Levalbuterol 1mg/3ml.

TWENTIETH CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Failure to Maintain Facility and Equipment Standards)

54. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o), and CCR section 1751.4, subdivision (d), in that on or about December 10, 2012, during a second Board inspection, Respondent Le advised the Board Inspectors that the walls and ceiling in the cleanroom for sterile injectable compounding had not been cleaned, and there was no cleaning record.

TWENTY-FIRST CAUSE FOR DISCIPLINE (RESPONDENT PHARMACY)

(Drugs Lacking Quality and Strength)

55. Respondent Pharmacy is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4342, subdivision (a), in that on or about December 10, 2012, during a second Board inspection, Board Inspectors discovered drugs maintained at Respondent Pharmacy that did not conform to the standard and tests as to quality and strength, as follows:

- a. Unlabeled Formoterol 2.5 Stock Solution was in the refrigerator with no label to identify the date the drug was compounded or the expiration date;
- b. Unlabeled Benzalkonium Chloride 17% bottle was in the refrigerator with no label to identify the date the drug was compounded or the expiration date;
- c. Expired tryptic soy broth solutions were used to test if the drugs were sterile. The solutions expired on 02/24/11 and 05/18/12;
- d. The embargoed misbranded compounded drugs which lacked compounding records to determine the quality and strength included:
 - (i) 768 vials of Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
 - (ii) 938 vials of Formoterol 12mcg/Budesonide 0.5mg/2.5ml;
 - (iii) 1083 vials of Levalbuterol 1mg/3ml.

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Accusation

TWENTY-SECOND CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Maintain Compounding Training Documentation)

56. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o), in conjunction with CCR sections 1735.7, subdivisions (a) and (b), and 1751.6, subdivision (b), in that Respondent Le failed to maintain written documentation and on-going competency evaluation to demonstrate her staff had the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding. The circumstances are as follows:

- a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment prior to compounding orally-inhaled products, and failed to complete the second section prior to compounding sterile injectable drugs and TPN admixtures.

- b. On or about December 10, 2012, during a second Board inspection at Respondent Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment prior to compounding, and failed to complete the second section prior to compounding sterile injectable drugs and TPN admixtures.

TWENTY-THIRD CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Misbranded Drugs)

57. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a)(3), as defined under Health and Safety Code section 111335, in that during the Board's inspection on December 19, 2011, she allowed the selling of misbranded drugs with the expiration dates greater than the ingredients' expiration as shown on the following compounded drug products:

- a. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL001 was prepared on 06/17/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 09/16/11, resulting in one (1) patient receiving an expired drug.

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Accusation

- b. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL002 was prepared on 06/17/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 09/16/11, resulting in six (6) patients receiving an expired drug.

- c. Compounded Levalbuterol 1mg/3ml inhalation solution in Lot #LL003 was prepared on 08/10/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, but the levalbuterol powder and citric acid anhydrous powder's expiration dates were altered to reflect later dates, such that the compound was issued an expiration date of 11/09/11, resulting in eighteen (18) patients receiving an expired drug.

- d. Compounded Levalbuterol 0.63mg/Ipratropium 0.5mg/3ml inhalation solution in Lot #LP013 was prepared on 08/11/11 with the ingredient levalbuterol powder by Spectrum under Lot #VJ1342 with an original expiration date in 08/11, both the levalbuterol powder and the Ipratropium expiration dates were altered to reflect later dates such that the compound was issued an expiration date of 11/10/11, resulting in ten (10) patients receiving an expired drug.

- e. Compounded Formoterol 12mcg/Budesonide 500mcg/2.5ml inhalation solution in Lot #FBB009 was prepared on 11/18/11 with the ingredient polysorbate 80 by Letco listed under Lot #10200811 with an original expiration date of 12/11, but the ingredient's expiration date was altered to reflect a later date, such that the compound was issued an expiration date of 01/17/12, resulting in thirty (30) patients receiving an expired drug.

TWENTY-FOURTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Complete Self-Assessment)

58. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o) and CCR section 1735.2, subdivision (j), in that she failed to complete a self-assessment. The circumstances are as follows:

- a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment prior to

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Accusation

1 compounding orally-inhaled products, and failed to complete the second section prior to
2 compounding sterile injectable drugs and TPN admixtures.
3 b. On or about December 10, 2012, during a second Board inspection at Respondent
4 Pharmacy, Respondent Le failed to complete the first section of the compounding self-assessment
5 prior to compounding, and failed to complete the second section prior to compounding sterile
6 injectable drugs and TPN admixtures.

7 **TWENTY-FIFTH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

8 **(Failure to Maintain Records for Compounded Products)**

9 59. Respondent Le is subject to disciplinary action under Code section 4301, subdivision
10 (o), and CCR section 1735.3, subdivision (c), in that she failed to maintain proper records for
11 chemical products as follows:

12 a. On or about December 19, 2011, during a Board inspection at Respondent Pharmacy,
13 Respondent Le failed to maintain the Certificates of Analysis as required for chemicals, bulk
14 drugs substances, drug products, and components used in compounding.

15 **TWENTY-SIXTH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

16 **(Failure to Maintain Compounding Policies and Procedures)**

17 60. Respondent Le is subject to disciplinary action under Code section 4301, subdivision
18 (o), and CCR section 1735.5, subdivisions (a) and (b), in that during a Board inspection at
19 Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain a written policies
20 and procedures manual related to compounding that establishes procurement procedures,
21 methodologies for formulation and compounding drugs, facilities and equipment cleaning,
22 maintenance, operation, and other standard operating procedures related to compounding.

23 **TWENTY-SEVENTH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

24 **(Failure to Maintain Licensed Employee Policies and Procedures)**

25 61. Respondent Le is subject to disciplinary action under Code sections 4301,
26 subdivisions (j) and (o), and 4104, subdivision (b), in that during a Board inspection at
27 Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain a written policies
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1 and procedures manual addressing chemical, mental, or physical impairment, theft, diversion, or
2 self-use of dangerous drugs for the licensed employees.

3 **TWENTY-EIGHTH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

4 **(Failure to Maintain Facilities and Equipment Records)**

5 62. Respondent Le is subject to disciplinary action under Code section 4301, subdivision
6 (o), and CCR section 1735.6, subdivisions (e), (b) and (c), in that during a Board inspection at
7 Respondent Pharmacy on December 19, 2011, Respondent Le failed to maintain written
8 documentation for monitoring the safe use of compounding facilities and equipment, failed to
9 maintain written documentation for the calibration or adjustment of the equipment including the
10 scales, incubator, the TPN compounded, and failed to maintain documentation related to the
11 cleaning of the pharmacy's facilities and equipment.

12 **TWENTY-NINTH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

13 **(Failure to Maintain Compounding Quality Assurance Plan)**

14 63. Respondent Le is subject to disciplinary action under Code section 4301, subdivision
15 (o), and CCR section 1735.8, subdivisions (a) and (c), in that during Board inspections at
16 Respondent Pharmacy on December 19, 2011 and December 10, 2012, Respondent Le failed to
17 maintain a written quality assurance plan, and failed to conduct qualitative or quantitative
18 analysis of the pharmacy's compounded drug products to ensure the integrity, potency, quality,
19 and labeled strength.

20 **THIRTIETH CAUSE FOR DISCIPLINE (RESPONDENT LE)**

21 **(Unprofessional Conduct: Act of Moral Turpitude, Dishonesty, Fraud, Deceit, Corruption)**

22 64. Respondent Le is subject to disciplinary action under Code sections 4301, subdivision
23 (f) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at
24 Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician
25 Respondent Nguyen committed an act of moral turpitude, dishonesty, fraud, deceit, or corruption,
26 which attempted to subvert the Board's investigation. The circumstances are as follows:

27 a. Respondent Le requested Respondent Nguyen to make copies of the original
28 compounding records upon request by the Board Inspector. Respondent Nguyen altered the

1 expiration dates on the ingredients levobutolol, ipratropium, polysorbate and citric acid on the
2 pharmacy's compounding records at Respondent Le's request.

3 b. Complainant refers to and incorporates the allegations contained in the Second Cause
4 for Discipline, as though set forth fully.

5 **THIRTY-FIRST CAUSE FOR DISCIPLINE (RESPONDENT LE)**

6 **(Unprofessional Conduct: False Document/Misrepresentation)**

7 65. Respondent Le is subject to disciplinary action under Code sections 4301, subdivision
8 (g) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at
9 Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician
10 Respondent Nguyen knowingly made documents which falsely represented the existence or non-
11 existence of facts in an attempt to subvert the Board's investigation. The circumstances are as
12 follows:

13 a. Respondent Le requested Respondent Nguyen to make copies of the original
14 compounding records upon request by the Board Inspector. Respondent Nguyen altered the
15 expiration dates on the ingredients levobutolol, ipratropium, polysorbate and citric acid on the
16 pharmacy's compounding records at Respondent Le's request.

17 b. Complainant refers to and incorporates the allegations contained in the Second Cause
18 for Discipline, as though set forth fully.

19 **THIRTY-SECOND CAUSE FOR DISCIPLINE (RESPONDENT LE)**

20 **(Failure to Maintain Security of Dangerous Drugs)**

21 66. Respondent Le is subject to disciplinary action under Code sections 4301,
22 subdivisions (j) and (o), and 4116, subdivision (a), in conjunction with CCR section 1714,
23 subdivision (d), in that she failed to ensure that the area where dangerous drugs was stored,
24 possessed, prepared, manufactured, derived, compounded, disposed or repackaged was restricted
25 to a pharmacist, and that a pharmacist remained present when other individuals were present. The
26 circumstances are as follows:
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1 a. On or about December 10, 2012, during a second Board inspection, Respondent
2 Pharmacy granted the following employees access to the pharmacy where dangerous drugs were
3 stored by using name badge keyless entry during after hours:

4 (i) Name: "Cleaning Personnel" had access to the pharmacy after closing from
5 "6pm to 2am on Tues/Thurs/Sat."

6 (ii) Name: "Information Technology" (IT) had 24 hour access to pharmacy
7 "Always On."

8 (iii) Name: "Managers" had 24 hour access to pharmacy "Always On."

9 (iv) Name: "Master" had 24 hour access to pharmacy "Always On."

10 (v) Name: "Pharmacists" had 24 hour access to pharmacy "Always On."

11 (vi) Name: "Pharmacy Staff" had access to pharmacy "7am-7pm M-F/Sat/Sun."

12 b. On or about December 10, 2012, during a second Board inspection, before
13 Respondent Le arrived at the pharmacy at 09:35 a.m., there were 6 pharmacy staff inside the
14 pharmacy without a pharmacist present, and 9 pharmacy staff present by 09:35 a.m. when
15 Respondent Le arrived.

16 **THIRTY-THIRD CAUSE FOR DISCIPLINE (RESPONDENT LE)**

17 **(Failure to Maintain Operational Standards and Security)**

18 67. Respondent Le is subject to disciplinary action under Code section 4301, subdivision
19 (o), and CCR section 1714, subdivision (e), in that she allowed multiple personnel to have
20 possession of a key to the pharmacy which was not maintained in a tamper evident container.
21 The circumstances are as follows:

22 a. On or about December 10, 2012, during a second Board inspection, Respondent Le
23 allowed the owners, family members, and/or managers of Respondent Pharmacy to set the
24 "Access Levels" for the scanned name badge keyless entry into the pharmacy without creating a
25 tamper evident process which would restrict entry into the pharmacy to only the pharmacist or
26 during an emergency.
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THIRTY-FOURTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Maintain Operations Policy During Pharmacist Absence)

68. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o), and CCR section 1714.1, subdivision (f), in that on or about December 10, 2012, during a second Board inspection, she failed to maintain written policies and procedures regarding the operations of the pharmacy during the temporary absence of the pharmacist.

THIRTY-FIFTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Maintain Proper Records of Compounded Drug Products/Supervision)

69. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o), and CCR section 1735.3, subdivisions (a)(3), (4), (6), (7), and (9), in conjunction with CCR section 1793.7, subdivision (b), in that on or about December 10, 2012, during a second Board inspection, Respondent Le failed to maintain proper records of the compounded drug products, and maintain proper supervision of the pharmacy technicians. The circumstances are as follows:

a. From about November 14, 2012 to about December 7, 2012, Respondent Le allowed pharmacy technician A.Y. to compound non-sterile to sterile filtered unit dose oral inhalation drugs without documenting on the compounding form the manufacturer and Lot numbers for each ingredient, the equipment used in compounding, the expiration date of each ingredient to confirm the final compounded drug product's expiration date.

b. From about November 14, 2012 to about December 7, 2012, pharmacy technician A.Y. did not sign the compounding forms identifying that he compounded the drug products, and Respondent Le did not sign the compounding forms identifying that she reviewed the final drug product, or that she was directly supervising A.Y. in the maintenance of the compounding records. As a result of the lack of supervision, Respondent Le allowed the following to occur:

(i) Two (2) patients received the batch of compounded Levalbuterol 0.63mg/Ipratropium 0.5mg/3ml under Lot #LP016 that which was compounded on 11/23/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no

record of who compounded the drug or who verified the end product. The drug was dispensed to both patients before completion of an end product testing for sterility.

(ii) Five (5) patients received the batch of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml under Lot #FBB00021 which was compounded on 12/05/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all five (5) patients before completion of an end product testing for sterility.

(iii) Fifty (50) patients received the batch of compounded Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml under Lot #LPP310 which was compounded on 11/20/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to thirty-three (33) of the fifty (50) patients before completion of an end product testing for sterility.

(iv) Seven (7) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL012 which was compounded on 12/05/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all seven (7) patients before completion of an end product testing for sterility.

(v) Twenty-nine (29) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL011 which was compounded on 11/14/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to nineteen (19) of the twenty-nine (29) patients before completion of an end product testing for sterility.

(vi) One hundred and forty (140) patients received the batches of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml all recorded under Lot #FBB00022 which were

compounded on 12/07/12, 12/05/12, 11/26/12 and 11/23/12 without documentation on the compounding records of any of the drug manufacturers, lot numbers, or expiration dates for any of the ingredients used in the compound. There was no record of who compounded the drug or who verified the end product. The drug was dispensed to all one hundred and forty (140) patients before completion of an end product testing for sterility.

THIRTY-SIXTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Ensure Compounding Limitations and Requirements)

70. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o), and CCR section 1735.2, subdivision (f), in conjunction with CCR section 1735.1, subdivision (c), in that on or about December 10, 2012, during a second Board inspection, Respondent Le failed to ensure the integrity, potency, quality, and labeled strength of the compounded drug products until they were dispensed. The circumstances are as follows:

a. Respondent Le conducted quality testing on the end product of the compounded non-sterile to sterile orally inhaled filtered drugs by using a tryptic soy broth medium to confirm the absence of harmful bacteria contaminants. These batches were not quarantined but instead dispensed to patients before the fourteen (14) day testing period for sterility and prior to confirming the "Quality" was sterile for the following batches:

(i) Two (2) patients received the batch of compounded Levalbuterol 0.63mg/Ipratropium 0.5mg/3ml under Lot #LP016 that which was compounded on 11/23/12. The drug was dispensed to both patients before completion of an end product testing for sterility.

(ii) Five (5) patients received the batch of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml under Lot #FBB00021 which was compounded on 12/05/12. The drug was dispensed to all five (5) patients before completion of an end product testing for sterility.

(iii) Fifty (50) patients received the batch of compounded Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml under Lot #LPP310 which was compounded on 11/20/12. The drug was dispensed to thirty-three (33) of the fifty (50) patients before completion of an end product testing for sterility.

(iv) Seven (7) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL012 which was compounded on 12/05/12. The drug was dispensed to all seven (7) patients before completion of an end product testing for sterility.

(v) Twenty-nine (29) patients received the batch of compounded Levalbuterol 1mg/3ml under Lot #LL011 which was compounded on 11/14/12. The drug was dispensed to nineteen (19) of the twenty-nine (29) patients before completion of an end product testing for sterility.

(vi) One hundred and forty (140) patients received the batches of compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml all recorded under Lot #FBB00022 which were compounded on 12/07/12, 12/05/12, 11/26/12 and 11/23/12. The drug was dispensed to all one hundred and forty (140) patients before completion of an end product testing for sterility.

THIRTY-SEVENTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Dispensing/Sale of Expired Drug)

71. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a)(4) as defined under Business and Professions Code section 4076, subdivision (a)(9), in that on or about December 10, 2012, during a second Board inspection, Respondent Le allowed the selling of a compounded drug labeled with an expired date on the 3000ml batch of Levalbuterol 0.63/Ipratropium 0.5mg/3ml under Lot #LP016 which was compounded on 11/23/12 with an expiration date of 01/23/12. This drug was dispensed as follows:

a. On 11/23/12 to Patient E.D. on RX 058028 with an expiration date of 01/23/12;

b. On 12/07/12 to Patient L.L. on RX 48575 with an expiration date of 01/23/12.

THIRTY-EIGHTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Include Expiration Date on Labels)

72. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a)(3) as defined under Health and Safety Code section 111335 and CCR section 1735.4, subdivision (c), in that on or about December 10, 2012,

during a second Board inspection, Respondent Le allowed the dispensing of misbranded unit-dose containers of the following drugs which contained no expiration dates on the labels:

- a. Compounded Levalbuterol 0.63mg/Ipratropium 0.5mg/3ml;
- b. Compounded Formoterol 12mcg/Budesonide 0.5mg/2.5ml;
- c. Compounded Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
- d. Compounded Levalbuterol 1mg/3ml.

THIRTY-NINTH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Purchase of Dangerous Drugs from Unlicensed Entity)

73. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4169, subdivision (a)(1), in that on or about December 10, 2012, during a second Board inspection, Board inspectors discovered that Respondent Le purchased Levalbuterol powder from a non-licensed wholesale distributor - Compounding Direct in Quebec Canada, which was manufactured by AARTI Industries without first confirming that the manufacturer was licensed by the Food and Drugs Administration. The circumstances are as follows:

- a. On or about 12/02/2011, Respondent Pharmacy purchased from Compounding Direct Levalbuterol Powder USP 3x100gms for \$4,500.
- b. On or about 07/13/2012, Respondent Pharmacy purchased from Compounding Direct Levalbuterol Powder USP 3x100gms for \$4,500.

FORTIETH CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Embargued Misbranded Dangerous Drugs)

74. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), in conjunction with 4169, subdivision (a) and 4084, subdivisions (a) and (f), in that on or about December 10, 2012, during a second Board inspection, Board inspectors sealed and embargoed the following compounded unit-dose vials for destruction for lacking expiration dates on the labels:

- a. 768 vials of Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
- b. 938 vials of Formoterol 12mcg/Budesonide 0.5mg/2.5ml;

- c. 1083 vials of Levalbuterol 1mg/3ml.

FORTY-FIRST CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Failure to Maintain Facility and Equipment Standards)

75. Respondent Le is subject to disciplinary action under Code section 4301, subdivision (o), and CCR section 1751.4, subdivision (d), in that on or about December 10, 2012, during a second Board inspection, Respondent Le advised the Board inspectors that the walls and ceiling in the cleanroom for sterile injectable compounding had not been cleaned, and there was no cleaning record.

FORTY-SECOND CAUSE FOR DISCIPLINE (RESPONDENT LE)

(Drugs Lacking Quality and Strength)

76. Respondent Le is subject to disciplinary action under Code sections 4301, subdivisions (j) and (o), and 4342, subdivision (a), in that on or about December 10, 2012, during a second Board inspection, Board inspectors discovered drugs maintained at Respondent Pharmacy that did not conform to the standard and tests as to quality and strength, as follows:

- a. Unlabeled Formoterol 2.5 Stock Solution was in the refrigerator with no label to identify the date the drug was compounded or the expiration date;
- b. Unlabeled Benzalkonium Chloride 17% bottle was in the refrigerator with no label to identify the date the drug was compounded or the expiration date;
- c. Expired tryptic soy broth solutions were used to test if the drugs were sterile. The solutions expired on 02/24/11 and 05/18/12;
- d. The embargoed misbranded compounded drugs which lacked compounding records to determine the quality and strength included:
 - (i) 768 vials of Levalbuterol 1.25mg/Ipratropium 0.5mg/3ml;
 - (ii) 938 vials of Formoterol 12mcg/Budesonide 0.5mg/2.5ml;
 - (iii) 1083 vials of Levalbuterol 1mg/3ml.

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FORTY-THIRD CAUSE FOR DISCIPLINE (RESPONDENT NGUYEN)

(Unprofessional Conduct: Act of Moral Turpitude, Dishonesty, Fraud, Deceit, Corruption)

77. Respondent Nguyen is subject to disciplinary action under Code sections 4301, subdivision (f) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician Respondent Nguyen committed an act of moral turpitude, dishonesty, fraud, deceit, or corruption, which attempted to subvert the Board's investigation. The circumstances are as follows:

- a. Respondent Le requested Respondent Nguyen to make copies of the original compounding records upon request by the Board Inspector. Respondent Nguyen altered the expiration dates on the ingredients levalbuterol, ipratropium, polysorbate and citric acid on the pharmacy's compounding records at Respondent Le's request.
- b. Complainant refers to and incorporates the allegations contained in the Second Cause for Discipline, as though set forth fully.

FORTY-FOURTH CAUSE FOR DISCIPLINE (RESPONDENT NGUYEN)

(Unprofessional Conduct: False Documents/Misrepresentation)

78. Respondent Nguyen is subject to disciplinary action under Code sections 4301, subdivision (g) and 4301, subdivision (q) for unprofessional conduct, in that during a Board inspection at Respondent Pharmacy on December 19, 2011, Respondent Le and pharmacy technician Respondent Nguyen knowingly made documents which falsely represented the existence or non-existence of facts in an attempt to subvert the Board's investigation. The circumstances are as follows:

- a. Respondent Le requested Respondent Nguyen to make copies of the original compounding records upon request by the Board Inspector. Respondent Nguyen altered the expiration dates on the ingredients levalbuterol, ipratropium, polysorbate and citric acid on the pharmacy's compounding records at Respondent Le's request.
- b. Complainant refers to and incorporates the allegations contained in the Second Cause for Discipline, as though set forth fully.

DISCIPLINE CONSIDERATIONS

79. To determine the degree of discipline, if any, to be imposed on Respondent Pharmacy, Complainant alleges that on or about February 27, 2004, in a prior action, the Board issued Citation Number CI 2002 25346 in the amount of \$1,600 for violation of CCR sections 1751.7, subdivisions (a), (d) and (e); 1751.5; 1751.8, subdivision (f), 1716.2, 1714, subdivision (b); 1715 subdivisions (a) and (b); 1793.7, subdivision (b); and Code section 4116. Respondent Pharmacy has fully complied with the Citation.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 45943, issued to Super Care, Inc. dba Supercare; Gabriel Cassar (President); Micheline Cassar (Chief Executive Officer); John L. Cassar (Vice President); Michael Cassar (Shareholder);
2. Revoking or suspending Pharmacist License No. RPH 25650, issued to Gabriel John Cassar, a.k.a. Gabriel Cassar;
3. Revoking or suspending Pharmacist License No. RPH 57903, issued to Katherine Thi Le, a.k.a. Katherine Le;
4. Revoking or suspending Pharmacy Technician Registration TCH 89616, issued to Tuan Kieu Nguyen;
5. Ordering Super Care, Inc. dba Supercare, Gabriel John Cassar, a.k.a. Gabriel Cassar, Katherine Thi Le, a.k.a. Katherine Le, and Tuan Kieu Nguyen, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

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6. Taking such other and further action as deemed necessary and proper.

DATED: 1/17/14

Virginia Herold
VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended
Accusation Against:

PHARMACY CARE NETWORK, INC.,
DBA KANAN PHARMACY & MEDICAL
SUPPLIES; ANTHONY JOHN CASSAR

Pharmacy Permit No. PHY 46707,

ANTHONY JOHN CASSAR,

Pharmacist License No. RPH 49326

Respondents.

Case No. 4828

OA# No. 2017090986

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by
the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 2, 2019.

It is so ORDERED on June 3, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By



Victor Law, R.Ph.
Board President

Complainant portrays respondents as being complicit in the overdose death of one of their patients, who sought drugs from several doctors and numerous pharmacies, and that respondents were reckless in violating their corresponding responsibility in refilling early 65 prescriptions for four patients. As for two other drug-seeking patients who forged prescriptions while seeking non-opioids, respondents are accused of again failing in their corresponding responsibility by prescribing to them drugs from the forged prescriptions, even though respondents were ultimately the only ones among many involved pharmacists and pharmacists to detect the drug-seeking and stop it. Respondents are also accused of various regulatory violations in how they documented and dispensed drugs, as well as altering three prescriptions in an attempt to foil the investigation underlying this case.

Although it was not established that respondents were responsible for the overdose death of the one patient, they did violate their corresponding responsibility by refilling 65 prescriptions early for four of their patients, including the one who overdosed. As for the two other drug-seeking patients who forged prescriptions while seeking non-opioids, respondents also failed to exercise their corresponding responsibility by missing two red flags and still prescribing to them drugs from the forged prescriptions, albeit with significant mitigating facts. Complainant failed to establish many of the regulatory violations alleged against respondents, but did prove Anthony Cassar altered three prescriptions by adding to them, after the fact, information not contained on the originals, though it was not established the added information was false. Respondents established significant evidence of mitigation and rehabilitation. Under these circumstances, moderate discipline is warranted. Moreover, some of the investigation and prosecution costs sought by complainant are unreasonable and unnecessary and therefore are reduced accordingly.

FACTUAL FINDINGS

Parties and Jurisdiction

1. On a date not established, an Accusation was filed against respondents by complainant in her official capacity.

2. On January 12, 2017, a Notice of Defense was filed on behalf of respondents, which requested a hearing to challenge the allegations of the Accusation.

Accusation Against:

PHARMACY CARE NETWORK, INC.,
DBA KANAN PHARMACY & MEDICAL
SUPPLIES; ANTHONY JOHN CASSAR,

Pharmacy Permit No. PHY 46707,

ANTHONY JOHN CASSAR,

Pharmacist License No. RPH 49326

Respondents.

Case No. 4828

OA# No. 2017090986

PROPOSED DECISION

This matter was heard by Eric Sawyer, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, on April 16 through 20, 2018, and October 29 through November 2, 2018, in Los Angeles.

Morgan Malek, Deputy Attorney General, represented Virginia K. Herold (complainant), Executive Officer of the Board of Pharmacy (Board).

Armond Marvarian, Esq., represented respondents Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies, and Anthony Cassar, who was present each day.

The record was held open after the conclusion of the hearing for the parties to submit closing briefs, which were timely received and marked as follows: complainant's brief (ex. 26), respondents' brief (ex. 27), and complainant's rebuttal (ex. 27). The record was closed and the matter submitted for decision upon receipt of the last brief on February 13, 2019.

SUMMARY

This country's opioid crisis has produced many victims.

5. On May 18, 2004, the Board issued Pharmacy Permit Number PHY 46707 (or permit) to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies (respondent Kanan Pharmacy). Anthony John Cassar (respondent Cassar), who owns half of the business, is, and has been, the President and Pharmacist-In-Charge (or PIC) of respondent Kanan Pharmacy since May 18, 2004. Maria Cassar, respondent Cassar's wife, is, and has been, Secretary/Treasurer of respondent Kanan Pharmacy since May 18, 2004, and she owns the other half of the business. The permit was in force at all times relevant to the Second Amended Accusation and will expire on May 1, 2019, unless renewed.

6. On March 25, 1997, the Board issued Pharmacist License Number RPH 49326 (or license) to respondent Cassar. The license was in force at all times relevant to the Second Amended Accusation and will expire on May 31, 2020, unless renewed.

Respondents' Background and Record with the Board

7. Respondent Cassar received a bachelor degree from Loyola Marymount University and then married Maria, who he met in college. He graduated from the USC School of Pharmacy and was issued his pharmacy license from the Board. The Cassars have been married over 28 years and have two children, one in college and one in high school.

8. In March 2004, the Cassars purchased respondent Kanan Pharmacy, which is a moderate sized, independent pharmacy, open seven days a week, serving the areas of Calabasas to Westlake. Respondent Cassar is the PIC and manages the business; Mrs. Cassar does the bookkeeping.

9. Respondents have no prior disciplinary record with the Board.

10. On February 27, 2004, the Board issued Citation Number CI 2002 25346 in the amount of \$1,850 to respondent Cassar for the violations described below, which occurred on or about May 1 and 6, 2003. The citation was not appealed and became final.¹

* Business and Professions Code section 4116, subdivision (a) [failure to secure area where controlled substances are stored];²

¹ Citations are not considered discipline.

• California Code of Regulations, title 16, sections 1751.5, 1751.7, subdivisions (a), (d), and (e), and 1751.8, subdivision (f) [quality assurance/training of staff, patient and caregiver/policies and procedures for parental products];

• California Code of Regulations, title 16, section (Regulation) 1716.2, subdivision (a)(1), (2), (3), (4), (6), and (8) [records requirement—compounding for future furnishing];

• Section 4116, subdivision (b), and Regulation 1714.1, subdivision (f) [pharmacy operations during the temporary absence of a pharmacist];

• Regulation 1714, subdivision (d) [improper pharmacy security];

• Regulation 1715, subdivisions (a) and (h)(1) [self-assessment of a pharmacy by the pharmacist-in-charge]; and

• Regulation 1793.7, subdivision (b) [requirements for pharmacies employing pharmacy technicians].

The CURES Program

11. The Controlled Substance Utilization Review and Evaluation System (CURES) is a database that contains over 100 million entries of controlled substance drugs that were dispensed in California. CURES is part of a program developed by the California Department of Justice, Bureau of Narcotic Enforcement, which allows access to the Prescription Drug Monitoring Program (PDMP) system. The PDMP allows pre-registered users, including licensed healthcare prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense controlled substances, law enforcement, and regulatory boards, to access patient controlled substance history information.

12. The CURES program started in 1998 and required mandatory monthly pharmacy reporting of dispensed Schedule II controlled substances and was amended in January 2005 to include mandatory weekly reporting of Schedule III through IV controlled substances. The data is sent to a data collection company, which sends the pharmacy confirmation that the data was received and lets the pharmacy know whether any data was rejected. The data is collected statewide and can be used by health care professionals such as pharmacists and prescribers to evaluate and determine whether their patients are utilizing their controlled substances correctly.

13. Board Inspector Valerie Sakamura and Supervising Inspector Janice Dang generally dismissed in their testimony the evolution and significance of the CURES program to pharmacists. However, Inspector Sakamura has no prior experience as a retail pharmacist, and Supervising Inspector Dang has limited experience that predated the start of the CURES

² Undesignated statutory references are to the Business and Professions Code.

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The Board's Investigation of the BK Complaint

17. On January 12, 2010, BK⁴ died. He was 26 years old at the time. His mother found him in his room unresponsive, apparently having overdosed. The cause of his death was later determined to be Oxycodone intoxication. (Exs. 9-11.)

18. BK's mother, who is a registered nurse, found a significant number of prescription bottles in BK's room when she found him on the day he died. (Exs. 13 & 18.) The prescription bottles were for medications that had been filled by respondents from September 10, 2009, to November 12, 2009.

19. On August 31, 2011, the Board received a complaint from BK's mother. The Board assigned the investigation to Inspector Sakamura. She discovered that most of the medications in question had been prescribed for BK by Lawrence Glass, Doctor of Osteopathy. Dr. Glass had been investigated by the Osteopathic Medical Board of California and disciplinary charges had been filed against his license on March 4, 2011. Dr. Glass committed suicide before the matter could be resolved.

20. In preparation for an inspection of respondents' pharmacy premises, Inspector Sakamura reviewed CURES data for respondent Kanan Pharmacy for the time period of October 1, 2008, through January 1, 2010. Inspector Sakamura learned from the data that there were 283 Schedules II through IV prescriptions filled during that period for 23 patients. Inspector Sakamura selected three of the 23 patients to review their controlled substance dispensing by respondents, i.e., KC, MS, and SM. Due to the complaint filed by BK's mother, Inspector Sakamura also requested and reviewed the same documentation for BK.

21. On March 15, 2013, Inspector Sakamura visited the Kanan Pharmacy premises. Respondent Cassar was acting as the PIC at that time and was present. Inspector Sakamura gave respondent Cassar the names of the three patients she had chosen from the CURES data and asked for their patient profiles, as well as the same information for BK. Respondent Cassar had the profiles printed. Inspector Sakamura also gave him a list of questions to answer for each of the four patients, as well as questions about Dr. Glass. Inspector Sakamura also asked how respondents dealt with forged prescriptions, prescriptions from drug seekers, and what tools were used to decide whether to fill a prescription.

22. On April 6, 2013, Inspector Sakamura received a statement from respondent Cassar responding to some of her questions. On April 22, 2013, Inspector Sakamura received copies of the patient profiles and prescriptions for the four patients in question and respondent Cassar's responses to Inspector Sakamura's remaining questions. Inspector Sakamura unrelated the information she received from respondents and arrived at a number of conclusions concerning the prescriptions for each of the four patients.

⁴ Initials are used to protect the privacy of the involved patients.

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program. For that reason, their collective testimony on CURES was of limited value. On the other hand, two of respondents' witnesses, licensed pharmacist and character witness Ira Freeman, as well as pharmacist and pharmacy practices expert witness Jeb Sydejko, provided detailed and credible testimony concerning the evolution of CURES from its inception to the present. Both Freeman and Sydejko have significant retail pharmacy experience. In addition, Mr. Freeman was involved in the testing of the early versions of CURES. The testimony of Messrs. Freeman and Sydejko, as well as the corroborating testimony of respondent Cassar concerning his experience with CURES at the times in question, established the following facts concerning the evolution of CURES and standard of care for using it.³

14. When first implemented in 2008, CURES did not generate live data online. Instead, it operated as a fax response system, where a fax request would be made by a health care provider and a response would be received from the Department of Justice approximately 7-10 days later. Dr. Freeman testified that even though he was registered with CURES in 2008, he did not regularly make requests for information through CURES; he would only do so if he had a question about a particular prescription or if a prescriber had a question regarding a patient.

15. In 2010, CURES 1.0 became available as an online system. According to Messrs. Freeman and Sydejko, CURES 1.0 was better, but it still had limited use. It also had significant flaws. For example, the system was hard to access, logging in was difficult, many times the system locked up, frequent password changes were required, and there was little technical support available to users who were unable to access the system. According to Mr. Sydejko, by 2013 still less than half of licensed pharmacists used the system, because of the flaws and the Board's lack of aggressively promoting the system. In fact, the Legislature was required to increase funding for the system to address the operational flaws.

16. In May 2015, Dr. Freeman completed testing of CURES 2.0, and it was launched approximately three months later. CURES 2.0 is completely online and easy to access. Mr. Sydejko persuasively testified it was after the introduction of CURES 2.0 that it became the standard of care for pharmacists to run a CURES search on all prescriptions involving controlled substances, including opioids. There has never been a statute, regulation, or rule promulgated by the Board mandating the use of CURES.

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³ As discussed in Legal Conclusions 1 through 3, two different standards of proof apply in this case. A finding will note when neither standard has been met. If only the lower standard has been met, the higher standard will not be mentioned. If a finding does not otherwise specify, both standards have been met.

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EARLY REFILLS

23. In their testimony, Inspector Sakamura and Supervising Inspector Dang established that prescriptions are filled based on the number of "day supply" in the prescription. The primary reason the controlled substance drug fills are regulated is to prevent the abuse and misuse of controlled substances, like opioids or other addictive medications. If those substances are not closely regulated, a patient could theoretically visit multiple pharmacies asking for "early refills" simply to feed their addiction or to trade the drugs on the black market. As used in this case, an "early refill" is when a patient seeks a refill of the prescription before the day supply has ended. For example, if a patient is prescribed a medication in pill form, and is told by the prescribing physician to take one pill a day for 30 days, the pharmacist will dispense 30 pills, and the day supply is 30 days. If the patient seeks a refill before 30 days has elapsed from the time the initial prescription is filled (or dispensed), this means that either she has taken more than one pill a day, has lost one or more, is travelling when the prescription's day supply ends, or is seeking more medication than should be consumed, etc.

24. Inspectors Sakamura and Dang also established through their testimony that early refills can pose a potential red flag for abuse of narcotic prescriptions. An early refill of less than five days is not especially concerning, particularly where a pattern of such is not evident. However, a prudent pharmacist should notice a pattern of refills earlier than five days or any early refill of five days or more and require the patient to provide an explanation before refilling the prescription. The standard of care at the time required documentation of the excuse the patient offered in the event that the situation continued or the excuse was invalidated or both. By contrast, on this point, respondents' pharmacy practices expert, Mr. Sydejko, provided vague and conclusory testimony, which was not helpful and contrary to common sense.

Patient BK

25. Inspector Sakamura conducted a drug audit of the patient profile and prescriptions respondents produced for patient BK and she documented her findings in a spreadsheet.⁵ The audit of those records revealed that from March 26, 2009, through November 27, 2009, respondents filled 11 prescriptions (Oxycodone, Amphetamine/Adrenaline, Carisoprodol [Soma] and Norco) early by five or more days for patient BK.

26. A. As part of her investigation, Inspector Sakamura ran a CURES search on BK, which revealed that in 2009 BK had prescriptions filled by respondent Kanan Pharmacy and five other pharmacies (West Val Pharmacy, Longs Drugs, Costco, CVS and Rite Aid), and that Dr. Glass and three other physicians had prescribed medications for him. The data and evidence clearly established that, in 2009, BK was what is known as a "doctor shopper,"

⁵ A copy of Inspector Sakamura's spreadsheet documenting early refills for all four patients is on pages 42-44 of the Second Amended Accusation, and is incorporated herein by this reference. (Gov. Code, § 11425.50, subd. (b).)

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in that he used multiple pharmacies and doctors to get more drugs than he needed for a legitimate medical purpose. For this reason, it was not established by either applicable evidentiary standard that BK's overdose death was attributable to respondents.

U. It is true that, had respondents used CURES information for BK during 2009, this activity would likely have been discovered. However, and as discussed in more detail above in the section entitled "The CURES Program," complainant failed to establish by either applicable evidentiary standard in this case that the law or standard of care in 2009 required respondents to use CURES in this way.

Patient KC

27. Inspector Sakamura conducted a drug audit of respondents' records for patient KC. The audit revealed that from February 6, 2009, through September 6, 2012, respondents filled 13 prescriptions (Morphine and Fentanyl) early by five or more days for patient KC.

Patient SM

28. Inspector Sakamura similarly conducted a drug audit of respondents' documents for patient SM. The audit of those records revealed that from January 2, 2009, through March 20, 2012, respondents filled 33 prescriptions (Alprazolam, Morphine, Methylphenidate, Methadone and Oxycodone) early by five or more days for patient SM.

Patient MS

29. Inspector Sakamura similarly conducted a drug audit of respondents' documents for patient MS. The audit of those records revealed that from January 16, 2009, through December 10, 2012, respondents filled eight prescriptions (Fentanyl, Morphine, Oxycodone and Diazepam) early by five or more days for MS.

Overall Early Refills Findings

30. Respondent Cassar failed to exercise or implement his best professional judgment and corresponding responsibility to ensure that controlled substances were dispensed for a legitimate medical purpose when respondents filled the above-described 65 prescriptions early by five days or more for patients KC, SM, MS, and BK, between April 6, 2009, and December 10, 2012. The early refills for the prescriptions led to these patients receiving more medications than they were prescribed for the given time periods. For each of these four patients, a pattern of early refills emerged. Yet, respondent Cassar did not establish that he either interceded in the situation or documented efforts to do so. Under these circumstances, the 65 prescriptions in question were not for a legitimate medical purpose, in that no patient should consume or have access to more medication during a particular time period than recommended by the prescriber.

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and released all the medication at once, which led to symptoms resembling a heart attack. At that time, MS was still experiencing pain in his back, so Dr. Stark, who had replaced Dr. Glass after his suicide, decided to replace the Fentanyl patches with Oxycodone.

36. Respondent Cassar documented that he discussed with Dr. Glass a Fentanyl dosage of one to two patches every two days (ex. 24, p. 574) and the dosage change to only one patch every two days (*Id.* at p. 575). On January 8, 2011, respondent Cassar noted a contact with the doctor concerning an absorption issue. Respondent Cassar noted another dosage verification on May 23, 2011.

37. Respondent's pain management expert, Dr. Paul Choi, testified without contradiction that many pain management physicians use Fentanyl patches for a shorter duration than 72 hours because of what Dr. Choi described as "end-dose-failure," i.e., the patch not lasting 72 hours as it is designed. Respondent's pharmacy practices expert, Mr. Sydejko, testified without contradiction that the standard of care permits pharmacists to dispense Fentanyl patches dosed every two days. Mr. Sydejko also testified without contradiction that his research revealed approximately 25 percent of patients apply the Fentanyl patch every two days instead of every 72 hours. He also testified without contradiction that the standard of care does not require a pharmacist to question the dosage of a two-day Fentanyl application, but does allow the pharmacist to simply discuss the dosage with the patient, which respondent Cassar did with MS.

38. Under these circumstances, complainant failed to establish under either evidentiary standard that respondent Cassar committed acts or omissions that involved an inappropriate exercise of his education by filling the Fentanyl prescription to MS as he did.

RETAINING PRESCRIPTION RECORDS

39. As discussed above, on March 15, 2013, Inspector Sakamura requested respondents produce documentation concerning prescriptions for the four patients in question. On April 22, 2013, respondents produced documents in response. After reviewing these documents, Inspector Sakamura concluded records for six prescriptions were missing. She issued a notice of deficiency concerning the records she believed were missing. As a result, respondents produced another set of documents on September 3, 2013.

40. By the end of the first week of hearing, Inspector Sakamura conceded on cross-examination that, as a result of respondents' two document productions, she had received five of the six prescriptions in question. She testified that the only prescription still missing was RX 2208439, for a 10-day supply of "dext/amp," prescribed by Dr. Glass. However, the evidence established that respondents processed RX 2208439 on July 21, 2009, which was well more than three years before Inspector Sakamura requested a copy of it; and that respondents ultimately produced a copy of that prescription to Inspector Sakamura after receiving the notice of deficiency. On cross-examination during the second week of hearing, Inspector Sakamura admitted, "It seems they [respondents] kept long—records longer than

31. Respondents argued but failed to establish that complainant was unable to prove any of the above-described prescriptions were filled early because complainant failed to prove when the drugs were actually dispensed to the patients. The argument rests largely on the cross-examination testimony of Inspector Sakamura that she saw no documentation showing when the four patients in question actually picked up their prescriptions from respondent Kanan Pharmacy. However, Inspector Sakamura based her early refill computations solely on the documentation provided by respondents, who in turn failed to present any documentation showing the four patients picked up the 63 prescriptions in question on any other dates. As respondents were requested to provide all documentation concerning the four patients' prescriptions, complainant was entitled to rely on what was produced. Moreover, Inspector Sakamura persuasively testified it would be a violation of the standard of care and contrary to insurance reimbursement policies to fill a prescription but have it sit in the pharmacy for days until the patient picks it up at a later time. If such had happened, respondents should have documentation explaining the gap in timing.

32. Respondents also failed to establish that the 65 prescriptions in question were not early, but instead late. This argument is based on computations of respondent Cassar. However, Supervising Inspector Dang's testimony was persuasive that respondent Cassar's methodology of calculating the times between prescriptions was suspect. Moreover, respondent Cassar's testimony on this point was vague and not supported by documentation, unlike Inspector Sakamura. Finally, Mr. Sydejko's testimony was vague, unsatisfactory, and not persuasive.

PATIENT MS'S FENTANYL PATCHES

33. MS has been respondents' patient since 2003. In that year, he had micro surgery on his back that went badly, leading to physical deformity and constant pain. Dr. Glass, who did not perform the back surgery, managed MS's pain and prescribed "1-2 [Fentanyl] patches every 2 days" for MS, which were dispensed by respondent Kanan Pharmacy.

34. Inspector Sakamura opined that respondents' documentation for MS's Fentanyl patches was deficient, and that the prescription was problematic, because "the patient should not be guessing if they need one or two patches, in that the absorption rate of the patch takes a while, so the patient will not feel instant relief." Inspector Sakamura also testified the documentation was deficient because it contained no mention of respondent Cassar clarifying the prescription or talking to MS about how to use the patches. Inspector Sakamura's testimony on this point was brief and uncertain, in that she testified "it looked like MS was guessing," and she was vague concerning the standard of care in this area.

35. MS testified in this matter. He is highly complementary of respondents' service. He remains a patient. MS testified that respondent Cassar consulted with him about the Fentanyl patches, reviewed his medical records, and has always been concerned about his health. MS did not voice any concern about how to use the patches or uncertainty in instructions provided by respondents about them. He used the patches until one exploded

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three years." She also conceded she had received copies of all of the six prescriptions in question, including RX 2208439.

PRESCRIPTION DEVIATIONS

41. A. RX 2211845 for patient MS was written for a quantity of 300 morphine sulfate tablets, but it was filled by respondents with only 240 tablets, without an explanation for the discrepancy. Inspector Sakamura opined that if a pharmacist fills a prescription with less tablets than prescribed, the standard of care requires the pharmacist to "talk to the prescriber and change the prescription" before dispensing a quantity that is different from the amount listed on the face of the prescription.

B. Respondent Cassar explained that, according to the prescription label, the day supply allowed by MS's insurance plan was only a 30-day supply which, in this case, amounted to 240 tablets. Respondent Cassar and Mr. Sydejko both testified that the way this prescription was filled conformed with the standard of care and is a commonly accepted way of handling the situation. Respondent Cassar also testified that today's managed care practice generally limits the quantity of most prescriptions billed to drug insurance plans to a 30-day supply, and that for this reason, it was not necessary to contact the prescriber.

C. Under these circumstances, respondent Cassar and Mr. Sydejko provided a more reasonable, practical explanation for handling a situation like this, and therefore, their opinions were more credible than Inspector Sakamura's opinion.

42. A. RX 2209222 for patient KC was written for a quantity of 220 milliliters of oxycodone liquid, but was filled with only 210 milliliters, with no documented explanation why the quantity was changed. Inspector Sakamura opined "the fact that it's less is not a good thing," and that "if you're going to deviate from it [the prescription] you should write that you spoke to somebody and you have a reason and you changed a prescription."

B. On the other hand, respondent Cassar and Mr. Sydejko testified that oxycodone liquid is supplied in 30-milliliter size bottles with express instruction from the manufacturer mandating the use of original bottles and the calibrated dropper that is supplied with each original bottle. The solution therefore should not be transferred to a different container. In this case, respondents used seven of the 30-milliliter size bottles, for a total of 210 milliliters; they could not have filled 220 milliliters with these constraints. For this reason, there was no need to contact the prescriber.

C. Under these circumstances, respondent Cassar and Mr. Sydejko provided a reasonable, practical explanation for handling a situation like this. Inspector Sakamura's opinion did not take into account the practical realities and constraints of this situation.

43. A. RX numbers 2213046, 2213044, 2213043, and 4425972 for patient SM were to be dispensed on March 29, 2011, but were filled by respondents on March 18, 2011, and actually dispensed by respondents on March 28, 2011. Inspector Sakamura testified

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there should have been documentation explaining why the prescriptions were provided one day earlier than ordered by the prescriber.

11. Respondent Cassar offered a convoluted explanation for this situation, involving his contention that the prescription had been placed "on hold," that he mistakenly read the fill date to be "9/27/2011," and that notations for the prescriptions had been filed away by staff before he could review them. Regardless, the medication was provided to the patient one day earlier than ordered by the prescriber and respondents' documentation for these prescriptions does not provide an explanation for the discrepant dates. Mr. Sydejko did not opine on this situation.

C. In light of these circumstances, it was clearly and convincingly established that there was a deviation between the prescription fill date and when the prescriptions were actually dispensed to patient SM without documentation indicating the prescriber's consent for such deviation.

Complaint by Dr. KT⁶ Concerning Forged Prescriptions

44. CB and JC are sisters. They were existing patients of respondent Kanan Pharmacy by no later than 2014.

45. On September 22, 2015, the Board received an e-mail from Dr. KT, a cosmetic surgeon, explaining that a patient (CID) stole her prescription pad, forged her signature, and used the stolen prescription forms to fill prescriptions for herself and her sister JC at various pharmacies. Dr. KT had agreed to prescribe a limited amount of amphetamine to CB only because she was told CB's psychiatrist was out of town. Dr. KT had not agreed to provide any prescription for JC.

46. A. Inspector Noelle Randall was assigned to investigate Dr. KT's complaint. As part of her investigation, Inspector Randall reviewed CURES Patient Activity Reports, which showed controlled substance dispensing histories for CB and JC.

B. The CURES reports indicated CB and JC received prescriptions for amphetamine tablets under the prescribing authority of Dr. KT from several pharmacies, including: (1) CVS Pharmacy; (2) Pavilions Pharmacy; (3) respondent Kanan Pharmacy; (4) Modation Pharmacy; (5) Super Care Drugs Mallory; (6) Save On Pharmacy; and (7) Rite Aid Pharmacy.

C. For example, CB had prescriptions for amphetamines filled by respondent Kanan Pharmacy on August 13, 2014; seven days later, on August 20, 2014, at CVS Pharmacy; five days later, on August 25, 2014, at Pavilions Pharmacy; two days later, on August 27, 2014, at Rite Aid Pharmacy; ten days later, on September 6, 2014, at Save On Pharmacy; and seven days later, on September 13, 2014, at respondent Kanan Pharmacy.

⁶ The physician's name is omitted to protect her privacy.

and convincingly established that respondents failed to exercise their corresponding responsibility by filling forged prescriptions passed by CB.

52. Mr. Sydejko did not opine that respondents acted in accordance with the standard of care. In fact, Mr. Sydejko testified that, under the circumstances as he knew them, including the presence of the two red flag factors, respondents' failure to discover that the prescriptions were forged "was an issue."

53. However, there is significant mitigation involved in this situation. Respondent Cassar was the only pharmacist to discover the prescriptions were forged and he advised Dr. KT what happened, essentially putting a stop to CB's forgeries. None of the other involved pharmacies or pharmacists did so, all of whom received a citation and fine from the Board. After he discovered CB was forging prescriptions, Dr. Cassar contacted pharmacies in his area, as well as the doctors who had written prescriptions for CB and JC, and notified them of the situation. Respondent Cassar also documented CB and JC's patient profiles with a warning not to fill any more prescriptions for them. Inspector Randall also testified that none of the other pharmacies had a written policy like respondents' Diversion Program.

Altered Prescription Forms

54. As discussed above, Inspector Sakamura requested respondents produce documentation concerning prescriptions for patients KC, SM, MS, and BK. On April 22, 2013, respondents produced hundreds of pages of documents in response. Respondents produced another set of documents on September 3, 2013, approximately five months after the first production of documents. Inspector Sakamura apparently did not compare the two produced sets of documents with each other, but she did conclude her request for missing documents had been satisfied by the second document production.

55. During the first week of the hearing of this matter, Inspector Sakamura was vigorously cross-examined about her initial contention that respondents had not produced all responsive documents in the April 2013 production. Prompted by that questioning, Inspector Sakamura compared the two productions of documents and noticed that the two versions of the same three prescriptions she received for patients KC and MS were different. Specifically, the version of those prescriptions produced in September 2013 had additional notations written on them which were not on the first version of the documents produced in April 2013. Inspector Sakamura concluded that respondents had altered the prescriptions in question before sending copies of them to her in September 2013.

56. As for two of the prescriptions in question, the original version of prescriptions RX 2213183 and RX 2213184 (Methadone and Oxycodone) for patient KC were signed by Dr. Glass on April 11, 2011. However, the second version of those prescriptions received by Inspector Sakamura in September 2013 included the additional notation, "OK to disperse 4/11/12 per MDJ," with initials next to the notation, which was not on the original version of the two prescriptions.

D. CB continued to get forged prescriptions filled by respondent Kanan Pharmacy from August 13, 2014, through September 3, 2015.

47. Inspector Randall verified that respondent Kanan Pharmacy had filled a total of nine forged prescriptions for CB and two for JC. Inspector Randall noted that the heading at the top of the prescription forms was, "Dr. [KT] Cosmetic & Reproductive Surgery." As part of her investigation, Inspector Randall asked respondent Cassar about respondent Kanan Pharmacy's policies for evaluating and filling controlled substance prescriptions in general. Respondent Cassar provided a copy of a document titled, "Kanan Pharmacy Diversion Initiative Program" (Diversion Program). (Ex. 5, pp. 287-293.)

48. A. As a result of her investigation, Inspector Randall determined the following facts.

B. All of the 11 forged prescriptions were written for amphetamine 10 milligram tablets, to treat attention-deficit disorder, and the preprinted prescriber information on the prescription document indicated the prescriber, Dr. KT, was a cosmetic and reconstructive surgeon. Inspector Randall opined it would not be typical for a surgeon to prescribe amphetamine 10 milligram tablets, as it is not typically used during surgery or recovery. Inspector Randall opined this was a red flag for potential drug diversion.

C. Nine of the eleven prescriptions in question were purchased with cash, not prescription insurance. Inspector Randall opined this payment method was also a red flag for potential diversion, since CB and/or JC had prescription insurance that would have covered the amphetamines, which had been used for two of the prescriptions in question.

49. Respondents did not produce any documentation indicating a pharmacist of respondent Kanan Pharmacy contacted Dr. KT to gain information needed to validate the prescriptions described above prior to dispensing.

50. When asked during the hearing why CURES reports were not run for CB and JC, respondent Cassar testified the Diversion Program only addressed the opiate prescriptions, and that amphetamine is not an opiate. Complainant contends respondents' Diversion Program specifically required running a CURES check for each controlled substance prescription, but a review of the entire document tends to show such a requirement was, in fact, for opiates and not a controlled substance like amphetamines. (See, e.g., ex. 5, pp. 287-290.)

51. Inspector Randall testified that because of the two red flag factors described above, the standard of care required respondents to notify the prescriber, Dr. KT, and verify the validity of the prescriptions. Respondents failed to do so. As discussed in more detail below, a pharmacist employed by respondents ultimately became suspicious of CB, leading that pharmacist to contact respondent Cassar, who in turn ran a CURES check and contacted Dr. KT with his suspicion that CB was drug-seeking and forging Dr. KT's prescriptions. That action supports Inspector Randall's opinions. Under these circumstances, it was clearly

57. The other prescription in question was RX 4416591 (Diazepam 10 mg tablets) for patient MS. The original version of this prescription sent to Inspector Sakamura had a date of "5/1/09." The second version of this prescription provided to her in September 2013 had the date of "4/08/09" and the following handwritten note, "Date Rx 5/8/09 per MDJ," with initials next to the notation, none of which was on the original version.

58. A. Because these discrepancies were not noticed until after the hearing began, respondent Cassar's explanation for them was not offered until he testified during the second week of the hearing, which was approximately six months later. Respondent Cassar testified as follows.

B. He assigned the task of gathering all of the requested prescriptions and the copying of those records to his staff. Copies were sent to Inspector Sakamura. Respondent Cassar did not retain a set of the copies for himself. The staff gradually returned the original prescriptions to the original prescription books.

C. As staff were returning the original prescriptions back to their files, one staff member told respondent Cassar there were notes attached to the first prescriptions in question that had been copied and sent to Inspector Sakamura. Respondent Cassar decided to transfer the substantive parts of the notes onto the prescriptions and then he discarded the notes; the original prescriptions were filed away. Respondent Cassar did not believe it would be necessary to keep the notes anymore because he thought copies of all of the prescriptions, including the notes, had already been sent to Inspector Sakamura. He discarded the notes because he did not believe the notes had further clinical significance.

D. Respondent Cassar testified the note related to KC's prescriptions contained references to his pharmacy's multiple attempts to contact Dr. Glass to find out if he would agree to allow KC to receive the two prescriptions in question on April 11, 2011, because KC wanted her prescription filled on that date, even though the doctor had a clear notation on the prescription not to dispense until the following day, April 12, 2011. The second version of the prescription had the wrong date of April 12, 2012, because respondent Cassar mistakenly wrote the year the prescription expired, one year later, or 2012, as opposed to when the prescription was filled in 2011.

E. Respondent Cassar testified the same process happened with MS's prescription, though he was not as specific in his discussion as he was regarding KC's prescriptions. However, the evidence established that MS's prescription was processed on the same date as that written by respondent Cassar, i.e., May 8, 2009.

59. Respondent Cassar's testimony is not credited because it is self-serving, uncorroborated, and not persuasive. Although he testified his staff was involved in the situation, respondent Cassar failed to identify any particular employee or offer evidence from any employee as corroboration. He failed to offer a satisfactory explanation why he did not attempt to confirm with his staff whether the notes he threw away had been copied and sent to Inspector Sakamura. He failed to offer a satisfactory explanation why he did not contact

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early. As of 2016, this policy was revised to disallow all opioid prescriptions from being filled early by more than one day.

64. In further mitigation, since mid-2013, respondent Kanan Pharmacy routinely uses CURES to monitor opioid prescriptions. Following Inspector Sakamura's March 2013 inspection, the level of documentation also has increased. In 2014, respondent Cassar also changed respondent Kanan Pharmacy's computers and operating system, which makes documentation of information and the pharmacist intervention related to dosing of medications, drug allergies, drug-to-drug interactions, and other relevant information easier and more efficient. After respondents exposed the forged prescriptions involved in this case, respondent Kanan Pharmacy's policy regarding CURES verification was expanded. Now respondents obtain a CURES report for all controlled substance prescriptions (opioids as well as non-opioids) and for all patients (new or existing) and for all prescription orders whether it is a new prescription order or a refill request.

65. In further mitigation, respondent Cassar has taken and completed two seminars on corresponding responsibility, one in May 2013 and the second in May 2018. He has completed additional educational courses related to opioids, pain management, pharmacy law, drug interactions, laws related to risks of reducing opioid overdose, and pharmacists' role in the management of opioid use disorder. (Ex. M.) Additionally, respondent Cassar has subscribed to the License Protection Handbook published by Mr. Sydejko as a way of staying compliant with the laws and regulations governing pharmacy practice.

66. A. Respondents presented the following persuasive character witnesses with excellent backgrounds and detailed knowledge of respondents' character and pharmacy practices:

B. LL has been respondents' patient for over 10 years and has continued to use their services even after moving to San Diego, because she trusts respondent Cassar's judgment. In fact, she testified about an incident in which she believes respondent Cassar saved her life by recognizing a potentially bad drug-to-drug interaction when LL was prescribed a drug for acid reflux; and another incident where she believes respondent Cassar's direct intervention prevented LL's son from experiencing a potentially adverse drug reaction. LL also praises respondent Cassar's other valuable services of frequently reviewing her medications and helping her choose a Medicare plan with the best coverage.

C. Dr. Freeman, who was discussed in great detail above concerning the CURES program, is a veteran pharmacist of 55 years who offered credible and persuasive testimony. He has known respondent Cassar since he was a pharmacy student and became active with the California Pharmacists Association. During his many visits to respondent Kanan Pharmacy's premises, Dr. Freeman has been impressed with the level of respondent Cassar's interactions with his patients. Dr. Freeman has no concerns regarding respondent Cassar's competence in practice pharmacy.

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Inspector Sakamura after he discovered the notes and transferred the information to the original prescriptions. It is hard to understand why respondent Cassar would knowingly alter original documentation by adding to them additional information, and then after doing so destroy the notes with the information on them. This is especially so given that respondent Cassar was under investigation by the Board at the time. More importantly, the information allegedly on the notes and transferred to the prescription forms was material and added missing information one would want to know. For example, KC's original prescriptions begged the question why they were filled one day earlier than authorized by Dr. Glass. The altered version of MS's prescription provided the authorization fill date missing in the original.

60. To be clear, it was not established by either applicable evidentiary standard that respondent Cassar failed to contact Dr. Glass's office and obtained authorization to fill KC's prescriptions one day earlier or to fill MS's prescription on May 8, 2009. Respondent Cassar or his staff probably did so and complainant presented insufficient evidence establishing otherwise. Under these circumstances, however, it was established that respondent Cassar altered the three prescriptions in question by adding additional information to them not contained in writing in his records when the first production of documents was sent to Inspector Sakamura.

61. In mitigation, it must be noted that of the hundreds of pages of prescription documents produced by respondents during the Board's investigation, only these three prescriptions were altered.

Respondents' Evidence

62. In mitigation, respondent Cassar fully cooperated with the Board at all times during the investigation. During the hearing, he was respectful and forthcoming in his testimony (with the lone exception of his testimony regarding the three altered prescriptions). He also expressed remorse for his shortcomings proven in this case, particularly in the area of documentation. He testified he has regrets in that area and will "try to do better in the future." The ALJ is also impressed with respondent Cassar's calm and cooperative demeanor during the hearing, in which his practices and character were vigorously, and at times unfairly, attacked by the prosecutor.

63. In further mitigation, respondent Cassar has tried to refine and restructure his practice since the events in question. He testified that his practice from 2008 through 2018 has evolved and has changed substantially, including more intensive documentation of all substantive communications. In addition, respondents created the Diversion Program, discussed above, which was launched in the first part of 2013 to address concerns about diversion and opioid use. Initially, the Diversion Program was designed to monitor patients' opioid prescriptions and used tools such as drug urine testing and toxicology reports. The program requires a valid form of identification for opioid prescriptions, and has a requirement that no controlled substance prescription may be filled more than three days

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D. Dr. Robert Waldman has been a practicing physician since 1983, with approximately 50 percent of his practice devoted to addiction recovery. He has known respondent Cassar since 2004. Dr. Waldman frequently has interacted with respondent Cassar over the years. He describes respondent Cassar as "very compulsive" about verifying prescriptions with him and that he "always notified" him regarding potential medication side effects or when respondent Cassar suspected someone might be misusing his medications. Although Dr. Waldman found respondent Cassar's input valuable, he actually thought some of his input was "excessive," as he generally received at least one call daily to discuss patient care. Dr. Waldman believes respondent Cassar is extremely ethical and moral.

E. Dr. Bruce Lockwood is a psychiatrist who refers some of his patients to respondents for their prescriptions. Dr. Lockwood testified that he interacts with respondent Cassar frequently, sometimes as many as one to three times daily regarding various patient care issues. Dr. Lockwood believes respondent Cassar is very knowledgeable and he described respondent Cassar as a great pharmacist who is not a danger to the public. The patients he refers to respondents rave about the service they received.

F. Two other informative character witnesses testified on respondents' behalf. George Sanford is a retired police sergeant who knows respondent Cassar through the Boy Scouts program, and he regards respondent Cassar to be honest, ethical, and a good mentor to his sons. Maria Cassar, respondent Cassar's wife and part-owner of respondent Kanan Pharmacy, describes her husband as a good husband and father, who has integrity, and is "very detail oriented."

67. During the hearing, Inspector Sakamura testified on cross-examination that she had no opinion on whether respondents pose a threat to the public, which the ALJ construes to mean she does not believe respondents currently pose a threat to the public.

The Board's Costs

68. A. Complainant presented evidence of the following costs incurred in the investigation and prosecution of this case:

B. The total investigation costs of Board Inspectors are \$17,285.25⁷, comprised of (1) \$13,733.50 in costs charged by Inspector Randall; (2) \$5,937.25 in costs charged by Supervising Inspector Dargatzis; and (3) \$17,614.00 in costs charged by Inspector Sakamura.

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⁷ The Board's final statement of investigation costs, dated October 23, 2018, contains a total amount of \$38,935.75 (ex. 3, p. 31), which is more than the sum of the three listed inspectors' charges. In their closing briefs, the parties refer to costs apparently charged by another Board Inspector, Antony Ngondora, but the costs evidence (ex. 3) does not contain any documentation for charges by Inspector Ngondora.

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C. According to the certification of prosecution costs and declaration of Morgan Malek, the total prosecution costs incurred by the Board were \$43,777.50, based on charges by several deputy attorneys general working on this case in addition to Ms. Malek. (Ex. 3, p. 41.)

D. Based on the above, the total investigation and prosecution costs being sought against respondents are \$81,062.75.

69. A. However, a number of those charges or their components are unreasonable, unnecessary, or worthy of reduction for the following reasons:

B. The \$5,937.25 of charges by Supervising Inspector Dang are not warranted, as they were not investigation costs. Supervising Inspector Dang was not involved in the underlying investigation of this matter, unlike Inspectors Sakamura and Randall. Rather, she was used as a rebuttal expert witness to counter some opinions offered by respondent Cassar and Mr. Sydejko.

C. Inspector Sakamura was the lead investigator in this matter. She charged a total of 158.25 hours. However, only 28 hours of her time were spent on actual investigation work. She charged 44 hours for writing her two reports and 80 hours preparing for the hearing. The time spent preparing for the hearing is not reasonable, in that it is not investigation work. Under these circumstances, 50 percent (160 hours minus 80 hours) of Inspector Sakamura's charges of \$17,614.00 should be reduced, i.e., \$8,807.00.

D. Inspector Randall is based in San Diego. She charged 27.75 hours traveling in Los Angeles to conduct her investigation. The Board has inspectors based in Los Angeles County who could have handled that work. Respondents should not have to subsidize the Board's staffing and travel costs, so Inspector Randall's travel time should not be awarded. Inspector Randall also charged 40.25 hours for hearing preparation. As discussed above, hearing preparation time is not investigation work and therefore should not be awarded. Inspector Randall charged a total of 113.50 hours, 68 hours of which should be reduced, which is a reduction of approximately 60 percent. Therefore, Inspector Randall's total charges of \$13,733.50 should be reduced by 60 percent, or \$8,240.10.

E. In her rebuttal brief, Ms. Malek agrees her charges of \$6,800 for the five days of hearing in April 2018 should be eliminated. Many other deputy attorneys general charged time for their work on this case in the total amount of \$5,397.50, yet none of those other attorneys appeared in this case and it is not established that their work was reasonable or necessary. Respondents should not have to subsidize the Department of Justice's staffing and personnel turn-over. In their closing brief, respondents make a spirited attack on the efficiency and reasonableness of Ms. Malek's remaining charges. While the attack is not entirely off-base, it does not warrant further reduction. Therefore, the total reductions to the prosecution costs are \$12,197.50.

F. The reductions discussed above total \$35,181.85. When the reductions are subtracted from the total investigation and prosecution costs of \$81,062.75, what remains is a new total cost amount of \$45,880.90. Complainant alleged eight causes for discipline against respondents, but only succeeded with four of them, or 50 percent. Therefore, the remaining total costs of \$45,880.90 should be reduced by 50 percent, leaving a final amount of \$22,940.45.

70. Based on the above, it was established that the Board incurred reasonable costs of investigation and prosecution in the amount of \$22,940.45.

LEGAL CONCLUSIONS

Burden and Standards of Proof

1. The burden of proof in a licensing disciplinary action is on the party bringing the charges in an accusation, here complainant. (*Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789 fn 9.)

2. Respondent Cassar's pharmacist license is a professional one. (*Murphy v. E. R. Squibb & Sons, Inc.* (1985) 40 Cal.3d 672, 678-679.) To impose discipline on a professional license, complainant must prove cause for discipline by clear and convincing evidence to a reasonable certainty. (*Sternberg v. California State Bd. of Pharmacy* (2015) 239 Cal.App.4th 1159, 1171 [*Sternberg*]; *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence "requires a finding of high probability," and has been described as "requiring that the evidence be 'so clear as to leave no substantial doubt'; 'sufficiently strong to command the unhesitating assent of every reasonable mind.'" [*Citation*.] (*In re Angela P.* (1981) 28 Cal.3d 908, 919.)

3. In contrast, respondent Kanan Pharmacy's permit is a nonprofessional license, because it does not have extensive educational, training, or testing requirements akin to a professional license. (See *Mann v. Department of Motor Vehicles* (1999) 76 Cal.App.4th 312, 319; *San Benito Foods v. Veneman* (1996) 50 Cal.App.4th 1889, 1894.) An applicant for a pharmacy permit need not be a pharmacist; instead, the applicant must designate a PIC with the requisite education, training, and licensure. (§§ 4110, subd. (a), 4113, subd. (a).) To impose discipline on respondent Kanan Pharmacy's nonprofessional pharmacy permit, complainant must prove cause for discipline by a preponderance of the evidence, which is a lower standard of proof than clear and convincing evidence. (*Imports Performance v. Dept. of Consumer Affairs, Bureau of Automotive Repair* (2011) 201 Cal.App.4th 911, 916-917; *Evid. Code*, §115.) A preponderance of the evidence means "'evidence that has more convincing force than that opposed to it.'" [*Citation*]. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

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Cause for Discipline Against Respondents

FIRST CAUSE FOR DISCIPLINE: ALTERED DOCUMENTS

4. A. Section 4301, subdivision (f), defines unprofessional conduct to include the "commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not."

B. Section 4301, subdivision (g), also defines unprofessional conduct to include "[k]nowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts."

C. Section 4301, subdivision (q), also defines unprofessional conduct to include "[e]ngaging in any conduct that subverts or attempts to subvert an investigation of the board."

D. In this case, respondents are subject to disciplinary action under section 4301, subdivisions (f), (g), (q), on the grounds of unprofessional conduct, in that respondents presented three altered prescriptions to Inspector Sakamura. In doing so, respondents acted dishonestly by portraying to the Board a false version of original prescriptions which contained additional information not on the originals. (*Id.*, subd. (f).) Such conduct also constitutes respondents' knowingly making documents that falsely represented information which had not been written on the original versions. (*Id.*, subd. (g).) Finally, submitting altered documents subverted Inspector Sakamura's investigation. (*Id.*, subd. (q).) (Factual Findings 54-61.)

SECOND CAUSE FOR DISCIPLINE: CORRESPONDING RESPONSIBILITY

5. A. Section 4113, subdivision (c), provides that a PIC of a pharmacy "shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy." Section 4036.5 defines a PIC as a pharmacist proposed by a pharmacy and approved by the Board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

B. Section 4301 defines unprofessional conduct to include clearly excessive furnishing of controlled substances in violation of Health and Safety Code section 11153 (subd. (d)), violation of state or federal statutes regulating controlled substances and dangerous drugs (subd. (j)), and violating or attempting to violate state or federal law governing pharmacy (subd. (k)). Pursuant to Health and Safety Code section 11153, subdivision (a), a prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The statute also provides that, although the responsibility for the proper prescribing

and dispensing of controlled substances is upon the prescribing practitioner, "a corresponding responsibility rests with the pharmacist who fills the prescription."

C. In *Vermont & 110th Medical Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19 (*Vermont*), the court held that the statutory scheme in place, including some of the statutes discussed above, "plainly calls upon pharmacists to use their common sense and professional judgment. When their suspicions are aroused as reasonable professional persons by either ambiguities in the prescriptions, the sheer volume of controlled substances prescribed by a single practitioner for a small number of persons or, as in this case, when the control inherent in the prescription process is blatantly mocked by its obvious abuse as a means to dispense inordinate and incredible large amounts of drugs under the color and protection of law, pharmacists are called upon to obey the law and refuse to dispense." (*Vermont*, *supra*, 125 Cal.App.3d at p. 25.)⁸

D. Respondents are subject to disciplinary action under sections 4113, 4036.5, 4301, subdivisions (d), (j), and (k), in conjunction with Health and Safety Code section 11153, subdivision (e), and pursuant to *Vermont*, on the grounds of unprofessional conduct, in that it was established by clear and convincing evidence that respondent Cassar failed to exercise or implement his best professional judgment or corresponding responsibility to ensure that controlled substances were dispensed for a legitimate medical purpose when respondents filled 65 prescriptions early by five days or more for patients KC, SM, MS, and BK, between April 6, 2009, and December 10, 2012. The early refills for those prescriptions led to those patients receiving more medications than they were prescribed for the given time periods. (Factual Findings 17-32.)

E1. Respondent Kanan Pharmacy asserts a pharmacy is not subject to discipline under these statutes, because California's corresponding responsibility law only applies to pharmacists. "The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription." (Health & Saf. Code, § 11153, subd. (e).)

E2. However, *Vermont* upheld discipline of a pharmacy's permit for a pharmacist's violation of the corresponding responsibility law. (*Vermont*, *supra*, 125 Cal.App.3d at pp. 23-26.) As complainant points out, under general administrative law, the holder of a pharmacy permit can be subject to disciplinary action based solely on the actions or omissions of an employee who is a licensed pharmacist under the doctrine of respondent superior. (*Randle v. California State Bd. of Pharmacy* (1966) 240 Cal.App.2d 254, 261.)

⁸ The Board's Precedential Decision No. 2013-01 (*Board of Pharmacy v. Pacifica Pharmacy Corporation, et al.*, Case No. 3802, OAH No. 201010644 [*Pacifica*]) is not applicable to this cause for discipline, in that the Decision was not effective until 2013, which was after the events in question. The same is true of complainant's citation to *Sternberg*, which was published in 2015.

Furthermore, the Pharmacy Law authorizes the Board to "deny, suspend, or revoke any license of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of the corporation, or where conditions exist in relation to any officer or director of the corporation that would constitute grounds for disciplinary action against a licensee." (§ 4302.) Respondent Kanan Pharmacy is a licensed pharmacy corporation, and respondent Caesar owns 50 percent of its stock, meaning complainant may discipline respondent Kanan Pharmacy's pharmacy permit for respondent Caesar's violations of the corresponding responsibility law.

THIRD CAUSE FOR DISCIPLINE: MISUSE OF EDUCATION

6. A. In addition to the statutes cited above in connection with the second cause for discipline, complainant also alleges that Regulation 1761, subdivision (a), as well as the cases of *Sternberg, Vermont*, and *Pacific*,¹⁰ support the third cause for discipline against respondents for misuse of education. Regulation 1761, subdivision (a), provides that "[i]n no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription."

B. It was not established that respondents are subject to disciplinary action for misuse of education under the authority cited above, in that it was not established that respondent Caesar committed acts or omissions involving the inappropriate exercise of his education. Specifically, it was not established by either standard that respondent Caesar failed to properly document or question patient MS's Fentanyl prescription, or that he violated the standard of care by not accessing CURES data for patient BK in 2009. (Factual Findings 11-22 & 33-38.)

FOURTH CAUSE FOR DISCIPLINE: RETAINING CONTROLLED SUBSTANCE PRESCRIPTIONS

7. A. Section 4081, subdivision (a), requires that all "records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be . . . preserved for at least three years from the date of making." Section 4105, subdivision (b), similarly requires, "[t]he records required by this section shall be retained on the licensed premises for a period of three years from the date of making." Section 4169, subdivision (a)(5), also requires licensees to maintain records of the acquisition or disposition of dangerous drugs or dangerous devices for at least three years. Finally, Health and Safety Code section 11179 requires a "person who fills a prescription shall keep it on file for at least three years from the date of filling it."

¹⁰ However, complainant has not argued how *Sternberg, Vermont*, or *Pacific* support this cause for discipline, or even clarify the charging statutes. Nor is it clear how *Sternberg* and *Pacific*, published after the events in question, are applicable.

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for discipline is premised solely on an alleged violation of Regulation 1761, subdivision (a), which was recited and discussed in Legal Conclusion number six above.¹⁵

B. It is alleged that, pursuant to Regulation 1761, subdivision (a), respondents were required to document calls they made to the four patients in question concerning the need to refill these prescriptions early. However, as recited above, Regulation 1761, subdivision (a), does not contain such a requirement vis-à-vis a patient, but rather focuses only on contacts with the prescriber. In that regard, the letter with these 65 prescriptions was that they were filled early, not that there was any error or irregularity with any of the prescriptions issued by the prescribers that required contact with the prescriber. Since respondents have already been held liable for refilling these prescriptions under the corresponding responsibility theory, liability here would be duplicative and gratuitous. Therefore, respondents were not required to contact the prescribers pursuant to Regulation 1761, subdivision (a).

C. Under these circumstances, no cause for discipline was established against respondents pursuant to Regulation 1761, subdivision (a). (Factual Findings 17-32.)

EIGHTH CAUSE FOR DISCIPLINE: ERRONEOUS OR UNCERTAIN PRESCRIPTIONS

11. A. Like the seventh cause for discipline above, this one is also based on an alleged violation of Regulation 1761, subdivision (a), in addition to unprofessional conduct pursuant to section 4301, subdivisions (j) and (o).

B. Respondents are subject to disciplinary action under section 4301, subdivisions (j) and (o), in conjunction with Regulation 1761, subdivision (a), for unprofessional conduct, in that respondents dispensed 11 prescriptions over a one-year period, which had been forged by a patient and therefore each contained a significant error, omission, irregularity, uncertainty, ambiguity, or alteration. Respondents failed to contact the prescriber, Dr. KT, to obtain the information needed to validate the prescriptions, despite having a corresponding responsibility to do so based on the presence of two red flag factors that should have made them suspicious of the validity of the prescriptions. (Factual Findings 44-53.)

C. Respondents' argument that a pharmacy is not subject to discipline for a violation of Regulation 1761, subdivision (a), is rejected for the same reasons explained above concerning the same argument made as to the second cause for discipline.

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¹⁵ In her rebuttal brief, complainant also cites to Regulation 1761, subdivision (b), which was not alleged in the Second Amended Accusation. Therefore, subdivision (b) is not considered.

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B. It was not established that respondents are subject to disciplinary action under sections 4081, subdivision (a), 4105, subdivision (c), 4169, subdivision (a)(5), and/or Health and Safety Code section 11179, in that it was not established under either standard that respondents failed to retain one prescription (RX 2208439) filled by the pharmacy for a controlled substance for three years from the date of filling. The one prescription in question was filled more than three years from the date a copy of it was requested by Inspector Sakamura, who also conceded during the hearing that she ultimately received a copy of it. Under these circumstances, complainant's argument that cause for discipline is warranted was less than colorable and bordered on frivolous. (Factual Findings 39-40.)

FIFTH CAUSE FOR DISCIPLINE: RETAINING CONTROLLED SUBSTANCE PRESCRIPTIONS

8. A. In addition to the statutes cited above in connection with the fourth cause for discipline, the fifth cause for discipline also alleges that section 4105, subdivision (a), further requires that a pharmacy maintain three years of acquisition and disposition records "in a readily retrievable form."

B. It was not established that respondents are subject to disciplinary action under section 4105, subdivision (a), in that it was not established under either standard that respondents failed to maintain in the pharmacy three years of acquisition and disposition records in a readily retrievable form. Liability here is premised on the same allegedly missing prescription (RX 2208439), but the evidence established that prescription was issued well more than three years before Inspector Sakamura requested a copy of it. Thus, the fact that respondents submitted a copy of this prescription several months after Inspector Sakamura first requested it is irrelevant. (Factual Findings 39-40.)

SIXTH CAUSE FOR DISCIPLINE: VARIATION FROM PRESCRIPTIONS

9. A. Regulation 1716, in conjunction with section 4301, subdivisions (j) and (o), provides that it can be unprofessional conduct for a pharmacist to "deviate from the requirements of a prescription except upon the prior consent of the prescriber. . . ."

B. Respondents are subject to disciplinary action under Regulation 1716, in conjunction with section 4301, subdivisions (j) and (o), on the grounds of unprofessional conduct, in that for RX numbers 2213046, 2213044, 2213043, and 4425972, respondents deviated from those prescriptions by providing the medication to the patient one day earlier than the date specified on the prescriptions without documenting the consent of the prescriber. (Factual Finding 43.) However, it was not established under either standard that there was such an improper deviation concerning RX numbers 2209222 or 2211845. (Factual Findings 41 & 42.)

SEVENTH CAUSE FOR DISCIPLINE: ERRONEOUS OR UNCERTAIN PRESCRIPTIONS

10. A. This cause for discipline is based on the 65 early refill prescriptions that are the basis of the second cause for discipline discussed above, except that the seventh cause

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Imposition of Discipline

12. A. Rehabilitation is a "state of mind" and the law looks with favor upon rewarding with the opportunity to serve one who has achieved "reformation and regeneration." (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1058.) Acknowledgement of the wrongfulness of one's actions is an essential step toward rehabilitation. (*Slide v. Committee of Bar Examiners* (1985) 49 Cal.3d 933.)

B. After having cited the two cases above, complainant argues respondents "fought tooth and nail during the 10 days of administrative hearing . . . and claimed that they have done nothing wrong." (Ex. 27, p. 12.) While respondents vigorously defended against the operative pleadings, which was their right, respondent Caesar did not contend he did nothing wrong. As discussed in the Factual Findings, respondent Caesar admitted that he made mistakes and pledged to do better in the future. He has taken meaningful steps to evolve his practice and pharmacy over time, as the opioid crisis has become more acute. It is unlikely he will commit the same misconduct in the future. His actions are consistent with the general principles of rehabilitation articulated in the *Pacheco* and *Slide* cases cited by complainant.

C. Moreover, and contrary to complainant's arguments, respondents in this case are simply not like those respondents involved in the *Vermont* and *Pacific* cases, whose actions were so egregious as to warrant revocation of their licenses. While the overdose death of BK is sad and troubling, for various reasons, and apparently was the operating animus for this action against respondents, his death cannot be fairly attributed to respondents.

D. Finally, respondent Caesar appears to be a pharmacist and business owner doing his best in troubling times for pharmacy professionals. The ALJ is convinced that most of the misconduct established in this case was endemic among the pharmacy community at the times in question and therefore is not as egregious as claimed by complainant, when viewed through the prism of the standards at those times and not through the current standards.

13. An administrative proceeding such as this is not meant to punish a licensee, but rather to protect the public. (*Corrao v. Youde* (1979) 95 Cal.App.3d 161, 165.) Since cause for discipline was established in this case, the level of discipline to be imposed on respondents must be determined. In reaching a decision on disciplining a licensee, the Board's Disciplinary Guidelines [Rev. 2/2017] (Guidelines) are to be considered. (Cal. Code Regs. tit. 16, § 1769.) The Guidelines divide the various types of violations into four categories, ranging from the least serious, Category I, to the most serious, Category IV. The Guidelines state "[t]hese categories assume a single violation. For multiple violations, the appropriate penalty shall increase accordingly." (Guidelines, p. 5.) If there are violations in more than one category, "the minimum and maximum penalties shall be those recommended in the highest category." (*Id.*)

14. A. In this case, the gravity of respondents' violations emanates from Category II. While the sixth cause for discipline (variation of four prescriptions by filling them one day early) is deemed to be a Category I violation, and the first cause for discipline (three altered

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prescriptions given to Inspector Sakamura) is deemed to be a Category III violation, the bulk of respondents' remaining misconduct comes from their corresponding responsibility violations in connection with the 65 early refills (second cause for discipline) and filling 11 forged prescriptions (eighth cause for discipline), all of which are deemed to be Category II violations.

B. The Guidelines list corresponding responsibility violations to be in Category III. However, that category is described as those "where potential for harm is greater, more imminent, or more serious than it is for Category II violations, as well as for violations that involve knowingly or willfully violating laws or regulations pertaining to pharmacy. . . ." (Guidelines, p. 7.) In this case, it was not established that respondents' corresponding responsibility violations were willful or knowing, particularly remembering respondent Cassar was the only pharmacist who discovered and stopped the forged prescription scheme. Moreover, the potential for harm posed by respondents' corresponding responsibility violations was not proven to be serious, great, and certainly not imminent. Those violations are rooted in neglect, not malfeasance; the harm was potential and theoretical, not actual or imminent.

C. Since there are multiple violations in multiple categories, the Guidelines suggest treating the totality of the violations to be in the highest category, here Category III. Such treatment is not warranted, given the fact that the bulk of violations are in Category II. Moreover, the lone Category III violation is more the result of poor judgement than dishonesty. Although respondent Cassar exercised poor judgement in altering the three prescriptions, it is likely the information he added to the altered prescriptions was true. Therefore, discipline here should be from Category II. The suggested discipline for Category II violations ranges from a minimum of probation for three years under various terms and conditions to a maximum of revocation. (Guidelines, p. 6.)

15. A. The Guidelines list 17 factors to be considered in determining the appropriate level of discipline to be imposed. These factors are applied to respondents as follows:

1. *Actual or potential harm to the public.* No actual or potential harm to the public was established.

2. *Actual or potential harm to any consumer.* Some potential harm to consumers was demonstrated by the two sets of corresponding responsibility violations, but no actual harm was established. Namely, it was not proven that respondents are responsible for the overdose death of BK or that any of the other involved customers suffered any harm. In fact, one of the involved patients, MS, testified in glowing terms about respondents.

3. *Prior disciplinary record, including level of compliance with disciplinary order(s).* Respondents have no prior disciplinary record with the Board.

4. *Prior warnings of record(s), including citation(s) and fine(s).* Respondents received one citation in 2004 for minor violations.

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years since it concluded. Thus, the violations can be described as having moderate duration and proximity.

14. *Whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct.* Most of the misconduct was rooted in negligence, though respondent Cassar's submission of three altered prescriptions was intentional.

15. *Financial benefit to the respondent from the misconduct.* Respondents did not financially benefit from any of their misconduct.

16. *Other licenses held by the respondent and license history of those licenses.* This factor is not applicable.

17. *Uniform Standards Regarding Substance-Abusing Healing Arts Licensees.* This factor is not applicable.

B. The 17 factors demonstrate sufficient mitigation and rehabilitation to warrant imposing the minimum discipline suggested for Category II violations, namely three years of probation with standard terms. None of the optional terms is warranted, including suspension, the imposition of which would be punitive and would not serve public protection. The standard term imposing supervising restrictions on respondent Cassar (term no. 8) has been relaxed, such that Option 2 has been selected and only a yearly review required of the retained independent consultant. Respondent Cassar has demonstrated sufficient competence and rehabilitation to warrant no more frequent review of his practices. (Factual Findings 1-67.)

Other Disciplinary Considerations

16. A. Section 4307, subdivision (a), provides, in pertinent part, that any person whose license has been revoked or is under suspension shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate or partner of a licensee. In this case, respondent Cassar's license has not been revoked or suspended.

B. Section 4307, subdivision (a), also provides that if discipline is imposed on respondent Kanan Pharmacy's permit, and respondent Cassar, while acting as the manager, administrator, owner, member, officer, director, associate, or partner of respondent Kanan Pharmacy, "had knowledge of or knowingly participated in any conduct for which" the permit is disciplined, respondent Cassar "shall" be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for no longer than five years, if the pharmacy permit is placed on probation.

C. In this case, neither party addressed section 4307 in their briefs. While respondent Cassar's personal involvement in most of the violations is unclear but results at least from his status as respondent Kanan Pharmacy's PIC, it is clear respondent Cassar altered the

5. *Number and/or variety of current violations.* There were three core violations (two sets of similar corresponding responsibility violations, one set of four prescription variations, and one set of three prescription alterations), which is deemed to be a moderate amount.

6. *Nature and severity of the act(s), offense(s) or crime(s) under consideration.* Notwithstanding the three altered prescriptions given to Inspector Sakamura, the totality of the misconduct established in this case is deemed to be of moderate severity.

7. *Aggravating evidence.* In aggravation, respondent Cassar was not fully candid about his alteration of the three prescriptions given to Inspector Sakamura.

8. *Mitigating evidence.* Respondents presented significant mitigating evidence which lessened the seriousness of their violations. For example, respondents cooperated with Board investigative efforts at all times. For the most part, respondent Cassar was candid and forthright in his testimony. Respondent Cassar essentially stopped the forged prescription scheme. The alteration problem was limited to only three of hundreds of prescriptions analyzed in this case, and the information added to the altered prescriptions was probably true.

9. *Rehabilitation evidence.* Respondents have established meaningful rehabilitation. Respondent Cassar demonstrated contrition and remorse in his testimony. Respondents have evolved their pharmacy practice to address the shortcomings established in this case, including creating and upgrading their Diversion Program, using CURES when required, upgrading their computer and operating systems, as well as respondent Cassar's completion of two corresponding responsibility seminars and his subscription to Mr. Sydejko's license protection program. Respondents also are supported by a number of impressive and thoughtful character witnesses, who portray respondent Cassar as an ethical, hard-working, and, at times, compulsively detailed pharmacist, who is dedicated to his family, career, and practice. Even the Board's primary investigator, Inspector Sakamura, could not opine during the hearing that respondents currently pose a threat to the public.

10. *Compliance with terms of any criminal sentence.* This factor is not applicable.

11. *Overall criminal record.* This factor is not applicable.

12. *If applicable, evidence of proceedings for cause being set aside and dismissed pursuant to section 1203.4 of the Penal Code.* This factor is not applicable.

13. *Time passed since the act(s) or offense(s).* Respondents' misconduct traces back to 2009 through 2012 for the set of 65 early refills and the four prescription variances; 2013 for the three altered prescriptions given to Inspector Sakamura; and 2014 through 2015 for the 11 forged prescriptions that respondents filled. While the misconduct therefore covers a continuous period of six years, it has been well over three

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three prescriptions in question that are the basis of the first cause for discipline. Therefore, he "had knowledge of and knowingly participated" in at least some of the conduct for which respondent Kanan Pharmacy is being disciplined.

D. Since the word "shall" is prominent in section 4307, subdivision (a), the prohibition provided in the statute is not optional. However, imposing that level of discipline in this case would be unwarranted and punitive, given the moderate level of misconduct coupled with the significant mitigation and rehabilitation. Moreover, Government Code section 11519, subdivision (b), provides that "a stay of execution may be included in the decision or if not included therein may be granted by the agency at any time before the decision becomes effective." Since a revocation can be stayed under Government Code section 11519, there is no reason to conclude that less severe discipline, such as the prohibition provided by section 4307, cannot also be stayed. Therefore, while the prohibition provided by section 4307, subdivision (a), is mandatory, it shall be subject to the same stay as the remaining discipline imposed.

Costs

17. A. Section 125.3 provides that an administrative law judge may order a licensee who has violated a licensing law to pay the reasonable costs of the investigation and enforcement of the order. Respondents violated provisions of the Pharmacy Law. It was established that the Board incurred reasonable costs in the amount of \$22,940.45. (Factual Findings 68-70.)

B. As the employing entity, respondent Kanan Pharmacy is responsible for all of the violations established in this case. So too for respondent Cassar, as the PIC, though he was also personally involved in some of the underlying misconduct. Under these circumstances, respondents shall be jointly and severally responsible for the Board's costs, and they may determine who shall pay the costs. The standard cost form has been removed from the respondents' individual probations and replaced by one term covering both of them.

ORDER

Respondent Cassar

Pharmacist License Number RPI# 49326, issued to respondent Anthony John Cassar (respondent), is revoked; however, the revocation is stayed and respondent is placed on probation for three years upon the following terms and conditions:

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the Board, in writing, within seventy-two (72) hours of such occurrence:

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• an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws;

• a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding in any criminal complaint, information or indictment;

• a conviction of any crime; or

• the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent shall timely cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of his probation, including but not limited to: timely responses to requests for information by Board staff; timely compliance with directives from Board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

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at the employment service to report to the Board in writing acknowledging that he or she has read the decision in case number 4828, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgments are timely submitted to the Board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the Board shall be considered a violation of probation.

Employment within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a pharmacist, or any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. Notification of Change(s) in Name, Address(es), or Phone Number(s)

Respondent shall further notify the Board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the Board of any change in employer, name, address, or phone number shall be considered a violation of probation.

8. Restrictions on Supervision and Oversight of Licensed Facilities

During the period of probation, respondent shall not supervise any intern pharmacist or serve as a consultant to any entity licensed by the Board. Respondent may be a pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any single entity licensed by the Board, but only if respondent or that entity retains, at his expense, an independent consultant who shall be responsible for reviewing the operations of the entity *once per year* for compliance by respondent and the entity with state and federal laws and regulations governing the practice of the entity, and compliance by respondent with the obligations of his supervisory position. Respondent may serve in such a position at only one entity licensed by the Board, only upon approval by the Board or its designee. Any such approval shall be site specific.

The consultant shall be a pharmacist licensed by and not on probation with the Board, who has been approved by the Board or its designee to serve in this position. Respondent shall submit the name of the proposed consultant to the Board or its designee for approval within thirty (30) days of the effective date of the decision or prior to assumption of duties allowed in this term.

Assumption of any unauthorized supervision responsibilities shall be considered a violation of probation. In addition, failure to timely seek approval for, timely retain, or ensure timely reporting by the consultant shall be considered a violation of probation.

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5. Continuing Education

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the Board or its designee.

6. Reporting of Employment and Notice to Employers

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 4828 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the Board in writing the name, physical address, and mailing address of each of his employer(s), if any, and the name(s) and telephone number(s) of all of his direct supervisor(s), if any, as well as any pharmacist(s)-in-charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the Board a written consent authorizing the Board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the Board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, if any, respondent shall cause (a) his direct supervisor, (b) his pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of his employer, to report to the Board in writing acknowledging that the listed individual(s) has/have read the decision in case number 4828, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the Board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the Board in writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 4828, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the Board of the decision in case number 4828, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the Board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above

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9. Probation Monitoring Costs

Respondent shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

10. Status of License

Respondent shall, at all times while on probation, maintain an active, current pharmacist license with the Board, including any period during which suspension or probation is tolled.

Failure to maintain an active, current pharmacist license shall be considered a violation of probation.

If respondent's pharmacist license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reacquisition respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

11. License Surrender While on Probation

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish his license, including any indicia of licensure issued by the Board, along with a request to surrender the license. The Board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the Board.

Upon acceptance of the surrender, respondent shall relinquish his pocket and/or wall license, including any indicia of licensure not previously provided to the Board within ten (10) days of notification by the Board that the surrender is accepted if not already provided.

Respondent may not reapply for any license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board, including any outstanding costs.

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12. Practice Requirement - Extension of Probation

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 80 hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the Board or its designee.

If respondent does not practice as a pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the Board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the Board in writing within ten (10) days following the next calendar month during which respondent practices as a pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The Board or its designee may post a notice of the extended probation period on its website.

13. Violation of Probation

If respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and the Board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The Board or its designee may post a notice of the extended probation period on its website.

If respondent violates probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

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Failure to timely report any such occurrence shall be considered a violation of probation.

3. Report to the Board

Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

4. Interview with the Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

5. Cooperate with Board Staff

Respondent shall timely cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of the probation, including but not limited to: timely responses to requests for information by Board staff; timely compliance with directives from Board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

6. Probation Monitoring Costs

Respondent shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

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14. Completion of Probation

Upon written notice by the Board or its designee indicating successful completion of probation, respondent's license will be fully restored.

Respondent Kanan Pharmacy

Pharmacy Permit Number PHY 46707, issued to respondent Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies, with Anthony John Cassar as the Pharmacist-in-Charge, is revoked; however, the revocation is stayed and respondent is placed on probation for three years upon the following terms and conditions:

1. Definitions: Respondent

For the purposes of these terms and conditions, "respondent" shall refer to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies, with Anthony John Cassar as the Pharmacist-in-Charge. All terms and conditions stated herein shall bind and be applicable to the licensed premises and to all owners, managers, officers, administrators, members, directors, trustees, associates, or partners thereof. For purposes of compliance with any term or condition, any report, submission, filing, payment, or appearance required to be made by respondent to or before the board or its designee shall be made by an owner or executive officer with authority to act on behalf of and legally bind the licensed entity.

2. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the Board, in writing, within twenty-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws;

- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment;

- a conviction of any crime; or

- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any dangerous drug, and/or dangerous device or uncontrolled substance.

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7. Status of License

Respondent shall, at all times while on probation, maintain current pharmacy permit with the Board. Failure to maintain current licensure shall be considered a violation of probation.

If respondent's license expires or is canceled by operation of law or otherwise at any time during the period of probation, including any extensions thereof or otherwise, upon renewal or reapplication, respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

8. License Surrender While on Probation

Following the effective date of this decision, should respondent wish to discontinue business, respondent may tender the premises license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation.

Respondent may not apply for any new license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

Respondent further stipulates that it shall reimburse the Board for its costs of investigation and prosecution prior to the acceptance of the surrender.

Upon acceptance of the surrender, respondent shall relinquish the premises wall and renewal license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent shall further submit a completed Discontinuance of Business form according to Board guidelines and shall notify the Board of the records inventory transfer within five (5) days. Respondent shall further arrange for the transfer of all records of acquisition and disposition of dangerous drugs and/or devices to premises licensed and approved by the Board.

Respondent shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five days of its provision to the pharmacy's ongoing patients, respondent shall provide a copy of the written notice to the Board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60) days.

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Respondent may not apply for any new license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

Respondent further stipulates that it shall reimburse the Board for its costs of investigation and prosecution prior to the acceptance of the surrender.

9. Sale or Discontinuance of Business

During the period of probation, should respondent sell, trade or transfer all or part of the ownership of the licensed entity, discontinue doing business under the license issued to respondent, or should practice at that location be assumed by another full or partial owner, person, firm, business, or entity, under the same or a different premises license number, the Board or its designee shall have the sole discretion to determine whether to exercise continuing jurisdiction over the licensed location, under the current or new premises license number, and/or carry the remaining period of probation forward to be applicable to the current or new premises license number of the new owner.

10. Notice to Employees

Respondent shall, upon or before the effective date of this decision, ensure that all employees involved in permit operations are made aware of all the terms and conditions of probation, either by posting a notice of the terms and conditions, circulating such notice, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout the probation period. Respondent shall ensure that any employees hired or used after the effective date of this decision are made aware of the terms and conditions of probation by posting a notice, circulating a notice, or both. Additionally, respondent shall submit written notification to the Board, within fifteen (15) days of the effective date of this decision, that this term has been satisfied. Failure to timely provide such notification to employees, or to timely submit such notification to the Board shall be considered a violation of probation.

"Employees" as used in this provision includes all full-time, part-time, volunteer, temporary and relief employees and independent contractors employed or hired at any time during probation.

11. Owners and Officers: Knowledge of the Law

Respondent shall provide, within thirty (30) days after the effective date of this decision, signed and dated statements from its owners, including any owner or holder of ten percent (10%) or more of the interest in respondent or respondent's stock, and all of its officers, stating under penalty of perjury that said individuals have read and are familiar with state and federal laws and regulations governing the practice of pharmacy. The failure to timely provide said statements under penalty of perjury shall be considered a violation of probation.

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probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. Completion of Probation

Upon written notice by the Board or its designee indicating successful completion of probation, respondent's license will be fully restored.

Costs

Respondent Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies, and Anthony John Cassar, are jointly and severally liable to pay the Board its reasonable costs of this case's investigation and enforcement under Business and Professions Code section 125.3, in the amount of \$22,940.45, pursuant to a reasonable payment plan approved by the Board.

Prohibition Under Section 4307

Respondent Anthony John Cassar is prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of Pharmacy Permit Number PHY 46707, issued to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies, for the period of time while Pharmacy Permit Number PHY 46707 is subject to the probation imposed in this case.

"This prohibition is stayed while respondent Cassar and Kanan Pharmacy are on the probations specified above. If either respondent, or both, violates probation in any respect, the Board, after giving respondents notice and an opportunity to be heard, may petition to revoke this stay and impose the prohibition set forth in Business and Professions Code section 4307 against respondent Cassar.

DATED: March 18, 2019

Documented by
[Signature]
ERIC SAWYER
Administrative Law Judge
Office of Administrative Hearings

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12. Premises Open for Business

Respondent shall remain open and engaged in its ordinary business as a pharmacy permittee in California for a minimum of 80 hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met.

During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation, unless respondent is informed otherwise in writing by the Board or its designee. If respondent is not open and engaged in its ordinary business as a pharmacy permittee for a minimum of 80 hours in any calendar month, for any reason (including vacation), respondent shall notify the Board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at minimum all of the following: the date(s) and hours respondent was open; the reason(s) for the interruption or why business was not conducted; and the anticipated date(s) on which respondent will resume business as required. Respondent shall further notify the Board in writing within ten (10) days following the next calendar month during which respondent is open and engaged in its ordinary business as a pharmacy permittee in California for a minimum of 80 hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

13. Posted Notice of Probation

Respondent shall prominently post a probation notice provided by the Board or its designee in a place conspicuous to and readable by the public within two (2) days of receipt thereof from the Board or its designee. Failure to timely post such notice, or to maintain the posting during the entire period of probation, shall be considered a violation of probation.

Respondent shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, customer, member of the public, or other person(s) as to the nature of and reason for the probation of the licensed entity.

14. Violation of Probation

If respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and probation shall be automatically extended, until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, the Board shall have continuing jurisdiction and the period of

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BEFORE THE BOARD OF PHARMACY DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:
13 PHARMACY CARE NETWORK, INC.,
14 DBA KANAN PHARMACY & MEDICAL
15 SUPPLIES; ANTHONY JOHN CASSAR
16 5847 Kanan Rd.
17 Agoura Hills, CA 91301
18 Pharmacy Permit No. PHY 46707
19 ANTHONY JOHN CASSAR
20 Valley Flores Dr.
21 West Hills, CA 91364
22 Pharmacist License No. RPH 49326
23 Respondent(s).

Case No. 4828

SECOND AMENDED ACCUSATION

Complainant alleges:

PARTIES

24 1. Complainant Virginia Herold brings this Second Amended Accusation solely in her
25 official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer
26 Affairs ("Board").
27 2. On May 18, 2004, the Board issued Pharmacy Permit Number PHY 46707 to
28 Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies ("Respondent
Pharmacy"). Anthony Cassar is and has been the President and Pharmacist-in-Charge of
Respondent Pharmacy since May 18, 2004. Maria Cassar is and has been the Secretary/Treasurer
of Respondent Pharmacy since May 18, 2004. This Permit was in force at all times relevant to
this First Amended Accusation's charges and will expire on May 1, 2019 unless renewed.

1

Second Amended Accusation

1 3. On March 25, 1997, the Board issued Pharmacist License Number RPH 49326 to
2 Anthony John Cassar ("Respondent Cassar"). The Pharmacist License was in force at all times
3 relevant to this Accusation's charges and will expire on May 31, 2018 unless renewed.

4 JURISDICTION

5 4. This Second Amended Accusation is brought before the Board, Department of
6 Consumer Affairs, under the authority of the following laws.

7 5. Section 4300 of the Business and Professions Code provides, in pertinent part, that
8 every license issued by the Board is subject to discipline, including suspension or revocation.

9 6. Section 4300.1 of the Business and Professions Code states:

10 "The expiration, cancellation, forfeiture, or suspension of a board-issued license by
11 operation of law or by order or decision of the board or a court of law, the placement of a license
12 on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board
13 of jurisdiction to commence or proceed with any investigation of, or action or disciplinary
14 proceeding against, the licensee or to render a decision suspending or revoking the license."

15 7. Section 4302 of the Business and Professions Code states:

16 "The board may deny, suspend, or revoke any license of a corporation where conditions
17 exist in relation to any person holding 10 percent or more of the corporate stock of the
18 corporation, or where conditions exist in relation to any officer or director of the corporation that
19 would constitute grounds for disciplinary action against a licensee."

20 BUSINESS AND PROFESSIONS CODE

21 8. Section 4035 of the Business and Professions Code states:

22 "Person" includes, but is not limited to, firm, association, partnership, corporation, limited
23 liability company, state governmental agency, trust, or political subdivision."

24 9. Section 4059, subdivision (a), of the Business and Professions Code states:

25 "A person may not furnish any dangerous drug except upon the prescription of a physician,
26 dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A
27 person may not furnish any dangerous device, except upon the prescription of a physician, dentist,
28 podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7."

1 10. Section 4063 of the Business and Professions Code states:

2 "No prescription for any dangerous drug or dangerous device may be refilled except upon
3 authorization of the prescriber. The authorization may be given orally or at the time of giving the
4 original prescription. No prescription for any dangerous drug that is a controlled substance may
5 be designated refillable as needed."

6 11. Section 4081 of the Business and Professions Code states, in pertinent part:

7 "(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs
8 or dangerous devices shall be at all times during business hours open to inspection by authorized
9 officers of the law, and shall be preserved for at least three years from the date of making. A
10 current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-
11 animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital,
12 institution, or establishment holding a currently valid and unrevoked certificate, license, permit,
13 registration, or exemption under Division 2 (commencing with Section 1200) of the Health and
14 Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and
15 Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

16 "(b) The owner, officer, and partner of any pharmacy, wholesaler, or veterinary food-animal
17 drug retailer shall be jointly responsible, with the pharmacist-in-charge or representative-in-
18 charge, for maintaining the records and inventory described in this section."

19 12. Section 4105 of the Business and Professions Code states:

20 "(a) All records or other documentation of the acquisition and disposition of dangerous
21 drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed
22 premises in a readily retrievable form.

23 "(b) The licensee may remove the original records or documentation from the licensed
24 premises on a temporary basis for license-related purposes. However, a duplicate set of those
25 records or other documentation shall be retained on the licensed premises.

26 "(c) The records required by this section shall be retained on the licensed premises for a
27 period of three years from the date of making.
28

1 "(d) Any records that are maintained electronically shall be maintained so that the
2 pharmacist-in-charge, the pharmacist on duty if the pharmacist-in-charge is not on duty, or, in the
3 case of a veterinary food-animal drug retailer or wholesaler, the designated representative on
4 duty, shall, at all times during which the licensed premises are open for business, be able to
5 produce a hard copy and electronic copy of all records of acquisition or disposition or other drug
6 or dispensing-related records maintained electronically.

7 "(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request,
8 grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b),
9 and (c) be kept on the licensed premises.

10 (2) A waiver granted pursuant to this subdivision shall not affect the board's authority
11 under this section or any other provision of this chapter.

12

13 13. Section 4113, subdivision (c), of the Business and Professions Code states:

14 "The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state
15 and federal laws and regulations pertaining to the practice of pharmacy."

16 14. Section 4156 of the Business and Professions Code states:

17 A pharmacy corporation shall not do, or fail to do, any act where doing or failing to do the
18 act would constitute unprofessional conduct under any statute or regulation. In the conduct of its
19 practice, a pharmacy corporation shall observe and be bound by the laws and regulations that
20 apply to a person licensed under this chapter.

21 15. Section 4169, subdivision (a)(5) of the Business and Professions Code states:

22 A person or entity shall not do any of the following: Fail to maintain records of the
23 acquisition or disposition of dangerous drugs or dangerous devices for at least three years.

24 16. Section 4301 of the Business and Professions Code states:

25 "The board shall take action against any holder of a license who is guilty of unprofessional
26 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.
27 Unprofessional conduct shall include, but is not limited to, any of the following:
28

1 "(d) The clearly excessive furnishing of controlled substances in violation of
2 subdivision (a) of Section 11153 of the Health and Safety Code.

3 ...

4 "(f) the commission of any act involving moral turpitude, dishonesty, fraud,
5 deceit, or corruption

6 "(g) knowingly making or signing any certificate or other document that falsely
7 represents the existence or nonexistence of a state of facts.

8 ...

9 "(j) The violation of any of the statutes of this state, or any other state, or of the
10 United States regulating controlled substances and dangerous drugs.

11 ...

12 "(e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting
13 the violation of or conspiring to violate any provision or term of this chapter or of the applicable
14 federal and state laws and regulations governing pharmacy, including regulations established by
15 the board or by any other state or federal regulatory agency.

16

17 "(q) engaging in any conduct that subverts or attempts to subvert an investigation of
18 the Board."

19 17. Section 4302 of the Business and Professions Code states:

20 The board may deny, suspend, or revoke any license where conditions exist in relation to
21 any person holding 10 percent or more of the ownership interest or where conditions exist in
22 relation to any officer, director, or other person with management or control of the licensee that
23 would constitute grounds for disciplinary action against a licensee.

24 18. Section 4306.5 of the Business and Professions Code states:

25 "Unprofessional conduct for a pharmacist may include any of the following:

26 (a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of
27 his or her education, training, or experience as a pharmacist, whether or not the act or omission
28

1 arises in the course of the practice of pharmacy or the ownership, management, administration, or
2 operation of a pharmacy or other entity licensed by the board.

3 (b) Acts or omissions that involve, in whole or in part, the failure to exercise or
4 implement his or her best professional judgment or corresponding responsibility with regard to
5 the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or
6 with regard to the provision of services.

7 (c) Acts or omissions that involve, in whole or in part, the failure to consult
8 appropriate patient, prescription, and other records pertaining to the performance of any
9 pharmacy function.

10 (d) Acts or omissions that involve, in whole or in part, the failure to fully maintain
11 and retain appropriate patient-specific information pertaining to the performance of any pharmacy
12 function."

13 19. Section 4307 of the Business and Professions Code states:

14 (a) Any person who has been denied a license or whose license has been revoked
15 or is under suspension, or who has failed to renew his or her license while it was under
16 suspension, or who has been a manager, administrator, owner, member, officer, director,
17 associate, or partner of any partnership, corporation, firm, or association whose application for a
18 license has been denied or revoked, is under suspension or has been placed on probation, and
19 while acting as the manager, administrator, owner, member, officer, director, associate, or partner
20 had knowledge of or knowingly participated in any conduct for which the license was denied,
21 revoked, suspended, or placed on probation, shall be prohibited from serving as a manager,
22 administrator, owner, member, officer, director, associate, or partner of a licensee as follows:

23 (1) Where a probationary license is issued or where an existing license is placed
24 on probation, this prohibition shall remain in effect for a period not to exceed five years.

25 (2) Where the license is denied or revoked, the prohibition shall continue until
26 the license is issued or reinstated.

1 (b) "Manager, administrator, owner, member, officer, director, associate, or partner,"
2 as used in this section and Section 4308, may refer to a pharmacist or to any other person who
3 serves in that capacity in or for a licensee.

4 (c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to
5 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code.
6 However, no order may be issued in that case except as to a person who is named in the caption,
7 as to whom the pleading alleges the applicability of this section, and where the person has been
8 given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part
9 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision
10 shall be in addition to the board's authority to proceed under Section 4339 or any other provision
11 of law.

12 **HEALTH AND SAFETY CODE**

13 20. Section 11153, subdivision (a) of Health and Safety Code states:

14 "(a) A prescription for a controlled substance shall only be issued for a legitimate medical
15 purpose by an individual practitioner acting in the usual course of his or her professional practice.
16 The responsibility for the proper prescribing and dispensing of controlled substances is upon the
17 prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the
18 prescription. Except as authorized by this division, the following are not legal prescriptions: (1)
19 an order purporting to be a prescription which is issued not in the usual course of professional
20 treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of
21 controlled substances, which is issued not in the course of professional treatment or as part of an
22 authorized narcotic treatment program, for the purpose of providing the user with controlled
23 substances, sufficient to keep him or her comfortable by maintaining customary use."

24 21. Section 11179 of the Health and Safety Code states:

25 "A person who fills a prescription shall keep it on file for at least three years from the date
26 of filling it."

27 22. Section 11200, subdivision (c), of the Health and Safety Code states:

28 "No prescription for a Schedule II substance may be refilled."

1 **CALIFORNIA CODE OF REGULATIONS**

2 23. California Code of Regulations, title 16, section 1707.1, states:

3 "(a) A pharmacy shall maintain medication profiles on all patients who have prescriptions
4 filled in that pharmacy except when the pharmacist has reasonable belief that the patient will not
5 continue to obtain prescription medications from that pharmacy.

6 (1) A patient medication record shall be maintained in an automated data processing
7 or manual record mode such that the following information is readily retrievable during the
8 pharmacy's normal operating hours.

9 (A) The patient's full name and address, telephone number, date of birth (or
10 age) and gender;

11 (B) For each prescription dispensed by the pharmacy:

12 1. The name, strength, dosage form, route of administration, if other than oral,
13 quantity and directions for use of any drug dispensed;

14 2. The prescriber's name and where appropriate, license number, DEA
15 registration number or other unique identifier;

16 3. The date on which a drug was dispensed or refilled;

17 4. The prescription number for each prescription; and

18 5. The information required by section 1717.

19 (C) Any of the following which may relate to drug therapy: patient allergies,
20 idiosyncracies, current medications and relevant prior medications including nonprescription
21 medications and relevant devices, or medical conditions which are communicated by the patient
22 or the patient's agent.

23 (D) Any other information which the pharmacist, in his or her professional
24 judgment, deems appropriate.

25 (2) The patient medication record shall be maintained for at least one year from the
26 date when the last prescription was filled.

27 24. California Code of Regulations, title 16, section 1715.6, states:

1 "The owner shall report to the Board within thirty (30) days of discovery of any loss of the
2 controlled substances, including their amounts and strengths."

3 25. California Code of Regulations, title 16, section 1716, states in pertinent part:

4 "Pharmacists shall not deviate from the requirements of a prescription except upon the prior
5 consent of the prescriber or to select the drug product in accordance with Section 4073 of the
6 Business and Professions Code."

7 26. California Code of Regulations, title 16, section 1761, states in pertinent part:

8 (a) No pharmacist shall compound or dispense any prescription which contains any
9 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any
10 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to
11 validate the prescription.

12 (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense
13 a controlled substance prescription where the pharmacist knows or has objective reason to know
14 that said prescription was not issued for a legitimate medical purpose.

15 **CONTROLLED SUBSTANCES AND DANGEROUS DRUGS**

16 27. Adderall, also known as Amphetamine Salt Combo, is a Schedule II controlled
17 substance under Health and Safety Code section 11055, subdivision (d)(1) and is a dangerous
18 drug under Business and Professions Code section 4022. It is used to treat Attention-Deficit
19 Disorder.

20 28. Alprazolam, a generic name for Xanax, is a Schedule IV controlled substance
21 under Health and Safety Code section 11057, subdivision (d)(1) and is a dangerous drug under
22 Business and Professions Code section 4022.

23 29. Carisprodol, a generic name for Soma, is a Schedule IV controlled substance under
24 21 Code of Federal Register section 1308.14, subdivision (c)(5) and is a dangerous drug under
25 Business and Professions Code section 4022. It became a Schedule IV controlled substance on
26 January 1, 2012.

27 ///

28 ///

1 30. Diazepam, a generic name for Valium, is a Schedule IV controlled substance under
2 Health and Safety Code section 11057, subdivision (d)(9) and is a dangerous drug under Business
3 and Professions Code section 4022.

4 31. Dextroamphetamine/amphetamine, a generic name for Adderall, is a Schedule II
5 controlled substance under Health and Safety Code section 11055, subdivision (d)(1) and is a
6 dangerous drug under Business and Professions Code section 4022.

7 32. Fentanyl is a Schedule II controlled substance under Health and Safety Code section
8 11055, subdivision (c)(8) and is a dangerous drug under Business and Professions Code section
9 4022.

10 33. Hydrocodone/acetaminophen, a generic name for Lortab, Vicodin, and Norco, is
11 a Schedule III controlled substance under Health and Safety Code section 11056(e)(4) and is a
12 dangerous drug under Business and Professions Code section 4022.

13 34. Methadone is a Schedule II controlled substance under Health and Safety Code
14 section 11055, subdivision (c)(14) and is a dangerous drug under Business and Professions Code
15 section 4022.

16 35. Methylphenidate, a generic name for Ritalin, is a Schedule II controlled substance
17 under Health and Safety Code section 11055, subdivision (d)(6) and is a dangerous drug under
18 Business and Professions Code section 4022.

19 36. Morphine is a Schedule II controlled substance under Health and Safety Code
20 section 11055(b)(1)(L) and is a dangerous drug under Business and Professions Code section
21 4022.

22 37. Oxycodone, a generic name for Oxycontin, is a Schedule II controlled substance
23 under Health and Safety Code section 11055, subdivision (b)(1)(M) and is a dangerous drug
24 under Business and Professions Code section 4022.

25 COST RECOVERY

26 38. Section 125.3 of the Business and Professions Code states, in pertinent part, that the
27 Board may request the administrative law judge to direct a licensee found to have committed a
28

1 violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the
2 investigation and enforcement of the case.

3 COMPLAINT FILED BY W.K.

4 39. The Board received a complaint from a mother (W.K.) who stated that her son B.K.
5 passed away of an overdose in January 2010. The physician, L.G., Doctor of Osteopathic, who
6 prescribed the drugs had been investigated by the Medical Board and Attorney General's office,
7 and L.G.'s hearings were scheduled for November 2011. There were six allegations against L.G.,
8 and one of the allegations was for over prescribing addictive medications. Respondent filled
9 prescriptions for her son from September 10, 2009 to November 12, 2009 for 676 pills. The
10 mother stated there were probably more, but those were the only bottles she and her husband
11 found.

12 40. Dr. L.G., was the main prescriber of the prescriptions that Patient B.K. filled at
13 Respondent Pharmacy. On March 4, 2011, the Osteopathic Medical Board of California filed an
14 Accusation against Dr. L.G. for repeated acts of negligence. However, Dr. L.G. committed
15 suicide before the matter was resolved.

16 41. On March 15, 2013, Board Inspector V.S. conducted an inspection at the Respondent
17 Pharmacy. In preparation for the inspection, the Board inspector reviewed CURES⁴ data from
18 October 1, 2008 to January 1, 2010 for the pharmacy and chose three patients in addition to B.K.
19 to review for controlled substance dispensing.

20 42. The CURES program started in 1998 and required mandatory monthly pharmacy
21 reporting of dispensed Schedule II controlled substances and was amended in January 2005 to
22 include mandatory weekly reporting of Schedule II-IV controlled substances. The data is sent to
23 a data collection company, who sends the pharmacy confirmation that the data was received and
24

25 ⁴ CURES stands for "Controlled Substance Utilization Review and Evaluation System"
26 and is a database that contains over 100 million entries of controlled substance drugs that were
27 dispensed in California. CURES is part of a program developed by the California Department of
28 Justice, Bureau of Narcotic Enforcement, which allows access to the Prescription Drug
Monitoring Program (PDMP) system. The PDMP allows pre-registered users including licensed
healthcare prescribers eligible to prescribe controlled substances, pharmacists authorized to
dispense controlled substances, law enforcement, and regulatory boards to access patient
controlled substance history information.

1 lets the pharmacy know if any data was rejected. The data is collected statewide and can be used
2 by health care professionals such as pharmacists and prescribers to evaluate and determine
3 whether their patients are utilizing their controlled substances correctly.

4 43. As the Board inspector reviewed the controlled substance prescribing data from
5 October 1, 2008 to January 1, 2010 at Respondent Pharmacy, there were 283 prescriptions filled
6 during that time, for 23 patients. The Board Inspector chose three of those patients to review their
7 controlled substance dispensing.

8 44. On March 15, 2013, the Board inspector went to Respondent Pharmacy to investigate
9 the complaint. Pharmacist in charge (PIC) Respondent Cassar was present. The Board inspector
10 gave Respondent Cassar a list of the 3 patients the Board inspector got off the CURES report and
11 asked for patient profiles, as well as one for Brady K.. Once Respondent Cassar printed the
12 profiles, the Board inspector gave him a list of questions to answer for each of the patients, and
13 several questions about Dr. L.G.. The Board inspector also asked about how Respondent
14 Pharmacy dealt with forged prescriptions, prescriptions from drug seekers, and what tools were
15 used to decide whether or not to fill a prescription. The deadline for his response was 14 days.

16 45. On March 21, 2013, the Board inspector received an email from Respondent Cassar
17 stating he was working on gathering the information she asked for, as well as a copy of his
18 updated policy and procedure on theft and impairment.

19 46. On April 3, 2013, the Board inspector received an email from Respondent
20 Pharmacy's counsel requesting an extension to gather the requested prescriptions.

21 47. On April 6, 2013, the Board inspector received a statement from Respondent Cassar
22 stating "My understanding was that Dr. [L.G.] was a pain specialist whose single office was
23 located in Encino, California. I was not aware of any other office. When we started receiving
24 prescriptions from his office, he explained to me personally of his specialty and assured me that
25 any patient who was seen had first signed a contract agreeing that he would be the only physician
26 from which they would obtain prescriptions for narcotic pain therapy. In addition, he told me that
27 before a patient was seen, he would send a request to the CURES program for a fax of all current
28 and recent dispensing history on the patient. If a patient was not honest regarding who they saw

1 and what they took, Dr. Glass would fire the patient. While I cannot recall the name of the
2 patient, I know I had one patient who became concerned when they obtained a prescription for a
3 small amount of hydrocodone/apap following a dental procedure. I had no reason to believe his
4 prescribing practices were not legitimate. On occasion we would contact Dr. [L.G.]'s office
5 regarding any prescriptions that I felt were too early to be filled or prescriptions that required
6 clarification on directions, quantities, or strengths. His responses were always consistent with my
7 understanding of his practice."

8 48. Respondent Cassar explained that he has become more cautious when filling
9 Controlled Substances II prescriptions, he is in contact with the local Sheriff's department and
10 obtains a list of suspect physicians, which he shares with his local CVS, he has contacted
11 pharmacies near the physician to ask the nature of the physician's practice when he is not familiar
12 with them. According to Respondent Cassar, when prescriptions are called in, he pays attention
13 to whether the call is from an office or a cell phone, if the call is from a cell phone, he
14 immediately calls the office to confirm the prescription. Respondent Cassar further explained
15 that all patients must have a valid ID, and that he uses the CURES program while the patient is
16 waiting. According to Respondent Cassar, if the patient uses multiple doctors, pharmacies, or
17 drugs, he does not fill it. Respondent Cassar further explained that he also gets diagnosis
18 information on his patients.

19 RESPONDENT CASSAR'S RESPONSES TO THE BOARD INVESTIGATOR'S 20 INQUIRIES

21 49. On or about April 22, 2013, the Board inspector received the prescriptions for
22 Respondent Pharmacy's four patients and Respondent Cassar's responses to the Board inspector's
23 questions for each of the patients, several questions about Dr. L.G., and questions as to how
24 Respondent Pharmacy dealt with forged prescriptions, prescriptions from drug seekers, and what
25 tools were used to decide whether or not to fill a prescription.

26 PATIENT K.G.

27 50. In response to the following question "What can you tell me about this patient-What
28 is the patient being treated for?" Respondent Cassar replied "While we may find documentation

1 as to what the patient was being treated for, I believe the patient was being treated for a chronic
2 pain condition"

3 51. In response to the following question "Have they tried any non-medication therapies,
4 or alternative therapies for their condition before trying pain medications?" Respondent Cassar
5 replied "I am not aware if she had tried any non-medication therapies or alternative therapies."

6 52. In response to the following question "What type of consultation have they received
7 from you regarding their prescriptions? What is your consultation like when it comes to pain
8 medication?" Respondent Cassar replied "Patients received consultation as required by OBRA-
9 90² and California law which includes a review of the patient's profile. I review with the patient
10 which medication is short vs. long acting. If they receive other non-narcotic or non-pain
11 medications that causes sedation, I typically review that with them as well. In addition, I ask they
12 be aware of the restrictions of alcohol and driving with this medication."

13 53. In response to the following question "Did the patient pick up their medications
14 themselves, was it delivered, or was it picked up by someone else?" Respondent Cassar replied

15
16 ² Omnibus Budget Reconciliation Act of 1990: Federal lawmakers enacted Section 4401 of the Omnibus
17 Budget Reconciliation Act of 1990 (OBRA '90) to ensure fiscally responsible spending of Federal funding while
18 ensuring safe and effective therapeutic outcomes for Medicaid patients. OBRA '90 includes three key drug utilization
19 review components that affect pharmacy practice: prospective drug utilization review, record-keeping requirements,
20 and a requirement to offer counsel.[1] OBRA '90 further outlines specific information that the pharmacist, while
21 exercising professional judgment, should discuss with the
22 patient when he or she accepts the offer to counsel, such as:
23 • Name of the drug (brand name, generic, or other descriptive information);
24 • Intended use and expected action;
25 • Route, dosage form, dosage, and administration schedule;
26 • Common severe side effects or adverse effects or interactions and therapeutic contraindications that may
27 be encountered, including how to avoid them and the action required if they occur;
28 • Techniques for self-monitoring of drug therapy;
• Proper storage;
• Potential drug-drug interactions or drug-disease contraindications;
• Prescription refill information; and
• Action to take in the event of a missed dose [2]
OBRA '90 and regulations adopted by Centers for Medicare & Medicaid Services (CMS) [3] require States
to establish standards regarding implementation of patient counseling requirements to participate in and to
receive continued Federal funding for State Medicaid programs. Although the original Federal requirements of
OBRA '90 were intended to apply only to Medicaid beneficiaries, States established unique patient counseling
regulations for both Medicaid and non-Medicaid beneficiaries. As a result, all patients are entitled to the benefits
associated with
patient counseling standards of care. For links to State Boards of Pharmacy and their rules and regulations regarding
patient counseling, refer to <http://www.nabp.net/boards-of-pharmacy> on the National Association of Boards of
Pharmacy website.

1 "As I recall, Ms. C. picked up her own medication, though I believe on an occasion or two she
2 had her mother pick-up her medication. In those cases, I believe she called us in advance."

3 54. In response to the following question "Did you talk to the prescriber about any of the
4 prescriptions for this patient in order to clarify or make therapy adjustments?" Respondent Cassar
5 replied "If something required clarification we would contact the doctor. As we pull
6 prescriptions, examples of that communication may turn up."

7 55. In response to the following question "Did you feel any of these patient's therapies
8 may have been excessive?" Respondent Cassar replied "Based on her total treatment history,
9 there was nothing that in my professional judgment indicated her therapy was excessive. The
10 patient initially used a combination of short acting and long acting narcotic pain medications. I
11 recall her telling me of issues she had with her intestinal tract which is why she switched to liquid
12 forms of narcotic pain medication. She was stable for some time and would fill her medication a
13 few days early but nothing that would cause me concern in my professional judgment. Later she
14 switched back to tablets, I believe due to a cost/insurance issue. Her daily dose increased over the
15 five years she was treated by Dr. L.G., I assume due to tolerance. Still, in my professional
16 judgment, I did not see a reason to be concerned as she never present in the pharmacy as being
17 intoxicated. In addition, Ms. [K.C.] has insurance and if a prescription is early, or duplicative we
18 will be notified when the claim is processed. In any such case, we typically try to determine from
19 the patient why and, if appropriate, call the doctor to discuss the situation."

20 56. In response to the following question "How do you document any conversations you
21 have with doctor or patient?" Respondent Cassar replied "I would typically document any
22 conversations with doctors or patients on their prescriptions."

23 57. In response to the following question "Did you use CURES at the time this patient
24 was at your pharmacy?" Respondent Cassar replied "No, not that I can recall. There was no
25 clear reason to consult CURES for this patient."

26 58. The Board investigator entered the information for [K.C.] into the spreadsheet below.
27 There were several early fills, several scripts were not provided to her, RX #2209222 for
28

1 Oxycodone liquid was written for 220 ml, but was filled with 210 ml. There is no documentation
2 why the quantity was changed."

Date	Rx	Drug	Strength	Amnt	Day supply	MD	early?	problem?	script?
2/6/2009	2207254	methadone	10	60	30	glass			no
4/12/2009	2213184	oxycodone	30	360	20	glass			no
2/9/2009	2207262	oxycodone	20	480	30	glass			
2/7/2009	2207263	morphine	20	120	15	glass			
5/21/2009	2206032	morphine	20	60 ml	3	glass			
5/26/2009	2206060	methadone	10	90	30	glass			
5/26/2009	2206062	lexipro	400	28	28	glass			
6/1/2009	2206101	hydromorphone	8	120	10	glass			
6/5/2009	2206138	methadone	10	360	30	glass			
6/30/2009	2206311	methadone	10	360	30	glass	5 days early		
7/23/2009	2206462	methadone	10	360	30	glass	7 days early		
8/12/2009	2206813	methadone	10	66	6	glass	10 days early		
8/18/2009	2206851	methadone	10	360	30	glass			
9/5/2009	2206789	methadone	10	144	12	glass	13 days early		
9/15/2009	2206860	methadone	10	360	30	glass			
9/15/2009	2206861	oxycodone	20	240	30	glass			
10/28/2009	2206222	oxycodone	20	210	14	glass		220ml ordered	
11/10/2009	2206312	methadone	10	420	27	glass			
12/4/2009	2206506	methadone	10	420	27	glass			
12/29/2009	2206674	methadone	10	420	27	glass			
1/10/2010	2206831	methadone	10	420	27	glass			
2/5/2010	2206952	oxycodone	30	120	7	glass			
2/8/2010	2209994	methadone	10	420	27	glass	5 days early		
3/1/2010	2210108	methadone	10	480	30	glass	8 days early		
2/23/2010	2210109	oxycodone	30	240	20	glass			
3/25/2010	2210305	methadone	10	480	30	glass	5 days early		
3/22/2010	2210306	oxycodone	30	240	20	glass			
4/24/2010	2210524	methadone	10	480	30	glass			

4/24/2010	2210525	oxycodone	30	240	20	glass			
5/21/2010	2210720	methadone	10	480	30	glass			
5/21/2010	2210721	oxycodone	30	240	20	glass			
6/28/2010	2210993	methadone	10	480	30	glass			
6/28/2010	2210994	oxycodone	30	240	20	glass			
8/2/2010	2211247	methadone	10	480	30	glass			
8/2/2010	2211248	oxycodone	30	240	20	glass			
8/30/2010	2211434	methadone	10	480	30	glass			
10/16/2010	2211812	methadone	10	420	28	glass			
10/16/2010	2211813	hydromorphone	8	360	20	glass			
11/11/2010	2211960	methadone	10	420	27	glass			
11/3/2010	2211961	oxycodone	30	360	20	glass			
12/13/2010	2212235	methadone	10	420	27	glass			
1/18/2011	2212533	methadone	10	420	27	glass			
1/18/2011	2212534	oxycodone	30	360	20	glass			
3/2/2011	2212851	methadone	10	140	9	glass			
3/2/2011	2212852	oxycodone	30	120	7	glass			
3/15/2011	2212978	methadone	10	420	27	glass			
3/15/2011	2212977	oxycodone	30	360	20	glass			
4/12/2011	2213183	methadone	10	420	27	glass			
5/16/2011	2213467	methadone	10	420	27	glass			
6/15/2011	2213750	methadone	10	420	27	glass			
7/19/2011	2213806	methadone	10	420	27	glass			
7/2/2011	2213897	oxycodone	20	540	17	glass			
8/17/2011	2214245	methadone	10	420	27	glass			
8/17/2011	2214246	oxycodone	20	540ml	17	glass			
8/13/2011	2214458	methadone	10	420	27	glass			
10/5/2011	2214669	methadone	10	420	27	glass	5 days early		
10/25/2011	2214670	hydromorphone	8	90	5	glass			
11/3/2011	2214950	methadone	10	420	27	glass			
11/29/2011	2215171	methadone	10	480	30	glass			
12/4/2011	2215425	methadone	10	480	30	glass			
1/27/2012	2215731	methadone	10	480	30	glass			
2/24/2012	2215985	methadone	10	480	30	glass			
3/17/2012	2216082	methadone	10	480	30	glass	6 days early		
4/9/2012	2216258	methadone	10	390	30	tray	7 days early		
3/26/2012	2216257	morphine	1	120	30	tray			
3/26/2012	2216268	feranyl	25	10	30	tray			
5/5/2012	2216648	methadone	10	270	30	tray			
5/5/2012	2216650	feranyl	25	10	30	tray			

5/29/2012	2216821	methadone	10	270	30	tray	6 days early
6/20/2012	2217008	methadone	10	270	30	tray	
7/17/2012	2217009	ferantyl	25	10	30	tray	
7/17/2012	2217230	methadone	10	270	30	tray	
8/13/2012	2217231	ferantyl	25	10	30	tray	
8/13/2012	2217467	methadone	10	270	30	tray	
9/8/2012	2217889	methadone	10	270	30	tray	6 days early
9/5/2012	2217890	ferantyl	25	10	30	tray	6 days early
10/1/2012	2217892	methadone	10	240	30	tray	
11/1/2012	2218175	methadone	10	210	30	tray	
11/30/2012	2218439	methadone	10	210	30	tray	
12/31/2012	2218669	methadone	10	210	30	tray	
1/28/2013	2218955	methadone	10	210	30	tray	
2/26/2013	2219233	methadone	10	210	30	tray	
8/5/2009	4417768	clonazepam	0.5	30	30	glass	
9/15/2009	4418273	dronabinol	10	120	30	glass	
11/10/2009	4418034	dronabinol	5	120	30	glass	
12/7/2009	4419416	dronabinol	5	120	30	glass	

PATIENT S.M.

59. In response to the following question "What can you tell me about this patient-What is the patient being treated for?" Respondent Cassar replied "We have not filled prescriptions for this patient since March 2012. Based on the type of medication she filled, I suspect she has chronic pain, anxiety, ADD/ADHD, hypertension, and some type of air constriction."

60. In response to the following question "Have they tried any non-medication therapies, or alternative therapies for their condition before trying pain medications?" Respondent Cassar replied "I am not aware if she had tried any non-medication therapies or alternative therapies."

61. In response to the following question "What type of consultation have they received from you regarding their prescriptions? What is your consultation like when it comes to pain medication?" Respondent Cassar replied "Patients received consultation as required by OBRA-90 and California law which includes a review of the patient's profile. I review with the patient which medication is short vs. long acting. If they receive other non-narcotic or non-pain

medications that causes sedation, I typically review that with them as well. In addition, I ask they be aware of the restrictions of alcohol and driving with this medication."

62. In response to the following question "Did the patient pick up their medications themselves, was it delivered, or was it picked up by someone else?" Respondent Cassar replied "As I recall, Ms. [S.M.] picked up her own medication, though I believe on an occasion or two she had her son pick-up her medication. In those cases, I believe she called us in advance."

63. In response to the following question "Did you talk to the prescriber about any of the prescriptions for this patient in order to clarify or make therapy adjustments?" Respondent Cassar replied "If something required clarification we would contact the doctor. As we pull prescriptions, examples of that communication may turn up."

64. In response to the following question "Did you feel any of these patient's therapies may have been excessive?" Respondent Cassar replied "Based on her total treatment history, there was nothing that in my professional judgment indicated her therapy was excessive. Mrs. M. only used combinations of short acting narcotic pain medication throughout the day. In the nearly four years she filled prescriptions from Dr. [L.G.] at Kanan Pharmacy, her daily dose did rise. At no time did I observe Mrs. [M.] present in the pharmacy as incoherent or exhibit signs of slurred speech or intoxication. She was always very lucid. In my professional judgment, I did not have cause for concern. In addition, Mrs. M. has insurance and if a prescription is early, or duplicative we will be notified when the claim is processed. In any such case, we typically try to determine from the patient why and, if appropriate, call the doctor to discuss the situation."

65. In response to the following question "How do you document any conversations you have with doctor or patient?" Respondent Cassar replied "I would typically document any conversations with doctors or patients on their prescriptions."

66. In response to the following question "Did you use CURES at the time this patient was at your pharmacy?" Respondent Cassar replied "No, not that I can recall. There was no clear reason to consult CURES for this patient."

67. The Board investigator entered the information for S.M. into the spreadsheet below; there were several early fills and she was not given a prescription. The early fills add up over a

period of time. For example, from 3/22/10-2/12/12 (2 year or 730 day period), S.M. received a 810 day supply of Alprazolam, 804 day supply of Methadone, and 780 day supply of Methylphenidate, all due to early fills. This means the patient is taking more than prescriber wrote for. S.M. received 80 days more of Alprazolam, 74 days more of Methadone, and 50 days more of Methylphenidate in those two years. This can lead to overdose, and the prescriber does not have an accurate knowledge of what the patient is taking. RX 4425972, 2213046, 2213044, and 2213043 all said to dispense on 3/29 but they were dispensed on 3/28. RX 2211845 was written for a quantity of 300 but it was filled with 240, and there was no explanation why.

Date	Rx	Drug	Strength	Amts	Day supply	MD	early?	problem?	days
3/10/2012	4439725	alprazolam	2	60	30	glass			
2/12/2012	4430358	alprazolam	2	60	30	glass			
2/11/2012	4430355	hydrocodone/ap ap	10/325	40	7	matzner			
1/16/2012	4429962	alprazolam	2	60	30	glass			
12/20/2011	4429605	alprazolam	2	60	30	glass			
11/23/2011	4428942	alprazolam	2	60	30	glass			
10/26/2011	4428838	alprazolam	2	60	30	glass			
9/28/2011	4428479	alprazolam	2	60	30	glass			
8/2/2011	4428086	alprazolam	2	60	30	glass			
8/4/2011	4427694	alprazolam	2	60	30	glass	7 days early		
7/11/2011	4427327	alprazolam	2	60	30	glass	6 days early		
6/17/2011	4427078	alprazolam	2	60	30	glass			
5/21/2011	4426733	alprazolam	2	60	30	glass			
4/25/2011	4426352	alprazolam	2	60	30	glass			
3/28/2011	4425972	alprazolam	2	60	30	glass	5 days early	says dispense 3/29 but dispensed 3/28	
3/3/2011	4425669	alprazolam	2	60	30	glass			
2/4/2011	4425296	alprazolam	2	60	30	glass			
1/7/2011	4424943	alprazolam	2	60	30	glass			
12/7/2010	4424523	alprazolam	2	60	30	glass			
11/2/2010	4424026	alprazolam	2	60	30	glass			
10/6/2010	4423623	alprazolam	2	60	30	glass	5 days early		

8/11/2010	4423195	alprazolam	2	60	30	glass			8 days early
8/14/2010	4422781	alprazolam	2	60	30	glass			15 days early
7/22/2010	4422451	alprazolam	2	60	30	glass			
7/6/2010	4422267	clonazepam	10	10	5	glass			
7/7/2010	4422228	alprazolam	2	30	30	glass			7 days early
6/14/2010	4421823	alprazolam	2	30	30	glass			6 days early
5/21/2010	4421628	alprazolam	2	30	30	glass			
4/22/2010	4421219	alprazolam	2	30	30	glass			
3/22/2010	4420937	alprazolam	2	30	30	glass			
2/5/2010	4420282	alprazolam	2	30	30	glass			
1/8/2010	4419848	alprazolam	2	30	30	glass			
11/19/2009	4419161	alprazolam	2	30	30	glass			
10/22/2009	4418753	alprazolam	2	30	15	glass			
8/31/2009	4418063	alprazolam	2	30	15	glass			
8/7/2008	4417773	alprazolam	2	30	15	glass			
4/22/2009	4416391	alprazolam	2	30	30	glass			
3/20/2012	2216209	oxycodone	30	60	8	matzner			
3/10/2012	2216119	methylphenidate or		90	30	glass			
3/10/2012	2216118	methadone	10	480	30	glass			
2/25/2012	2216001	oxycodone	30	300	17	glass			
2/17/2012	2215918	morphine	30	60	3	glass			8 days early
2/12/2012	2215867	methylphenidate or		90	30	glass			
2/12/2012	2215808	methadone	10	480	30	glass			
1/29/2012	2215712	oxycodone	30	300	17	glass			
1/26/2012	2215711	morphine	30	60	30	glass			
1/16/2012	2215604	methylphenidate or		90	30	glass			12 days early
1/16/2012	2215452	methadone	10	480	30	glass			
1/3/2012	2215451	oxycodone	30	300	17	glass			
12/29/2011	2215450	morphine	30	60	5	glass			
12/29/2011	2215382	methylphenidate or		30	30	glass			
12/23/2011	2215361	methadone	10	480	30	glass			5 days early
12/7/2011	2215257	oxycodone	30	360	20	glass			

1	11/25/2011	2215147	methylphenidate er	20	90	30	glass		
2	11/21/2011	2215101	morphine	30	150	9	glass		
3	11/10/2011	2215011	oxycodone	30	360	20	glass		
4	11/25/2011	2214945	methadone	10	480	30	glass		
5	11/2/2011	2214944	morphine	30	360	20	glass		
6	10/26/2011	2214805	methylphenidate er		90	30	glass		
7	10/26/2011	2214804	methadone	10	480	30	glass		
8	10/12/2011	2214729	oxycodone	30	360	20	glass		
9	9/29/2011	2214615	methylphenidate er		90	30	glass		
10	9/29/2011	2214614	methadone	10	480	30	glass		
11	9/15/2011	2214482	oxycodone	30	360	30	glass		
12	8/2/2011	2214374	methylphenidate er	20	90	30	glass	5 days early	
13	8/2/2011	2214373	methadone	10	480	30	glass	5 days early	
14	8/23/2011	2214291	oxycodone	30	300	17	glass		
15	8/9/2011	2214154	methylphenidate er		90	30	glass		
16	8/4/2011	2214153	oxycodone	30	300	17	glass		
17	8/8/2011	2214152	methadone	10	480	30	glass		
18	7/7/2011	2213929	oxycodone	30	300	17	glass		
19	7/11/2011	2213928	methylphenidate er	20	90	30	glass	6 days early	
20	7/11/2011	2213927	methadone	10	480	30	glass	6 days early	
21	6/17/2011	2213782	methylphenidate er	20	90	30	glass		
22	6/17/2011	2213781	oxycodone	30	300	17	glass		
23	6/17/2011	2213780	methadone	10	480	30	glass		
24	5/21/2011	2213503	methylphenidate er	20	90	30	glass		
25	5/21/2011	2213506	oxycodone	30	300	17	glass		
26	5/21/2011	2213507	methadone	10	480	30	glass		
27	4/25/2011	2213292	methylphenidate er	20	90	30	glass		
28	4/25/2011	2213291	oxycodone	30	300	30	glass		
29	4/25/2011	2213290	methadone	10	480	30	glass		
30	3/28/2011	2213048	methylphenidate er		90	30	glass	5 days early	disap 3/29 per md, but disap 3/28

22

Second Amended Accusation

1	3/28/2011	2213044	oxycodone	30	300	17	glass		disap 3/29 per md, but disap 3/28
2	3/28/2011	2213043	methadone	10	480	30	glass	5 days early	disap 3/29 per md, but disap 3/28
3	3/3/2011	2212865	methylphenidate er	20	90	30	glass		
4	3/3/2011	2212864	oxycodone	30	300	17	glass		
5	3/4/2011	2212863	methadone	10	480	30	glass		
6	2/9/2011	2212856	oxycodone	30	300	17	glass		
7	2/9/2011	2212855	methadone	10	480	30	glass		
8	2/4/2011	2212647	methylphenidate er	20	90	30	glass		
9	1/14/2011	2212459	oxycodone	30	300	17	glass		
10	1/14/2011	2212458	methadone	10	480	30	glass		
11	1/7/2011	2212457	methylphenidate er	20	90	30	glass		
12	12/30/2010	2212404	morphine	30	60	10	glass		
13	12/19/2010	2212330	oxycodone	30	300	17	glass		
14	12/19/2010	2212332	methadone	10	480	30	glass		
15	11/30/2010	2212131	methylphenidate er	20	90	30	glass		
16	11/22/2010	2212095	methadone	10	480	30	glass	8 days early	
17	11/22/2010	2212094	oxycodone	30	300	17	glass		
18	11/2/2010	2211944	morphine	30	240	15	glass		
19	11/2/2010	2211943	methylphenidate er	20	90	30	glass		
20	10/30/2010	2211919	methadone	10	480	30	glass		
21	10/27/2010	2211895	oxycodone	30	300	17	glass		
22	10/20/2010	2211846	morphine	30	240	14	glass		written for 300, filed with 240
23	10/4/2010	2211683	methylphenidate er	20	90	30	glass		
24	10/4/2010	2211682	methadone	10	480	30	glass		
25	9/30/2010	2211681	oxycodone	30	300	17	glass		
26	9/18/2010	2211599	endocot	5/325	30	3	polyax		
27	9/3/2010	2211491	oxycodone	30	300	17	glass		no
28	9/3/2010	2211489	methadone	10	480	30	glass	10 days early	
29	9/7/2010	2211488	methylphenidate er	20	90	30	glass	6 days early	

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Second Amended Accusation

1	8/14/2010	2211302	methylphenidate er	20	90	30	glass	8 days early	
2	8/14/2010	2211301	methadone	10	480	30	glass	8 days early	
3	8/10/2010	2211297	oxycodone	30	300	17	glass		
4	7/22/2010	2211151	methadone	10	480	30	glass		
5	7/22/2010	2211150	methylphenidate er	20	90	30	glass	8 days early	
6	7/20/2010	2211149	oxycodone	30	240	20	glass		
7	6/25/2010	2210983	methadone	10	480	30	glass	7 days early	
8	6/25/2010	2210982	oxycodone	30	240	20	glass		
9	6/28/2010	2210981	methylphenidate er	20	90	30	glass	6 days early	
10	6/4/2010	2210822	methylphenidate er	20	90	30	glass		
11	6/4/2010	2210821	oxycodone	30	240	20	glass		
12	6/2/2010	2210804	methadone	10	480	30	glass		
13	4/16/2010	2210479	methadone	10	420	27	glass		
14	4/16/2010	2210478	oxycodone	30	240	20	glass		
15	4/18/2010	2210477	methylphenidate er	20	90	30	glass	5 days early	
16	3/22/2010	2210303	methadone	10	420	27	glass		
17	3/22/2010	2210302	oxycodone	30	240	20	glass		
18	3/22/2010	2210301	methylphenidate er	20	90	30	glass		
19	2/26/2010	2210129	methylphenidate er	20	90	30	glass	8 days early	
20	2/26/2010	2210128	oxycodone	30	240	20	glass		
21	2/26/2010	2210127	methadone	10	420	27	glass	5 days early	
22	2/4/2010	2209958	methadone	10	420	27	glass		
23	2/4/2010	2209957	oxycodone	30	240	20	glass		
24	2/4/2010	2209956	methylphenidate er	20	90	30	glass		
25	1/8/2010	2209751	methylphenidate er	20	90	30	glass	5 days early	
26	1/8/2010	2209750	oxycodone	30	240	20	glass		
27	1/8/2010	2209749	methadone	10	420	27	glass		
28	12/14/2009	2209572	methylphenidate er	20	90	30	glass	8 days early	
29	12/14/2009	2209571	oxycodone	30	240	20	glass		
30	12/14/2009	2209570	methadone	10	420	27	glass		

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Second Amended Accusation

1	11/20/2009	2209388	methylphenidate er	20	90	30	glass		
2	11/19/2009	2209383	oxycodone	30	240	20	glass		
3	11/19/2009	2209382	methadone	10	420	27	glass		
4	10/22/2009	2209174	methylphenidate er	20	90	30	glass		
5	10/22/2009	2209173	oxycodone	30	240	20	glass		
6	10/22/2009	2209172	methadone	10	420	27	glass		
7	9/25/2009	2208937	methylphenidate er	20	90	30	glass	5 days early	
8	9/25/2009	2208936	oxycodone	30	240	20	glass		
9	9/25/2009	2208935	methadone	10	420	27	glass		
10	8/31/2009	2208747	methylphenidate er	20	90	30	glass	6 days early	
11	8/31/2009	2208746	oxycodone	30	240	20	glass		
12	8/31/2009	2208745	methadone	10	420	27	glass		
13	8/7/2009	2208584	methylphenidate er	20	90	30	glass		
14	8/7/2009	2208583	oxycodone	30	240	20	glass		
15	8/7/2009	2208582	methadone	10	420	27	glass		
16	7/10/2009	2208368	methylphenidate er		90	30	glass	5 days early	
17	7/10/2009	2208367	oxycodone	30	240	20	glass		
18	7/10/2009	2208366	methadone	10	420	27	glass		
19	6/15/2009	2208191	oxycodone	30	240	20	glass		
20	6/15/2009	2208190	methylphenidate er	20	90	30	glass		
21	6/15/2009	2208189	methadone	10	420	27	glass		
22	5/18/2009	2207989	oxycodone	30	240	20	glass		
23	5/18/2009	2207988	methylphenidate er	20	90	30	glass		
24	5/18/2009	2207987	methadone	10	420	27	glass		
25	4/21/2009	2207785	methylphenidate er	20	90	30	glass		
26	4/21/2009	2207784	oxycodone	30	240	20	glass		
27	4/21/2009	2207783	methadone	10	420	27	glass		
28	3/24/2009	2207595	methylphenidate er	20	90	30	glass		
29	3/24/2009	2207594	methadone	10	420	27	glass		
30	3/24/2009	2207593	oxycodone	30	240	20	glass		
31	3/9/2009	2207443	oxycodone	30	140	12	glass		
32	2/24/2009	2207377	methylphenidate er	20	90	30	glass		

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Second Amended Accusation

2/24/2009	2207378	methadone	10	420	18	glass			
1/28/2009	2207182	methyphenidate er		60	30	glass			
1/28/2009	2207181	methadone	10	420	18	glass			
1/7/2009	2207051	oxycodone	30	240	20	glass			
1/2/2009	2206872	methyphenidate er		60	30	glass			
1/2/2009	2206871	methadone	10	240	18	glass			

PATIENT M.S.

68. In response to the following question "What can you tell me about this patient- What is the patient being treated for?" Respondent Cassar replied "Disc disease of lumbar spine, facet syndrome lateral S1 dysfunction, mild radiculopathy of lower extremities. In the notes probably from Dr. [L.G.]."

69. In response to the following question "Have they tried any non-medication therapies, or alternative therapies for their condition before trying pain medications? Respondent Cassar replied "I am not aware if he had tried any non-medication therapies or alternative therapies."

70. In response to the following question "What type of consultation have they received from you regarding their prescriptions? What is your consultation like when it comes to pain medication?" Respondent Cassar replied "Patients received consultation as required by ODRA-90 and California law which includes a review of the patient's profile. I review with the patient which medication is short vs. long acting. If they receive other non-narcotic or non-pain narcotic medications that causes sedation, I typically review that with them as well. In addition, I ask they be aware of the restrictions of alcohol and driving with this medication."

71. In response to the following question "Did the patient pick up their medications themselves, was it delivered, or was it picked up by someone else?" Respondent Cassar replied "Usually Mr. [M.S.] picked up his own medication and sometimes his wife, [S.S.] would pick-up his medications."

72. In response to the following question "Did you talk to the prescriber about any of the prescriptions for this patient in order to clarify or make therapy adjustments?" Respondent

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Second Amended Accusation

Cassar replied "If something required clarification we would contact the doctor. As we pull prescriptions, examples of that communication may turn up."

73. In response to the following question "Did you feel any of these patient's therapies may have been excessive?" Respondent Cassar replied "Based on his total treatment history, there was nothing that in my professional judgment indicated his therapy was excessive. Mr. M.S. used a combination of higher than normal doses of long acting narcotic pain medication as well as short acting narcotic pain medication. He was on the same dose for a few years with no increase noted. At the end of 2009, he changed his long-acting narcotic pain therapy for fentanyl patches. Dosing of these patches seemed to be consistent for the amounts of Oxycontin he used daily. He filled his prescriptions regularly and, in my professional judgment, I had no cause to be concerned. Like other patients, Mr. M.S. was always lucid and did not present in the pharmacy as intoxicated or having taken excess narcotic pain medication. In addition, Mr. M.S. has had insurance during the majority of the time we have been filling for him. If a prescription is early or duplicative we will be notified when the claim is processed. In any such case, we typically try to determine from the patient why and, if appropriate, call the doctor to discuss the situation."

74. In response to the following question "How do you document any conversations you have with doctor or patient?" Respondent Cassar replied "I would typically document any conversations with doctors or patients on their prescriptions."

75. In response to the following question "Did you use CURES at the time this patient was at your pharmacy?" Respondent Cassar replied "No, not that I can recall. There was no clear reason to consult CURES for this patient."

76. The Board investigator entered the information for this patient into the spreadsheet below; there were several early fills. She did not receive some prescriptions. The physician also ordered Fentanyl patches as 1-2 patches every 2 days. The patient should not be guessing if they need one or two patches, because the absorption of the patch takes a while, so the patient will not feel instant relief. There was no mention about clarifying the prescription or talking to the patient on how to use the patches.

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Second Amended Accusation

Date	Rx	Drug	Strength	Amt	Day supply	MD	early ?	problem ?	scr pt?
1/16/2009	2207112	oxycotin	80	15	0	18 glass			
1/26/2009	4415303	diazepam	10	30	30	glass			
2/13/2009	2207314	oxycotin	80	15	0	18 glass			
3/10/2009	2207485	oxycotin	80	15	0	18 glass			
3/11/2009	4415049	diazepam	10	30	30	glass			
3/11/2009	2207502	oxycodone	15	15	0	18 glass			
4/6/2009	2207685	oxycotin	80	15	0	18 glass			
4/28/2009	2207843	hydromorph one	8	15	0	13 glass			
4/28/2009	2207842	morphine	15	15	0	25 glass			
5/1/2009	2207856	oxycodone	15	15	0	13 glass			
5/1/2009	2207855	oxycotin	80	15	0	19 glass			
5/6/2009	4416591	diazepam	10	30	30	glass			
5/26/2009	2208059	oxycotin	80	15	0	19 glass			
5/26/2009	2208055	oxycodone	15	15	0	13 glass			
6/18/2009	4416591	diazepam	10	30	30	glass			no
6/22/2009	2208251	oxycotin	80	15	0	19 glass			
6/22/2009	2208240	oxycodone	15	15	0	13 glass			
7/15/2009	2208384	morphine	30	10	0	25 glass			
7/15/2009	2208383	methadone	10	30	30	glass			
11/24/2009	2209431	morphine	30	10	0	30 glass			
11/24/2009	4419252	diazepam	10	30	30	glass			
11/24/2009	2209430	oxycodone	30	15	0	13 glass			
12/7/2009	2209524	hydromorph one	8	24	0	20 glass			
12/7/2009	2209523	fentanyl	50	15	0	30 glass			
12/7/2009	2209522	fentanyl	100	15	0	30 glass			
12/16/2009	2209592	oxycodone	30	15	0	13 glass			
12/30/2009	2209701	oxycodone	30	24	0	20 glass			
1/19/2010	2209820	oxycodone	30	24	0	20 glass			

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Second Amended Accusation

				0					
1/19/2010	2209819	fentanyl	60	15	30	glass			
1/19/2010	2209818	fentanyl	100	15	30	glass			
2/17/2010	2210082	oxycodone	30	0	20	glass			
2/17/2010	2210081	fentanyl	60	15	30	glass			
2/17/2010	2210080	fentanyl	100	15	30	glass			
3/12/2010	2210238	oxycodone	30	0	20	glass			
3/17/2010	2210237	fentanyl	60	15	30	glass			
3/17/2010	2210236	fentanyl	100	15	30	glass			
3/23/2010	2210300	morphine	30	0	20	glass			
4/9/2010	2210428	fentanyl	50	30	30	glass	7 days early		
4/9/2010	2210427	oxycodone	30	0	20	glass			
4/15/2010	2210299	fentanyl	100	30	30	glass			
5/6/2010	2210620	oxycodone	30	0	20	glass			
5/6/2010	2210619	fentanyl	60	30	30	glass			1-2 patches q2d?
5/18/2010	4421577	diazepam	10	30	30	glass			
5/18/2010	2210691	fentanyl	100	15	30	glass			
5/28/2010	2210775	oxycodone	30	0	20	glass			
6/23/2010	4422075	diazepam	10	30	30	glass			
6/23/2010	2210956	oxycodone	30	0	20	glass			
6/23/2010	2210955	fentanyl	100	15	30	glass			
7/10/2010	2211096	fentanyl	60	15	30	glass			
7/19/2010	2211097	fentanyl	100	15	30	glass			
7/26/2010	4422569	diazepam	10	30	30	glass			
7/26/2010	2211198	oxycodone	30	0	20	glass			
8/7/2010	2211295	fentanyl	50	30	30	glass			
8/16/2010	2211294	fentanyl	100	15	30	glass			
8/16/2010	2211290	oxycodone	30	0	20	glass			
9/14/2010	2211568	fentanyl	100	15	30	glass			
9/14/2010	2211565	fentanyl	50	15	30	glass			
9/17/2010	2211583	oxycodone	30	0	20	glass			
10/13/2010	2211794	oxycodone	30	0	20	glass			
10/13/2010	2211793	fentanyl	100	15	30	glass			

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Second Amended Accusation

1	10/13/2010	2211792	fentanyl	50	15	30	glass		
2	10/13/2010	4423731	diazepam	10	30	30	glass		
3	11/8/2010	2212001	oxycodone	30	0	20	glass		
4	11/8/2010	2211996	fentanyl	50	15	30	glass	5 days early	
5	11/8/2010	2211995	fentanyl	100	15	30	glass	5 days early	
6	12/4/2010	2212184	fentanyl	100	15	30	glass		
7	12/4/2010	2212183	fentanyl	50	15	30	glass		
8	12/4/2010	2212182	oxycodone	30	0	20	glass		
9	12/31/2010	4424641	diazepam	10	30	30	glass		
10	12/31/2010	2212414	oxycodone	30	0	20	glass		
11	1/7/2011	2212461	fentanyl	50	45	30	glass		
12	1/28/2011	2212614	oxycodone	30	0	20	glass		
13	1/28/2011	2212412	fentanyl	100	15	30	glass		
14	1/31/2011	4425253	diazepam	10	30	30	glass		
15	2/1/2011	2212413	fentanyl	50	15	30	glass	5 days early	
16	2/25/2011	2212829	oxycodone	30	0	20	glass		
17	2/25/2011	2212821	fentanyl	100	15	30	glass		
18	2/27/2011	4425800	diazepam	10	30	30	glass		
19	2/28/2011	2212822	fentanyl	50	15	30	glass		
20	3/24/2011	2213037	fentanyl	100	15	30	glass		
21	3/24/2011	2213035	oxycodone	30	0	20	glass		
22	3/24/2011	4425967	diazepam	10	30	30	glass		
23	3/30/2011	2213036	fentanyl	50	15	30	glass		
24	4/22/2011	2213283	oxycodone	30	0	20	glass		
25	4/22/2011	2213281	fentanyl	100	15	30	glass		
26	4/26/2011	2213282	fentanyl	50	15	30	glass		
27	5/20/2011	4426728	diazepam	10	30	30	glass		
28	5/20/2011	2213495	oxycodone	30	0	20	glass		
	5/20/2011	2213494	fentanyl	100	15	30	glass		
	5/29/2011	2213533	fentanyl	50	15	30	glass		
	6/17/2011	2213763	oxycodone	30	0	20	glass		
	6/17/2011	4426843	diazepam	10	30	30	glass		
	6/18/2011	2213759	fentanyl	100	15	30	glass		
	6/28/2011	2213758	fentanyl	50	15	30	glass		
				30	Second Amended Accusation				

1	7/20/2011	4427080	diazepam	10	30	30	glass		
2	7/28/2011	2214104	fentanyl	50	15	30	glass		
3	8/12/2011	4427797	diazepam	10	30	30	glass	8 days early	
4	8/12/2011	2214214	oxycodone	30	0	20	glass		
5	8/12/2011	2214213	fentanyl	100	15	30	glass		
6	8/26/2011	2214325	fentanyl	50	15	30	glass		
7	8/26/2011	2214325	oxycodone	30	0	20	glass	6 days early	
8	9/12/2011	2214458	fentanyl	100	15	30	glass		
9	9/16/2011	4428290	diazepam	10	30	30	glass		
10	9/16/2011	2214498	oxycodone	30	0	20	glass		
11	9/28/2011	2214800	fentanyl	50	15	30	glass		
12	10/11/2011	2214481	fentanyl	100	15	30	glass		
13	10/13/2011	4428675	diazepam	10	30	30	glass		no
14	10/25/2011	2214739	oxycodone	30	0	20	glass		
15	10/28/2011	2214738	fentanyl	50	15	30	glass		
16	11/17/2011	2215075	fentanyl	100	15	30	glass		
17	11/25/2011	4429238	diazepam	10	30	30	glass		
18	11/25/2011	2215137	oxycodone	30	0	20	glass		
19	11/25/2011	2215135	fentanyl	50	15	30	glass		
20	12/17/2011	2215266	fentanyl	100	15	30	glass		
21	12/22/2011	2215410	oxycodone	30	0	20	glass		
22	12/22/2011	2215409	fentanyl	50	15	30	glass		
23	12/22/2011	4429644	diazepam	10	30	30	glass		
24	1/10/2012	2215550	fentanyl	100	15	30	glass	6 days early	
25	1/19/2012	2215648	oxycodone	30	0	20	glass		
26	1/19/2012	4430016	diazepam	10	30	30	glass		
27	1/19/2012	2215647	fentanyl	50	15	30	glass		
28	2/15/2012	2215894	fentanyl	100	15	30	glass		
	2/15/2012	2215893	hydromorphone	8	10	2	glass		
	2/20/2012	2215942	fentanyl	50	15	30	glass		
	2/20/2012	4430456	diazepam	10	30	30	glass		
	2/20/2012	2215941	oxycodone	30	0	20	glass		
	3/21/2012	2216225	oxycodone	15	90	23	glass		
				31	Second Amended Accusation				

1	3/21/2012	2216223	fentanyl	100	10	30	glass		
2	4/1/2012	2216332	oxycodone	15	0	23	stark		
3	4/10/2012	2216331	fentanyl	100	15	30	stark		
4	4/30/2012	2216599	oxycodone	30	0	30	stark		
5	5/6/2012	2216598	fentanyl	100	15	30	stark		
6	5/25/2012	2216809	morphine	60	30	30	stark		
7	5/25/2012	2216808	oxycodone	30	0	30	stark		
8	6/20/2012	2217037	oxycodone	30	0	30	stark		
9	6/20/2012	2217036	morphine	60	30	30	stark		
10	7/18/2012	2217249	oxycodone	30	0	30	stark		
11	7/18/2012	2217248	morphine	60	30	30	stark		
12	8/15/2012	2217494	oxycodone	30	0	30	stark		
13	8/15/2012	2217493	morphine	60	30	30	stark		
14	9/17/2012	2217783	morphine	60	30	30	stark		
15	9/17/2012	2217782	oxycodone	30	0	30	stark		
16	10/15/2012	2218020	morphine	60	30	30	stark		
17	10/15/2012	2218019	oxycodone	30	0	30	stark		
18	11/13/2012	4434332	diazepam	10	30	30	stark		
19	11/13/2012	2218241	oxycodone	30	0	30	stark		
20	11/15/2012	2218240	morphine	60	30	30	stark		
21	12/10/2012	2218518	oxycodone	30	0	30	stark	5 days early	
22	12/10/2012	2218517	morphine	60	30	30	stark		
23	1/9/2013	4435166	diazepam	10	30	30	stark		
24	1/9/2013	2218771	oxycodone	30	0	30	stark		
25	2/9/2013	2219089	oxycodone	30	0	30	stark		
26	3/10/2013	4436047	diazepam	10	30	30	stark		
27	3/10/2013	2218335	oxycodone	30	0	30	stark		

PATIENT B.K.

77. On or about May 29, 2013, the Board investigator obtained a copy of the death certificate for Patient B.K. who passed away on January 12, 2010 at the age of 26. The cause of death was listed as Oxycodone intoxication.

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Second Amended Accusation

1 78. In response to the following question "What can you tell me about this patient-What
2 is the patient being treated for?" Respondent Cassar replied "This patient was last in my
3 pharmacy in November 2009. I do not know what he was treated for specifically, but I have to
4 assume that he had chronic pain with possibly associated muscle spasms. He may have also had
5 ADD or ADHD as well as some anxiety."

6 79. In response to the following question "Have they tried any non-medication
7 therapies, or alternative therapies for their condition before trying pain medications?"
8 Respondent Cassar replied "I am not aware if he had tried any non-medication therapies or
9 alternative therapies."

10 80. In response to the following question "What type of consultation have they
11 received from you regarding their prescriptions? What is your consultation like when it comes to
12 pain medication?" Respondent Cassar replied "Patients received consultation as required by
13 OBRA-90 and California law which includes a review of the patient's profile. I review with the
14 patient which medication is short vs. long acting. If they receive other non-narcotic or non-pain
15 narcotic medication that causes sedation, I typically review that with them as well. In addition, I
16 ask they be aware of the restrictions of alcohol and driving with this medication."

17 81. In response to the following question "Did the patient pick up their medications
18 themselves, was it delivered, or was it picked up by someone else?" Respondent Cassar replied
19 "As I recall, Mr. K. picked up his own medication."

20 82. In response to the following question "Did you talk to the prescriber about any of
21 the prescriptions for this patient in order to clarify or make therapy adjustments?" Respondent
22 Cassar replied "Because this patient was last seen in November 2009, I cannot recall whether or
23 not I spoke with the prescriber to clarify or make therapy adjustments. However, as we pull
24 prescriptions, if I did document it, it would be found on the prescription."

25 83. In response to the following question "Did you feel any of these patient's therapies
26 may have been excessive?" Respondent Cassar replied "Based on his total treatment history,
27 there was nothing that in my professional judgment indicated his therapy was excessive. I did not
28 feel his Oxycodone doses were excessive because they were prescribed every 12 hours. In

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addition, the patient has insurance and if the claim denied for early refill, we would have to contact the physician and/or discuss the situation with the patient."

84. In response to the following question "How do you document any conversations you have with doctor or patient?" Respondent Cassar replied "I would typically document any conversations with doctors or patients on their prescriptions."

85. In response to the following question "Did you use CURES at the time this patient was at your pharmacy?" Respondent Cassar replied "No. The on-line CURES program was not available at that time." However, even assuming that the on-line CURES program was not available at the time, Respondents could have obtained the CURES report via facsimile from the Department of Justice.

86. The Board investigator entered the prescription information from Respondent Pharmacy into a spreadsheet for this patient: there were early fills, and she was not provided some prescriptions.

Date	Rx	Drug	Strength	Amnt	Day supply	MD	early?	problems?	scrip t?
3/26/2009	6673650	carisprodol	350	60	30	glass			
3/26/2009	2207601	oxycodone	80	60	30	glass			
4/3/2009	2207650	dext/lamp	30	25	13	mac			
4/6/2009	2207667	dext/lamp	30	20	10	mac	10 days early		
4/17/2009	4418332	alprazolam	2	10	10	glass			
6/18/2009	2207990	dext/lamp	30	60	30	mac			
6/8/2009	2208139	dext/lamp	30	60	30	mac	9 days early		
6/22/2009	2208245	oxycodone	80	60	15	glass			
7/10/2009	4417446	alprazolam	2	10	5	glass			
7/10/2009	4417445	hydrocodone/apap	10/325	210	18	glass			
7/10/2009	6673850	carisprodol	350	60	30	glass		no	
7/21/2009	2208430	dext/lamp	20	15	10	glass		no	
7/27/2009	2208472	dext/lamp	30	60	30	mac			
9/1/2009	2208754	dext/lamp	30	60	30	mac			
9/3/2009	4418111	alprazolam	2	10	4	glass			
9/3/2009	4418110	hydrocodone/apap	10/325	210	18	glass			

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9/3/2009	6679975	carisprodol	350	60	30	glass			
9/10/2009	6683086	carisprodol	350	60	30	glass			
9/21/2009	2208890	dext/lamp	30	60	30	mac			
10/2/2009	2209008	dext/lamp	20	60	30	glass			
10/2/2009	6683004	carisprodol	350	60	30	glass			
10/2/2009	4418496	hydrocodone/apap	10/325	180	15	glass			
10/2/2009	4418497	alprazolam	2	10	4	glass			
10/21/2009	2209160	dext/lamp	30	60	30	mac			
10/29/2009	4418861	hydrocodone/apap	10/325	210	18	glass			
11/4/2009	2209239	dext/lamp	20	60	30	glass			
11/4/2009	2209238	oxycodone	80	60	30	glass			
11/12/2009	4419067	hydrocodone/apap	10/325	156	13	glass			
11/12/2009	2209326	oxycodone	80	32	16	glass			
11/25/2009	2209327	dext/lamp	20	45	23	glass			
11/27/2009	2209445	oxycodone	80	35	18	glass			
1/7/2009	2207040	dext/lamp	30	10	5	mac			
1/12/2009	6699713	carisprodol	350	60	30	glass			
1/12/2009	4415153	hydrocodone/apap	10/325	210	18	glass			
1/12/2009	2207076	oxycodone	40	120	30	glass			
1/27/2009	2207169	dext/lamp	30	60	30	mac			
2/10/2009	6671371	carisprodol	350	60	30	glass			
2/10/2009	4415500	hydrocodone/apap	10/325	210	18	glass			
2/10/2009	2207281	oxycodone	40	60	30	glass			
2/17/2009	2207329	amphetamine		60	30	mac			
2/23/2009	2207366	oxycodone	80	30	15	glass			
3/9/2009	6672851	carisprodol	350	60	30	glass			

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3/9/2009	4415815	hydrocodone/apap	10/325	210	18	glass			
3/9/2009	2207480	oxycodone	40	120	30	glass			
3/16/2009	2207528	dext/lamp	30	60	30	mac			
3/26/2009	4418051	hydrocodone/apap	10/325	210	18	glass			

87. The Board of Pharmacy ran a CURES report on B.K. from June 1, 2008 through October 11, 2011 which revealed that in 2009, B.K. used Respondent Pharmacy, West Val Pharmacy, Longs Drugs, Costco, CVS and Rite Aid. B.K. saw Drs. L.G. Dr. K., Dr. M. and Dr. S. in 2009. This patient was a doctor shopper and used multiple pharmacies. Said CURES data is detailed below:

Date	Drug	Strength	Amnt	Day supply	Pharmacy	PhY	MD
6/11/2008	suboxone	8.2	3	2	CVS 9715	47994	Nathan
6/18/2008	suboxone	8.2	4	2	CVS 9715	47994	Nathan
6/19/2008	suboxone	8.2	3	1	CVS 9715	47994	Nathan
6/20/2008	suboxone	8.2	5	3	CVS 9715	47994	Nathan
6/23/2008	suboxone	8.2	3	3	CVS 9715	47994	Nathan
6/24/2008	suboxone	8.2	3	2	CVS 9715	47994	Nathan
6/29/2008	suboxone	8.2	3	30	CVS 9715	47994	Nathan
7/28/2008	morphine	60	90	0	Longs 328	39157	Glass
7/28/2008	morphine	30	60	0	Longs 328	39157	Glass
8/7/2008	oxycodone	80	60	30	Kanan	46707	Glass
8/22/2008	amphetamine salt	20	60	30	Costco 117	41582	Mac
8/26/2008	vyvanse	30	5	5	Costco 117	41582	Mac
9/2/2008	hydrocodone/apap	10/325	150	25	Costco 117	41582	Glass
9/3/2008	oxycodone	80	60	30	Kanan	46707	Glass
9/4/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
9/16/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
9/24/2008	amphetamine salt	30	60	0	Longs 328	39157	Mac
9/26/2008	hydrocodone/apap	10/325	150	0	Longs 328	39157	Glass
9/28/2008	oxycodone	80	60	0	Longs 328	39157	Glass
10/10/2008	amphetamine salt	20	60	30	Costco 117	41582	Mac

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10/15/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
10/22/2008	dexamethylphenidate	10	60	30	Rite aid 5560	42493	Mac
10/27/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
11/4/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
11/20/2008	amphetamine salt	30	60	0	Longs 328	39157	Mac
12/15/2008	amphetamine salt	30	60	30	Costco 117	41582	Mac
12/23/2008	oxycodone/apap	5/325	80	0	Longs 9320	49387	Mogovern
12/29/2008	soma	350	60	30	ralpha	46794	Glass
12/29/2008	hydrocodone/apap	10/325	210	17	ralpha	46794	Glass
12/29/2008	oxycodone	80	60	30	ralpha	46794	Glass
3/5/2009	hydrocodone/apap	10/325	210	18	Kanan	46707	Glass
3/5/2009	oxycodone	40	120	30	Kanan	46707	Glass
3/16/2009	dextroamphetamine	30	60	30	Kanan	46707	Kumar
3/28/2009	hydrocodone/apap	10/325	210	18	Kanan	46707	Glass
3/26/2009	oxycodone	80	60	30	Kanan	46707	Glass
4/3/2009	dextroamphetamine	30	25	13	Kanan	46707	Mac
4/6/2009	dextroamphetamine	30	20	10	Kanan	46707	Mac
4/17/2009	alprazolam	2	10	10	Kanan	46707	Glass
4/17/2009	amphetamine salt	20	10	10	west val	46707	Glass
5/1/2009	hydrocodone/apap	10/325	210	18	west val	11433	Glass
5/5/2009	oxycodone	80	60	15	west val	11433	Glass
5/15/2009	hydrocodone/apap	10/325	28	5	west val	11433	Glass
5/18/2009	dextroamphetamine	30	60	30	Kanan	46707	Mac
5/26/2009	oxycodone	80	60	15	west val	11433	Glass
6/8/2009	dextroamphetamine	30	60	30	Kanan	46707	Mac
6/16/2009	hydrocodone/apap	10/325	210	17	west val	11433	Glass

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6/22/2009	oxycodone	80	60	15	Kanan	48707	Glass
6/23/2009	oxycodone/apap	5/325	18	2	longs	49387	stoops
6/29/2009	oxycodone/apap	5/325	8	2	cosco	41682	stoops
8/30/2009	oxycodone	30	60	10	west val	11433	Glass
7/7/2009	amphetamine salt	30	60	30	cvs	47835	Mac
7/10/2009	hydrocodone/apap	10/325	210	18	Kanan	48707	Glass
7/10/2009	alprazolam	2	10	5	Kanan	48707	Glass
7/21/2009	dextroamphetamine	20	15	10	Kanan	48707	Glass
7/27/2009	dextroamphetamine	30	60	30	Kanan	48707	Mac
7/30/2009	oxycodone	30	30	7	west val	11433	Glass
8/7/2009	alprazolam	2	10	5	rite aid 5560	42493	Glass
8/7/2009	hydrocodone/apap	10/325	210	18	west val	11433	Glass
8/18/2009	oxycodone	30	60	20	west val	11433	Glass
9/1/2009	dextroamphetamine	30	60	30	Kanan	48707	mac
9/5/2009	hydrocodone/apap	10/325	210	18	Kanan	48707	Glass
9/5/2009	alprazolam	2	10	4	Kanan	48707	Glass
9/15/2009	oxycodone	80	60	30	cvs 9751	47835	Glass
9/15/2009	alprazolam	2	10	5	cvs 9751	47835	Glass
9/15/2009	amphetamine salt	20	60	30	cvs 9751	47835	Glass
10/12/2009	alprazolam	2	10	5	west val	11433	Glass
10/12/2009	amphetamine salt	20	60	30	west val	11433	Glass
10/12/2009	hydrocodone/apap	10/325	210	30	west val	11433	Glass
10/12/2009	oxycodone	80	60	30	west val	11433	Glass
10/21/2009	dextroamphetamine	30	60	30	Kanan	48707	Mac
10/23/2009	alprazolam	2	10	5	west val	11433	Glass
10/29/2009	hydrocodone/apap	10/325	210	18	Kanan	48707	Glass
10/29/2009	alprazolam	2	10	5	west val	11433	Glass
11/4/2009	oxycodone	80	60	30	Kanan	48707	Glass
11/4/2009	dextroamphetamine	20	60	30	Kanan	48707	Glass
11/9/2009	amphetamine salt	30	60	30	cvs 9751	47894	Mac
11/12/2009	alprazolam	2	6	3	west val	11433	Glass
11/12/2009	hydrocodone/apap	10/325	156	22	west val	11433	Glass
11/12/2009	hydrocodone/apap	10/325	156	13	Kanan	48707	Glass
11/12/2009	oxycodone	80	32	16	Kanan	48707	Glass
11/12/2009	oxycodone	80	45	22	west val	11433	Glass
11/12/2009	amphetamine salt	20	45	22	west val	11433	Glass
11/24/2009	alprazolam	2	10	5	west val	11433	Glass
11/24/2009	oxycodone	80	26	30	west val	11433	Glass
11/24/2009	hydrocodone/apap	10/325	210	18	west val	11433	Glass

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11/25/2009	dextroamphetamine	20	45	23	Kanan	48707	Glass
11/27/2009	oxycodone	80	35	18	Kanan	48707	Glass
11/30/2009	amphetamine salt	20	60	30	west val	11433	Glass
12/7/2009	amphetamine salt	30	60	30	cvs 9751	47835	Mac
12/21/2009	oxycodone	80	60	30	west val	11433	Glass
12/21/2009	hydrocodone/apap	10/325	210	30	west val	11433	Mac
12/23/2009	amphetamine salt	20	60	30	west val	11433	Glass
1/6/2010	amphetamine salt	30	60	30	costco 117	41682	Mac
1/6/2010	alprazolam	2	10	5	costco 117	41682	Glass

88. Had Respondent Pharmacy used CURES information for B.K., it would have shown that he was getting the same prescriptions filled for the same drug on the same day at two different pharmacies. For example, Oxycodone 80mg #32 and Norco 10/325 #156 was filled at Respondent Pharmacy on 11/12/09, and Oxycodone 80mg #45 and Norco 10/325 #156 was filled at West Val on the same day. On 10/12/09 West Val Pharmacy filled Norco 10/325 #210 and Respondent Pharmacy filled Norco 10/325 #210 on 10/29/09.

89. The following pharmacies filled B.K.'s controlled substance prescriptions from June 11, 2008 through January 6, 2010:

Kanan Pharmacy -	29 prescriptions
West Val Pharmacy -	26 prescriptions
Costco Pharmacy -	13 prescriptions
CVS Pharmacy -	8 prescriptions
Longs Pharmacy -	6 prescriptions
CVS -	5 prescriptions
Ralphs -	3 prescriptions
Rite Aid -	2 prescriptions
Lungs -	2 prescriptions

90. The following chart shows the oxycodone containing prescriptions for B.K. Respondent Pharmacy filled 487 tablets of Oxycodone containing tablets (filled over 15 months, from 8/7/08-11/27/09).

Date	Drug	Strength	Amnt	Day supply	Pharmacy	PHY	MD
8/7/2008	oxycodone	80	60	30	Kanan	48707	Glass
9/2/2008	oxycodone	80	60	30	Kanan	48707	Glass

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9/26/2008	oxycodone	80	60	0	Longs 328	39157	Glass
12/23/2008	oxycodone/apap	5/325	60	0	longs 6326	49387	McGovern
12/29/2008	oxycodone	80	60	30	ralphs	46784	Glass
3/9/2009	oxycodone	40	120	30	Kanan	48707	Glass
3/28/2009	oxycodone	80	60	30	Kanan	48707	Glass
5/6/2009	oxycodone	80	60	15	west val	11433	Glass
5/26/2009	oxycodone	80	60	15	west val	11433	Glass
8/22/2009	oxycodone	80	60	15	Kanan	48707	Glass
8/23/2009	oxycodone/apap	5/325	18	2	longs	49387	stoops
8/29/2009	oxycodone/apap	5/325	8	2	costco	41682	stoops
8/30/2009	oxycodone	30	60	10	west val	11433	Glass
7/30/2009	oxycodone	30	30	7	west val	11433	Glass
8/18/2009	oxycodone	30	60	20	west val	11433	Glass
9/15/2009	oxycodone	80	60	30	cvs 9751	47835	Glass
10/12/2009	oxycodone	80	60	30	west val	11433	Glass
11/4/2009	oxycodone	80	60	30	Kanan	48707	Glass
11/12/2009	oxycodone	80	32	16	Kanan	48707	Glass
11/12/2009	oxycodone	80	45	22	west val	11433	Glass
11/24/2009	oxycodone	80	26	30	west val	11433	Glass
11/27/2009	oxycodone	80	35	18	Kanan	48707	Glass
12/21/2009	oxycodone	80	60	30	west val	11433	Glass

91. The Board investigation on Respondent Pharmacy revealed various violations of pharmacy law including incorrect filling, variation from a prescription, lack of documentation of why prescriptions are filled at high doses and against normal dosing recommendations. prescriptions could not be found, and CURES is not used to deter doctor shoppers and pharmacy shoppers. Respondent Pharmacy was one of the last pharmacies that filled oxycodone prescriptions before Brady K. passed away. On May 31, 2013, The Board investigator sent notices of non-compliance to Respondent Pharmacy and Respondent Cassar.

FIRST CAUSE FOR DISCIPLINE

(Alteration of Records, Deceit, Fraud, Dishonesty, Subverting the Board's Investigation, Making Documents that Falsely Represent the Existence or Non Existence of the Facts)

92. Respondents are subject to disciplinary action under Code §4301, subdivisions (f), (g), (q), on the grounds of unprofessional conduct in that Respondents presented an "altered"

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prescription to the Board inspector, subverted the Board's investigation, committed deceit, dishonesty and fraud by fabricating an altered document that falsely represented the original unaltered prescription. The circumstances underlying the alteration of record is as follows: On or about March 15, 2013, the Board inspector gave Respondent Cassar a list of the three patients (K.C. SM and MS) the Board inspector got off the CURES report and asked for patient profiles, as well as one for BK.

• On or about April 22, 2013, pursuant to a request for prescriptions, the Board inspector received prescription Rx# 2213183 and RX# 2213184 for patient K.C. for Methadone and Oxycodone, signed on 4/11/11. On or about September 3, 2013 (five months later), Respondent Cassar provided the Board inspector with an "altered" version of prescription Rx# 2213183 and RX# 2213184 for patient K.C. the Board inspector compared the altered and unaltered prescriptions and noticed the two were different. The "altered" version was signed by prescriber, Dr. L.G., on 4/11/11, with an "altered" notation in the prescriber's alleged writing: "OK to dispense 4/11/12 per MD" with initials next to the notation.

• On or about April 22, 2013, pursuant to a request for prescriptions, the Board inspector received prescription Rx# 4416591 for patient M.S. for Diazepam 10 mg tablet. The Board inspector believed she did not receive this prescription, and issued a notice for not providing Rx# 4416591. On or about September 3, 2013, the Board inspector was provided with Rx# 4416591, the Board inspector compared the prescriptions and noticed the two were different. The unaltered prescription provided to her on or about April 22, 2013, had a date of 5/1/09. The altered version provided to her on or about September 3, 2013 (approximately five months later) had a date of 5/08/09 and had the following handwritten note, "Date Rx 5/8/09 per MD" with initials next to the notation.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Corresponding Duty: Early Fills of Prescriptions)

93. Respondent Kanan Pharmacy and Respondent Cassar (collectively referred as Respondents) are subject to disciplinary action under Bua. Prof. C. §§4113, 4156, 4301, 4301(d), 4301 (j), 4301(o), 4302, 4035 and 4306.5, in conjunction with Health & Safety C. §11153,

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subdivision (a), and pursuant to *Vermont & 110th Medical Arts v. Board of Pharmacy* (1981) 125 Cal.App.3d 19 (hereinafter referred as *Vermont*), pursuant to *Sternberg v. Board of Pharmacy* (2015) 239 Cal. App. 4th 1159 (hereinafter referred as *Sternberg*), and pursuant to the Board of Pharmacy's Precedential Decision³ No. 2013-01 (*Board of Pharmacy v. Pacifica Pharmacy Corporation, et al.*, (2012) Case No. 3802, OAH No. 2011010644) (hereinafter referred as *Pacifica*) on the grounds of unprofessional conduct because Respondents failed to exercise or implement their best professional judgment or their corresponding responsibility to ensure that controlled substances are dispensed for a legitimate medical purpose when they filled 65 prescriptions early for patients K.C., S.M., M.S., and B.K. between approximately April 6, 2009 and December 10, 2012. The early fills for the prescriptions led to these patients receiving more medications than they were prescribed. The following prescriptions were filled early:

Date	Rx	Drug	Strength	Am't	Day supply	MD	early?
4/6/2009	2207667	dent/amp	30	20	10	mac	10 days early
8/21/2009	2208890	dent/amp	30	50	30	mac	10 days early
8/12/2009	2208613	methadone	10	66	6	glass	10 days early
10/5/2011	2214669	methadone	10	420	27	glass	5 days early
9/3/2010	2211489	methadone	10	480	30	glass	8 days early
10/21/2009	2209160	dent/amp	30	60	30	mac	11 days early
1/16/2012	2215604	methylphenidate er		90	30	glass	12 days early
9/5/2009	2208789	methadone	10	144	12	glass	13 days early
7/22/2010	4427461	alprazolam	2	60	30	glass	15 days early
11/4/2009	2209239	dent/amp	20	60	30	glass	17 days early
10/22/2009	2206008	dent/amp	20	60	30	glass	18 days early
11/12/2009	2206326	oxycodone	80	32	16	glass	22 days early
9/10/2009	6693086	canisprodol	350	60	30	glass	23 days early
11/12/2009	4419067	hydrocodone/watap	10/325	156	13	glass	8 days early
11/8/2010	2211995	ferantyl	50	15	30	glass	8 days early
11/8/2010	2211995	ferantyl	100	15	30	glass	5 days early
2/1/2011	2212413	ferantyl	50	15	30	glass	5 days early
12/10/2012	2218517	morphine	60	30	30	start	5 days early
6/30/2010	2208311	methadone	10	360	30	glass	5 days early

³ Under the Administrative Procedure Act (APA) a decision that contains a significant legal or policy determination of general application that is likely to recur may be designated as precedential (see Government Code section 11423.60). Once a decision is designated as precedential, the California State Board of Pharmacy may rely on it, and parties may cite to such decision in their argument to the Board and courts.

2/9/2010	2209964	methadone	10	420	27	glass	5 days early
3/26/2010	2210305	methadone	10	480	30	glass	5 days early
3/26/2011	4425972	alprazolam	2	60	30	glass	5 days early
10/6/2010	4423623	alprazolam	2	60	30	glass	5 days early
12/29/2011	2215361	methadone	10	480	30	glass	5 days early
8/2/2011	2214374	methylphenidate er	20	90	30	glass	5 days early
8/2/2011	2214373	methadone	10	480	30	glass	5 days early
3/28/2011	2213046	methylphenidate er		90	30	glass	5 days early
4/16/2010	2210477	methylphenidate er	20	90	30	glass	5 days early
2/26/2010	2210127	methadone	10	420	27	glass	5 days early
1/8/2010	2209751	methylphenidate er	20	90	30	glass	5 days early
9/25/2009	2208337	methylphenidate er	20	90	30	glass	5 days early
7/10/2009	2206368	methylphenidate er		90	30	glass	5 days early
8/26/2011	2214326	corycodone	30	240	20	glass	6 days early
11/10/2012	2215530	ferantyl	100	15	30	glass	6 days early
5/29/2012	2216821	methadone	10	270	30	fre	6 days early
9/6/2012	2217689	methadone	10	270	30	fre	6 days early
9/6/2012	2217600	ferantyl	25	10	30	fre	6 days early
7/11/2011	4427327	alprazolam	2	60	30	glass	6 days early
6/14/2010	4421823	alprazolam	2	30	30	glass	6 days early
7/11/2011	2213626	methylphenidate er	20	90	30	glass	6 days early
7/11/2011	2213927	methadone	10	480	30	glass	6 days early
3/28/2011	2213043	methadone	10	480	30	glass	6 days early
9/7/2010	2211458	methylphenidate er	20	90	30	glass	6 days early
7/22/2010	2211150	methylphenidate er	20	90	30	glass	6 days early
6/28/2010	2210881	methylphenidate er	20	90	30	glass	6 days early
8/31/2009	2206747	methylphenidate er	20	90	30	glass	6 days early
4/9/2010	2210426	ferantyl	50	30	30	glass	7 days early
7/23/2009	2209452	methadone	10	360	30	glass	7 days early
4/9/2012	2216296	methadone	10	360	30	fre	7 days early
8/4/2011	4427694	alprazolam	2	60	30	glass	7 days early
7/7/2010	4422228	alprazolam	2	30	30	glass	7 days early
6/25/2010	2210983	methadone	10	480	30	glass	7 days early
10/2/2008	6695004	canisprodol	350	60	30	glass	8 days early
8/12/2011	4427787	diazepam	10	30	30	glass	8 days early
3/1/2010	2210108	methadone	10	480	30	glass	8 days early
8/14/2010	4422781	alprazolam	2	60	30	glass	8 days early
2/17/2012	2215919	morphine	30	60	3	glass	8 days early
11/22/2010	2212095	methadone	10	480	30	glass	8 days early
8/14/2010	2211302	methylphenidate er	20	90	30	glass	8 days early
8/14/2010	2211301	methadone	10	480	30	glass	8 days early
2/26/2010	2210129	methylphenidate er	20	90	30	glass	8 days early
12/14/2009	2206572	methylphenidate er	20	90	30	glass	8 days early

6/9/2009	2208139	dent/amp	30	50	30	mac	9 days early
11/25/2009	2209327	dent/amp	20	45	23	glass	9 days early
3/17/2012	2216092	methadone	10	480	30	glass	9 days early
4/3/2009	2207650	dent/amp	30	25	13	Mac	12 days early

94. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

THIRD CAUSE FOR DISCIPLINE

(Misuse of Education)

95. Respondents are subject to disciplinary action under Respondents are subject to disciplinary action under Business and Professions Code §§4035, 4301(d), 4302, 4306.5, 4113, 4156, 4301, 4301(o), in conjunction with Health and Safety C. §11153, CCR §1761 and pursuant to *Sternberg, Vermont & Pacifica* in that Respondents committed acts or omissions that involve, in whole or in part the inappropriate exercise of their education. Specifically, Respondent Cassar, the PIC (Pharmacist-In-Charge) of Respondent Pharmacy did not document or question the following: (1) why RX 2210619 for Fentanyl patch 50mcg was dosed as 1-2 patches every 2 days without questioning why the dose is not consistent; (2) why CURES data wasn't used for patients including B.K. who was doctor shopping and who received medications from various doctors and various pharmacies.

96. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Violating Rules Regulating Keeping Prescriptions of Controlled Substances)

97. Respondents are subject to disciplinary action under Business and Professions Code §§4035, 4039, 4081, 4105, 4169(a)(5), 4301(i) and (o), 4302, 4306.5, 4113, 4156, and Health & Safety C. §11179, and pursuant to *Sternberg* in that Respondents failed to retain prescriptions filled by the pharmacy for the following controlled substances for three (3) years from the date of filling. Specifically, Respondents failed to retain the following prescriptions:

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Date	Rx	Drug	Strength	Am't	Day supply	MD	Script?
7/21/2009	2208439	dent/amp	20	15	10	glass	no

98. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

FIFTH CAUSE FOR DISCIPLINE

(Three Years of Records Not Available in Pharmacy)

99. Respondents are subject to disciplinary action under Business and Professions Code §§4059, 4081, 4105 (a)(b)(c) and (e)(1), and §§4113, 4156, 4169(a)(5), 4301, 4301 (j), 4301(o), 4302, 4035, 4306.5, and pursuant to *Sternberg*, in that Respondents failed to maintain in the pharmacy three years of acquisition and disposition records in a readily retrievable form. Specifically, Respondents failed to retain the following prescriptions:

Date	Rx	Drug	Strength	Am't	Day supply	MD	Script?
7/21/2009	2208439	dent/amp	20	15	10	glass	no

100. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Variation from Prescriptions)

101. Respondents are subject to disciplinary action under Code §§4035, 4113, 4156, 4301, subdivision (j), 4302, 4306.5, 4301(o), in conjunction with California Code of Regulations (CCR), title 16, section 1716, on the grounds of unprofessional conduct in that 16 CCR §1716 provides that pharmacists shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber or to select the drug product in accordance with Section 4073 of the Business and Professions Code in that Respondents improperly deviated from certain prescriptions for patients K.C. and S.M. without the consent of the prescriber. Specifically, the prescriptions below were filled with a different amount of drug or the prescription was filled before the doctor stated it could be filled:

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Date	Rx	Drug	Strength	Am	Day supply	MD	problems?
10/28/2009	2209222	oxycodone	20	210 ml	14	glass	220ml ordered disp 3/28 per md, but disp 3/28
3/28/2011	2213046	methyphenidate ar	80	30	30	glass	disp 3/28 per md, but disp 3/28
3/28/2011	2213043	methadone	10	480	30	glass	disp 3/28 per md, but disp 3/28
3/28/2011	2213044	oxycodone	30	300	17	glass	days dispense 3/28 but dispensed 3/28
3/28/2011	4425672	alprazolam	2	60	30	glass	written for 300, filled with 240
10/20/2010	2211845	morphine	30	240	14	glass	

102. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

SEVENTH CAUSE FOR DISCIPLINE

(Erroneous or uncertain prescriptions)

103. Respondents are subject to disciplinary action under California Code of Regulations section 1761, subdivision (a), in that Respondent Cassar, while pharmacist in charge and owner of the Respondent Pharmacy, filled the following prescriptions below, and there was no documentation showing any calls had been made or any patients were talked to about filling their prescriptions early.

Date	Rx	Drug	Strength	Am	Day supply	MD	early?
4/6/2009	2207687	dextamp	30	20	10	mac	10 days early
9/21/2009	2206890	dextamp	30	60	30	mac	10 days early
8/12/2009	2208813	methadone	10	68	6	glass	10 days early
10/5/2011	2214689	methadone	10	420	27	glass	5 days early
9/3/2010	2211469	methadone	10	480	30	glass	10 days early
10/21/2009	2209180	dextamp	30	80	30	mac	11 days early
1/16/2012	2215604	methyphenidate ar	80	30	30	glass	12 days early
9/5/2009	2208789	methadone	10	144	12	glass	13 days early
7/22/2010	4422461	alprazolam	2	60	30	glass	15 days early

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11/4/2008	2209239	dextamp	20	60	30	glass	17 days early
10/2/2008	2209008	dextamp	20	60	30	glass	18 days early
11/12/2008	2209326	oxycodone	80	32	16	glass	22 days early
9/10/2009	0683086	carisoprodol	350	60	30	glass	23 days early
11/12/2008	4419067	hydrocodone/par	10/325	156	13	glass	5 days early
11/8/2010	2211995	ferantyl	50	15	30	glass	5 days early
11/8/2010	2211995	ferantyl	100	15	30	glass	5 days early
2/1/2011	2212413	ferantyl	50	15	30	glass	5 days early
12/10/2012	2218517	morphine	60	30	30	start	5 days early
6/30/2009	2208311	methadone	10	360	30	glass	5 days early
2/9/2010	2209994	methadone	10	420	27	glass	5 days early
3/26/2010	2210305	methadone	10	480	30	glass	5 days early
3/28/2011	4425972	alprazolam	2	60	30	glass	5 days early
10/6/2010	4423623	alprazolam	2	60	30	glass	5 days early
12/20/2011	2215361	methadone	10	480	30	glass	5 days early
9/2/2011	2214374	methyphenidate ar	20	90	30	glass	5 days early
9/2/2011	2214373	methadone	10	480	30	glass	5 days early
3/28/2011	2213048	methyphenidate ar	80	30	30	glass	5 days early
4/16/2010	2210477	methyphenidate ar	20	90	30	glass	5 days early
2/26/2010	2210127	methadone	10	420	27	glass	5 days early
1/8/2010	2209751	methyphenidate ar	20	90	30	glass	5 days early
9/25/2009	2208637	methyphenidate ar	20	90	30	glass	5 days early
7/10/2009	2208369	methyphenidate ar	80	30	30	glass	5 days early
6/26/2011	2214325	oxycodone	30	240	20	glass	6 days early
1/10/2012	2215550	ferantyl	100	15	30	glass	6 days early
5/29/2012	2216821	methadone	10	270	30	fray	6 days early
9/5/2012	2217689	methadone	10	270	30	fray	6 days early
9/5/2012	2217690	ferantyl	25	10	30	fray	6 days early
7/11/2011	4427327	alprazolam	2	60	30	glass	6 days early
6/14/2010	4421823	alprazolam	2	30	30	glass	6 days early
7/11/2011	2213928	methyphenidate ar	20	90	30	glass	6 days early
7/11/2011	2213927	methadone	10	480	30	glass	6 days early
3/28/2011	2213043	methadone	10	480	30	glass	6 days early
9/7/2010	2211468	methyphenidate ar	20	90	30	glass	6 days early
7/23/2010	2211150	methyphenidate ar	20	90	30	glass	6 days early
6/28/2010	2210981	methyphenidate ar	20	90	30	glass	6 days early
8/31/2009	2208747	methyphenidate ar	20	90	30	glass	6 days early
4/9/2010	2210428	ferantyl	50	30	30	glass	7 days early
7/23/2009	2208452	methadone	10	360	30	glass	7 days early
4/9/2012	2216266	methadone	10	360	30	fray	7 days early
8/4/2011	4427694	alprazolam	2	60	30	glass	7 days early
7/7/2010	4422226	alprazolam	2	30	30	glass	7 days early
6/25/2010	2210983	methadone	10	480	30	glass	7 days early

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10/2/2009	6685004	carisoprodol	350	60	30	glass	6 days early
8/12/2011	4427797	diazepam	10	30	30	glass	8 days early
3/1/2010	2210108	methadone	10	480	30	glass	8 days early
8/14/2010	4422781	alprazolam	2	60	30	glass	8 days early
2/17/2012	2215919	morphine	30	60	3	glass	8 days early
11/22/2010	2212095	methadone	10	480	30	glass	8 days early
9/14/2010	2211302	methyphenidate ar	20	90	30	glass	8 days early
9/14/2010	2211301	methadone	10	480	30	glass	8 days early
2/26/2010	2210129	methyphenidate ar	20	90	30	glass	8 days early
12/14/2009	2208572	methyphenidate ar	20	90	30	glass	8 days early
6/8/2009	2208139	dextamp	30	60	30	mac	9 days early
11/25/2009	2209327	dextamp	20	45	23	glass	9 days early
3/17/2012	2216092	methadone	10	480	30	glass	9 days early

104. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 39 through 91, as though set forth fully herein.

COMPLAINT FILED BY Dr. K.T.

105. On or about September 22, 2015, The Board received an email from Dr. K.T. who explained that a patient stole her prescription pad, forged her signature, and used the stolen prescription forms to fill prescriptions for herself and another patient at various pharmacies. Dr. K.T. identified the patients involved as CB and JC. Dr. K.T. explained CB and JC used the stolen forms to obtain prescriptions for Adderall (amphetamine immediate release tablets) and stated she had not prescribed Adderall for the patients in question since January 2015.

106. The Board reviewed CURES Patient Activity Reports, which showed controlled substance dispensing histories for CB and JC as reported to CURES by pharmacies. These Patient Activity Reports indicated CB and/or JC received prescriptions for amphetamine tablets under the prescribing authority of Dr. K.T. from several pharmacies including:

- CVS Pharmacy #9751 (PHY 47835)
- Pavillions Pharmacy #2215 (PHY 52185)
- Kanan Pharmacy and Medical Supplies (PHY 46707)
- Medallion Prescription Pharmacy (PHY 48673)
- Super Care Drugs Malibu (PHY 46214)

107. The Board initiated an investigation at respondent pharmacy to evaluate the filling of these fraudulent prescriptions. Dr. K.T. later clarified her prescribing of amphetamine as follows.

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"I previously prescribed amphetamine only to [CB] for 1-2 prescriptions that were a 10 day course only as she told me her psychiatrist was out of town and could not be reached. I never prescribed for [JC]. These prescriptions were forged. When asked how she discovered the prescription forms had been stolen, Dr. K.T. stated, "...a pharmacy contacted me with concern that I was prescribing too many prescriptions for amphetamines to [CB]. I was surprised of this fact and asked them to send me a fax of the prescription. The copy showed a forged signature on the prescription."

108. The Board's inspector reviewed Patient Activity Reports for CB and JC and identified the following prescriptions filled at Respondent Pharmacy:

CB						
08/13/2014	2223784	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
09/13/2014	2224046	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
10/07/2014	2224264	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
11/03/2014	2224558	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
11/29/2014	2224887	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
12/29/2014	2225226	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
03/29/2015	2226311	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
05/10/2015	2226855	AMPHETAMINE SALT COMBO	10 MG	30	K.T.	
06/20/2015	2227394	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
08/20/2015	2228145	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
JC						
08/14/2015	2228102	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	
09/03/2015	2228356	AMPHETAMINE SALT COMBO	10 MG	60	K.T.	

109. The prescriptions identified included prescriptions filled after January 2015 and earlier prescriptions for a 30-day supply of amphetamine tablets.

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110. On April 13, 2016, the Board's inspector conducted an inspection at Respondent Pharmacy. Respondent Cassar was present and assisted in the inspection. Details of the inspection included but were not limited to the following:

- Respondent Pharmacy was an independent pharmacy in a retail plaza and Respondent Cassar estimated the pharmacy filled approximately 200 to 250 prescriptions per week day.
- The Board's inspector asked Respondent Cassar if he remembered CB and JC.
- Respondent Cassar recalled CB was a regular patient at Respondent Pharmacy. Respondent Cassar remembered CB picked up prescriptions for JC and stated JC was her sister. Respondent Cassar and the pharmacy staff could not recall if JC ever came to the pharmacy.
- Respondent Cassar stated he recalled an incident involving these patients. He stated he believed a staff pharmacist at Respondent Pharmacy ran a patient activity report for one of the patients and discovered she received frequent prescriptions for amphetamine tablets from multiple pharmacies. Respondent Cassar stated he recalled the pharmacy staff alerted the prescribers and other pharmacies involved.
- Respondent Cassar provided a "Doctor Prescribed/Dispensed Detail Report" for Dr. K.T.. The report indicated Respondent Pharmacy filled eight prescriptions written by Dr. K.T. for amphetamine 10 mg tablets for CB and two prescriptions for JC either after 01/2015 or for 30 day supplies.
- The Board's inspector requested patient dispensing histories for CB and JC.
- The patient profile for JC contained the following patient memo: "[CB] picking up for this pt. Claiming to be her sister. [CB] & this pt poly rx & poly MD. Run PDMP."
- The profile indicated JC received six prescriptions at Kanan Pharmacy and Medical Supplies. All the prescriptions were for amphetamine 10 mg tablets and two of the prescriptions were filled under the prescribing authority of Dr. K.T..
- The patient profile for CB contained the following patient memo: "Patient is poly rx & poly MD. Uses many excuses to fill early."

- At the end of the inspection, the Board's inspector reviewed the inspection report with Respondent Cassar and requested a statement from the pharmacist who contacted Dr. K.T.'s office and determined the prescriptions in question were fraudulent.
- The Board's inspector issued Official Receipt 612035 in exchange for the documents she collected.

111. On April 20, 2016, the Board's inspector received signed statements from Respondent Cassar and staff pharmacist R.H.. Respondent Cassar stated the following:

- "My part-time pharmacist, R.H., had left a prescription patient [CB] for me to investigate because a CURES report showed the patient was filling the same or similar prescriptions at multiple pharmacies and was too early to fill given our own fill history. I contacted Dr. K.T.'s staff and a staff member indicated the doctor had been seen and had written a prescription of Adderall this medication for patient C.B., however, it had been some time ago.
- Respondent Cassar wrote, "...the staff member told me not to fill it and not to return it to the patient because the prescription was fraudulent. I left a voicemail for the patient that I would neither be able to fill it nor would I be able to return it to her per the doctor's request. I proceeded to contact all pharmacies on the CURES report who had filled for her to let them know of the fraud and contacted all doctors I could find that filled for her. Furthermore, I instructed my staff to block her account from being filled and added a note describing the wrongdoing. The CURES report was documented and scanned under the patient's profile for future reference."
- Respondent Cassar added, "One of my staff reminded me that patient also picked up prescriptions for her sister, J.C., for the same medication. We immediately blocked J.C.'s account and added a note describing the situation."

112. Following the inspection, the Board's inspector requested and received images of the remaining prescription documents for CB and JC's prescriptions filled under Dr. K.T.'s prescribing authority and not collected during the inspection. Each prescription was written for Amphetamine 10 mg tablets with directions to take twice daily. Each of the prescription documents bore the header, "[K.T.] Cosmetic & Reproductive Surgery." The Board's inspector

- The profile indicated JC received 41 prescriptions from Respondent Pharmacy. Twenty six of these prescriptions were written for amphetamine 10 mg tablets.
- Between January 29, 2015 and August 20, 2015, CB received 13 prescriptions for immediate release and extended release amphetamine salt tablets and capsules. These medications were prescribed by four different prescribers: Dr. K.T., Dr. R.H., Dr. S.U., and Dr. N. A..
- Respondent Cassar also provided a DocuStore scanned prescription image for a prescription for CB for Adderall 10 mg tablets from Dr. K.T. with a handwritten note which read, "Fill 9/24 run PDMP (Exhibit 9)." The prescription was dated 09/19/2015 and the prescription image was associated with a Patient Activity Report for CB which indicated CB recently received four prescriptions for amphetamine 10 mg tablets and 1 prescription for Amphetamine 20 mg tablets. There was a handwritten note on the top of the Patient Activity Report indicating someone at Kanan Pharmacy and Medical Supplies spoke with Susie at Dr. K.T.'s office regarding the report.
- Respondent Cassar provided a sample prescription document for CB and JC's prescriptions filled under Dr. K.T.'s prescribing authority. The Board's inspector noted the following:
- The heading at the top of both prescriptions was, "T. Cosmetic & Reproductive Surgery."
- Both prescriptions were written for, "Adderall 10 mg, 1 PO BID x30 days."
- Both patients had the same phone number of record at Respondent Pharmacy.
- The Board's inspector asked Respondent Cassar about the pharmacy's policies for evaluating and filling controlled substance prescriptions in general. Respondent Cassar provided a copy of a document titled, "Kanan Pharmacy Diversion Initiative Program." Respondent Cassar stated the pharmacy frequently accessed Patient Activity Reports for patients receiving high dose or high pill count prescriptions for narcotics. Respondent Cassar stated the pharmacy checks the CURES database less frequently for prescriptions for medications to treat attention-deficit disorder as he believed these drugs were less frequently abused.

requested the names and license numbers of the pharmacists who filled the prescriptions in question. Respondent Cassar provided the following information:

Prescription Number	Verifying Pharmacist
2223784	Respondent Cassar
2224066	RPH H.
2224264	Respondent Cassar
2224558	Respondent Cassar
2224887	RPH H.
2226311	RPH H.
2226855	Respondent Cassar*
2227394	Pharmacist H.
2228102	RPH H.
2228145	RPH H.
2228356	RPH H.

*Respondent Cassar initially stated RPH H. verified prescription 2226855, however, he corrected this statement on 10/30/2016.

Analysis of Prescriptions filled at Kanan Pharmacy & Medical Supplies:

113. The Board's inspector reviewed the prescriptions listed above and noted the following irregularities:

- All of the prescriptions were written for Amphetamine 10 mg, indicated to treat attention-deficit disorder, and the preprinted prescriber information on the prescription document indicated the prescriber was a cosmetic and reconstructive surgeon. It would not be typical for a surgeon to prescribe amphetamine 10 mg as it is not typically used during surgery or recovery.
- The majority, nine of eleven, of the prescriptions in question, were purchased in cash, meaning without the aid of prescription insurance. Prescriptions 2227394 and 2228145 were billed to prescription insurance. Patients typically prefer to pay for prescriptions with the aid of prescription insurance if possible. One reason a patient may elect not to use prescription insurance is to prevent the pharmacist from realizing the medication was recently filled and billed to insurance at another pharmacy. If the pharmacist billed the patient's insurance, the insurance company would alert the pharmacist the prescription was recently filled elsewhere. Therefore, this payment method was a red flag for potential diversion.

114. The Board's inspector reviewed CURES Patient Activity Reports for CB and JC and noted the following:

- Prior to receiving prescription 2223784 from Kanan Pharmacy & Medical Supplies on 08/13/2014, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Sav-On Pharmacy #6388 on 08/07/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Rite Aid 5539 on 08/01/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9627 on 07/25/2014
- Prior to receiving prescription 2224046 from Kanan Pharmacy & Medical Supplies on 09/13/2014, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Sav-On Pharmacy #6388 on 09/06/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Rite Aid 5539 on 08/27/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Pavilions Pharmacy #2215 on 08/25/2014
- Prior to receiving prescription 2224264 from Kanan Pharmacy & Medical Supplies on 10/07/2014, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Pavilions Pharmacy #2215 on 10/01/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Rite Aid 5561 on 09/25/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9627 on 09/19/2014
- Prior to receiving prescription 2224558 from Kanan Pharmacy & Medical Supplies on 11/03/2014, CB received the following prescriptions:

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- Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Pavilions Pharmacy #2215 on 10/29/2014
- Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Rite Aid 5558 on 11/22/2014
- Prior to receiving prescription 2224887 from Kanan Pharmacy & Medical Supplies on 11/29/2014, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9751 on 11/26/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Rite Aid 5558 on 11/22/2014
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Sav-On Pharmacy #6388 on 11/17/2014
- Prior to receiving prescription 2226311 from Kanan Pharmacy & Medical Supplies on 03/29/2015, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9751 on 03/22/2015
 - Amphetamine 10 mg tablets, quantity 30 for a 30 day supply, from Pavilions Pharmacy #2215 on 03/12/2015
- Prior to receiving prescription 2226855 from Kanan Pharmacy & Medical Supplies on 05/10/2015, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 30 for a 30 day supply, from Haggen Pharmacy #2132 on 05/03/2015
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9751 on 04/21/2015
- Prior to receiving prescription 2227394 from Kanan Pharmacy & Medical Supplies on 06/20/2015, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Haggen Pharmacy #2132 on 06/02/2014

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- Amphetamine 10 mg tablets, quantity 30 for a 30 day supply, from Medallion Prescription Pharmacy on 05/18/2014
- Prior to receiving prescription 2228145 from Kanan Pharmacy & Medical Supplies on 08/20/2015, CB received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 30 for a 15 day supply, from CVS Pharmacy #9627 on 08/11/2015
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Super Care Drugs Malibu on 08/08/2015
- Prior to receiving prescription 2228102 from Kanan Pharmacy & Medical Supplies on 08/14/2015, JC received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Pavilions Pharmacy #2215 on 08/04/2015
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9751 on 07/23/2015
- Prior to receiving prescription 2228356 from Kanan Pharmacy & Medical Supplies on 09/03/2015, JC received the following prescriptions:
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from Dr. Pharmacy on 08/28/2015
 - Amphetamine 10 mg tablets, quantity 60 for a 30 day supply, from CVS Pharmacy #9751 on 08/19/2015

115. Despite the significant irregularity of a plastic surgeon prescribing a medication to treat attention-deficit disorder, Respondent Cassar's statements indicated pharmacists at Kanan Pharmacy & Medical Supplies did not confer with Dr. K.T. prior to filling the prescriptions in question. Had the pharmacists at Kanan Pharmacy & Medical Supplies contacted Dr. T. to discuss these prescriptions, it is reasonable to expect Dr. T. would have identified the prescriptions as fraudulent, as she did when Respondent Cassar contacted her office after 09/19/2015.

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116. Furthermore, despite CB and JC paying cash for nine of eleven prescriptions in question, Kanan Pharmacy & Medical Supplies did not produce any documentation to indicate pharmacists reviewed the information in the CURES database prior to filling these prescriptions. While pharmacists are not required to access the CURES database prior to filling controlled substance prescriptions, it is a helpful tool for evaluating the legitimacy and appropriateness of a prescription. Had pharmacists at Kanan Pharmacy & Medical Supplies accessed and reviewed the patients' records in the CURES database, the pharmacists would have found evidence of poly-pharmacy and early filling of prescriptions for amphetamine salts for nine of the ten prescriptions. Further, RPH H. and Respondent Cassar ultimately identified the diversion and alerted Dr. T. after reviewing a Patient Activity Report on the CURES database on 09/19/2015.

117. The table below summarizes the analysis of the prescriptions in question:

Prescription Number	Date	Respondent	Yes	Yes	Yes
2223784	08/13/2014	Respondent Cassar	Yes	Yes	Yes
2224046	09/13/2014	RPH H.	Yes	Yes	Yes
2224264	10/07/2014	Respondent Cassar	Yes	Yes	Yes
2224558	11/03/2014	Respondent Cassar	Yes	Yes	Yes
2224887	11/29/2014	RPH H.	Yes	Yes	Yes
2226311	03/29/2015	RPH H.	Yes	Yes	Yes
2226855	05/10/2015	Respondent Cassar	Yes	Yes	Yes
2227394	06/20/2015	RPH H.	Yes	No	Yes
2228102	08/14/2015	RPH H.	Yes	Yes	Yes
2228145	08/20/2015	RPH H.	Yes	No	Yes
2228356	09/03/2015	RPH H.	Yes	Yes	Yes

118. On October 18, 2016, the board's inspector sent cover letters and written notices to Kanan Pharmacy & Medical Supplies, Respondent Cassar, RPH H., and RPH H.. On November 8, 2016, the board's inspector received a letter from P.G., an attorney acting on behalf of Respondent Cassar and Kanan Pharmacy who wrote:

While the law requires a pharmacist to engage in a review of the prescriptions, it only requires that the pharmacist contact the physician where the prescription contains a "significant error, omission, irregularity, uncertainty, ambiguity, or alteration." You have been provided with each of the

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prescriptions referenced in the notice of violation. Based on these prescriptions, you have concluded 'irregularity' based on the prescribing physician being a cosmetic and reconstructive surgeon and that 10 of the 12 prescriptions were paid in cash. However, what is overlooked in reaching this conclusion are several important facts:

1. Dr. Tansavadi was a legitimate prescriber, who was authorized to write such prescriptions;

2. The quantity of the medication was not unusual or irregular. All prescriptions were for a 30 day period.

3. Each prescription was for 'no refill' and a new prescription was presented;

4. The patient residence and physician office locations were within a close geographical range to the pharmacy. The patient residence was 2.9 miles and the physician's office was 5.5 miles from the pharmacy.

5. Once the patient continued to return and the patient attempted an early fill, that was the first instance when it became questionable there was an irregularity. That is when the pharmacy ran a CURES report and contacted Dr. Tansavadi to advise of this apparent irregularity. Dr. Tansavadi informed my client that the initial prescription was legitimately written to her patient as a 'courtesy' which suggests that there was an established physician-patient relationship, but that it appeared the patient may have stolen a prescription pad. My client advised all other physicians and corresponding pharmacies on the CURES report of the potential problem.

We believe your conclusions should be tempered by the above facts, as it was my client who acted properly and exercised reasonable professional judgment, until the 'irregularity' was noticeable.

119. In reviewing said letter, the board's inspector considered the following:

* Mr. P.G. highlighted the fact that some aspects of the prescriptions in question were not irregular. California Code of Regulations Section 1761 requires a pharmacist to contact the prescriber prior to filling a prescription with any significant irregularity. All aspects of the prescription are not required to be irregular for the pharmacist to be obligated to gain information to validate the prescription.

* As previously discussed, Dr. T. was identified as a reconstructive surgeon on each prescription document in question. Therefore, Mr. P.G.'s assertion that the irregularities were not noticeable until the patient attempted to fill a prescription early was not correct.

120. On November 8, 2016, the board's inspector received a letter via email from RPH H. who wrote:

I would like to note that the 'Diversion Prevention Protocol' that was implemented at Kanan Pharmacy and Medical Supplies in June of 2013 was started due to my request for creating a process to evaluate the legitimacy of

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Second Amended Accusation

each and every narcotic prescription presented to the pharmacy by our patients. This process consisted of verifying the appropriate need for the use of these narcotics by contacting the prescribing doctor listed on the prescription and requesting supporting material regarding each diagnosis which was kept in a binder for record keeping. After establishing a legitimate diagnosis, all pharmacists including myself, would generate and carefully review a CURES report each time a controlled substance prescription was filled at Kanan Pharmacy. In addition to these measures, our staff would refuse to fill prescriptions for patients and physicians who resided outside of adjacent cities from Agoura Hills.

As a responsible pharmacist and citizen, I have always taken my responsibility of dispensing narcotic medications to the public very seriously and have used my utmost care and professional judgment to ensure safe dispensing of these medications to our patients. Furthermore, I consider it my duty and moral obligation to safeguard the dispensing process in order to avoid the inappropriate access and use of these drugs by patients who misuse them. I consider myself a very moral individual and always strive to follow rules and regulations.

With regards to prescription numbers 2227394 and 2228102, I can assure you that this was an oversight and was the exception to the rules followed by me personally and Kanan Pharmacy for proper evaluation of controlled substance prescriptions. I would like to assure you that I will use this experience to be even more vigilant about dispensing controlled substances in the future.

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct- Erroneous or Uncertain Prescriptions)

121. Respondents are subject to disciplinary action under Code §§4035, 4113, 4156, 4301, subdivision (f), 4302, 4306.5, 4301(e), in conjunction with California Code of Regulations (CCR), title 16, section 1761, in that Respondents dispensed eleven (11) prescriptions (over one year) approximately month after month, which contained significant error, omission, irregularity, uncertainty, ambiguity, or alteration. Respondents failed to contact the prescriber to obtain the information needed to validate the prescription. Specifically, between August 13, 2014 and September 3, 2015 (over one year), Respondents filled 11 prescriptions, prescription numbers 2223784, 2224046, 2224264, 2224558, 2224887, 2226311, 2226855, 2227394, 2228102, 2228145, 2228356, in the presence of the following factors of irregularity:

* All of the prescriptions were written for amphetamine 10 mg, indicated to treat attention-deficit disorder, and the preprinted prescriber information on the prescription document indicated the prescriber was a cosmetic and reconstructive surgeon. It would not be typical for a surgeon to prescribe amphetamine 10 mg as it is not typically used during surgery or recovery.

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Second Amended Accusation

* The majority, nine of eleven, of the prescriptions in question, were purchased in cash, meaning without the aid of prescription insurance. Prescriptions 2227394 and 2228145 were billed to prescription insurance. This payment method was a red flag for potential diversion.

Despite the significant irregularity of a cosmetic surgeon prescribing a medication to treat attention-deficit disorder, Kanan Pharmacy & Medical Supplies did not produce any documentation to indicate pharmacists there contacted the prescriber to gain information needed to validate the prescriptions listed above prior to dispensing. This was a violation of pharmacy law.

122. Complainant refers to, and by this reference incorporates, the allegations set forth above in paragraphs 105 through 120, as though set forth fully herein.

OWNERSHIP PROHIBITION

123. Business and Professions Code section 4307(a) provides, in pertinent part that any person whose license has been revoked or is under suspension shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate or partner of a licensee.

124. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 46707 to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies ("Respondent Pharmacy") and Anthony John Cassar (Respondent Cassar) while acting as the manager, administrator, owner, member, officer, director, associate, or partner of Respondent Pharmacy, had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 46707 issued to Respondent Pharmacy was revoked, suspended or placed on probation, Respondent Cassar shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 46707 issued to Respondent Pharmacy is placed on probation or until Pharmacy Permit Number PHY 46707, issued to Respondent Pharmacy is reinstated if it is revoked.

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Second Amended Accusation

DISCIPLINE CONSIDERATIONS

125. To determine the degree of discipline, if any, to be imposed on Respondent Cassar, Complainant alleges that he has received a prior warning, including a prior citation, fine, and correction notice.

126. On February 27, the Board of Pharmacy issued Citation Number C1 2002 25346 in the amount of \$1,850 to Respondent Cassar for the following violations which occurred on or about May 1, 2003 and May 6, 2003:

- Business and Professions Code section 4116, subdivision (a) [failure to secure area where controlled substances are stored];
- California Code of Regulations, title 16, section 1751.5, section 1751.7, subdivisions (a), (d), and (e), section 1751.8, subdivision (f) [quality assurance/training of staff, patient and caregiver policies and procedures for parenteral products];
- California Code of Regulations, title 16, section 1716.2, subdivision (a)(1), (2), (3), (4), (6) and (8) [records requirement - compounding for future furnishing];
- Business and Professions Code section 4116 subdivision (b) and California Code of Regulations, title 16, section 1714.1, subdivision (f) [pharmacy operations during the temporary absence of a pharmacist];
- California Code of Regulations, title 16, sections 1714, subdivision (d) [improper pharmacy security];
- California Code of Regulations, title 16, section 1715, subdivisions (a) and (b)(1) [self-assessment of a pharmacy by the pharmacist-in-charge]; a
- California Code of Regulations, title 16, section 1793.7, subdivision (b) [requirements for pharmacies employing pharmacy technicians].

127. That Citation is now final and is incorporated by reference as if fully set forth.

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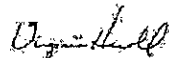
Second Amended Accusation

1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Board of Pharmacy issue a decision:

- 4 1. Revoking or suspending Pharmacy Permit Number PHY 46707, issued to Pharmacy
5 Care Network, Inc., dba Kanan Pharmacy & Medical Supplies with Anthony John Cassar as the
6 Pharmacist-in-Charge;
- 7 2. Revoking or suspending Pharmacist License Number RPH 49326, issued to Anthony
8 John Cassar;
- 9 3. Ordering Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies
10 and Anthony John Cassar to pay the Board of Pharmacy the reasonable costs of this case's
11 investigation and enforcement under Business and Professions Code section 125.3; and
- 12 4. Prohibiting Anthony John Cassar from serving as a manager, administrator, owner,
13 member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit
14 Number PHY 46707 to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies
15 is placed on probation or until Pharmacy Permit Number PHY 46707 to Pharmacy Care Network,
16 Inc., dba Kanan Pharmacy & Medical Supplies is reinstated if Pharmacy Permit Number PHY
17 46707 to Pharmacy Care Network, Inc., dba Kanan Pharmacy & Medical Supplies is revoked;
- 18 5. Taking such other and further action as deemed necessary and proper.

19 DATED: May 21, 2018

20 

21 VIRGINIA HEROLD
22 Executive Officer
23 Board of Pharmacy
24 Department of Consumer Affairs
25 State of California
26 Complainant

27 LA2013510072

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/12/2022)

Where is the facility located?		☒ Nevada	☐ Out-of-State
Is the business also a wholesaler? (NRS 639.016)		☐ Yes	☒ No
Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.			
Type of Application (check applicable box)		MDEG Business Type (check applicable box)	
☒ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)	

Section 1: General Information	
Facility Name: <u>TENS UNLIMITED LLC</u>	
MDEG Physical Address: <u>5075 CAMERON STREET SUITE H</u>	
City: <u>LAS VEGAS</u>	State: <u>NV</u> Zip: <u>89118</u>
Mailing Address (if different from physical address): <u>SAME</u>	
City: _____	State: _____ Zip: _____
Telephone: <u>7252140788</u>	Website: <u>https://tensunlimited.com/</u>
Email: <u>Tensunlimitedllc@gmail.com</u>	
Name of MDEG Administrator (NAC 639.694): <u>Doris Edmiston</u>	
Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions ☐ Pharmacies ^a ☐ Practitioners ^a ☐ Hospitals/Clinics ^a ☐ Clinics ^a ☐ Wholesalers ^a ☐ Other business entities (specify) ^b : _____	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☐ Diabetic Supplies ☒ Orthotics and Prosthetics ☒ Others: <u>Durable Medical Equipment (DME)</u>
This application is ONLY required if MDEG products will be sold to patients by prescription. ^aIf MDEG products will ALSO be sold to the Entities with an (a) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: <u>Doris Edmiston</u> Telephone: <u>7196519068</u>

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 8am to 4pm	☒ Tue: 8am to 4pm	☒ Wed: 8am to 4pm	☒ Thurs: 8am to 4pm	☐ Fri: Closed
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: 4th July Christmas New Years Memorial Labor Thankshgiving		

Section 2: History of Company	Yes	No
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)?		☒
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?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
HI MCR 7527780002 MCD 0000623819 CO MCR 7527780001 MCD 9000180844
NV Medicare and Medicaid are pending

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A <u>practicing</u> health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals. 2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 8: Sole Owner

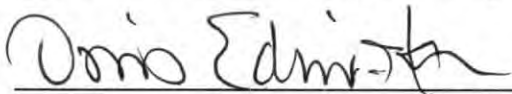
Owner's Name: Doris Edmiston
Business Name: TENS UNLIMITED LLC
Business Address: 5075 Cameron Street
City: Las Vegas State: NV Zip: 89118
Telephone: 7252140788 Email: Tensunlimitedllc@gmail.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• ^a Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient . The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Doris Edmiston

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

03/25/2024

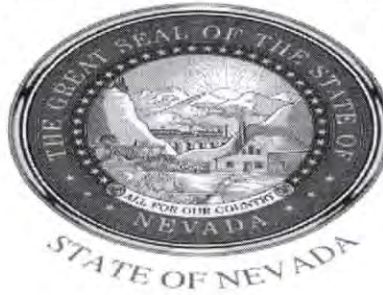
Date

Board Use Only

Date Received: 3/27/24

Amount: \$500-00

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **TENS Unlimited LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/10/2023, and is in good standing in this state.



Certificate Number: B202402014318269

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 02/01/2024.

FRANCISCO V. AGUILAR
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100008902

DATE (MM/DD/YYYY)
02/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	CONTACT NAME		
	PHONE (A/C No. Ext.)	800-247-5930	
	FAX (A/C No.)		
	E-MAIL ADDRESS		
INSURED TENS UNLIMITED LLC 8354 BARTHOLOMEW PARK CT LAS VEGAS NV 89139-7168	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A. PHARMACISTS MUTUAL INSURANCE COMPANY		13714
	INSURER B.		
	INSURER C.		
	INSURER D.		
	INSURER E.		
	INSURER F.		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER	N	N	VST 0000811 00	11/01/2023	11/01/2024
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ Included
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS 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)

Premises 1, Building 1

650 IWILEI RD STE 290, HONOLULU, HI 96817-5395

CERTIFICATE HOLDERCMS-DMEPOS
7500 SECURITY BLVD
BALTIMORE MD 21244-1849**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

GAIL T. WOLFE, CISR, API

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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

TENS Unlimited LLC

Nevada Business Identification # NV20232922872

Expiration Date: 10/31/2024

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.



Certificate Number: B202310104026372

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 10/10/2023.

FRANCISCO V. AGUILAR
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG TENS UNLIMITED LLC MDEG License # (if applicable) _____
Physical Address 5075 CAMERON STREET SUITE H
City LAS VEGAS State NV Zip 89118
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 7252140788 Website https://tensunlimited.com
Licensing Company Email TENSUNLIMITEDLLC@GMAIL.COM

Section 2: Personal Information

First DORIS Middle ANN Last EDMISTON
Alias(es, nicknames, name changes, etc.) _____
Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
Mailing Address BARTHOLOMEW PARK COURT
City LAS VEGAS State NV Zip 89139
Telephone Email
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Harrison High		From - To (MM/YY - MM/YY)	(08-1971) (5-1974)	
Address	2555 Janitell Rd	City	Colorado Spgs	State	CO
Diploma/Degree obtained, if any	Diploma				

School Name			From - To (MM/YY - MM/YY)		
Address		City		State	Zip
Diploma/Degree obtained, if any					

School Name			From - To (MM/YY - MM/YY)		
Address		City		State	Zip
Diploma/Degree obtained, if any					

School Name			From - To (MM/YY - MM/YY)		
Address		City		State	Zip
Diploma/Degree obtained, if any					

School Name			From - To (MM/YY - MM/YY)		
Address		City		State	Zip
Diploma/Degree obtained, if any					

School Name			From - To (MM/YY - MM/YY)		
Address		City		State	Zip
Diploma/Degree obtained, if any					

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
10/2019 - Present	Bartholomew	Las Vegas	NV	89139
06/2019 - Present	Rolling Hills Dr	Lake Havasu City	AZ	86406
01/2019	Rolling Hills Dr	Lake Havasu City	AZ	86406
10/2018	Aviendia Tierra Vista	Lake Havasu City	AZ	86406
08-2019	Rolling Hills	Lake Havasu City	AZ	86406
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name TENS Unlimited LLC		From - To (MM/YY - MM/YY) 06/1992 to present	
Business Address 5145 N. Academy Blvd Ste 210		City Colorado Springs	State CO
Phone 719-638-4056	Title owner	Zip 80918	
Description of Duties owner / operator		Number of Employed Hours 9999	

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Orma Edmister
Original Signature (electronic, copies or stamps not accepted)

03/25/2024

Date

I, DORIS EDMISTON, certify that as the MDEG Administrator for
TENS UNLIMITED LLC

that I (initial that you have read and meet the following requirements):

1. DE Have a high school diploma or its equivalent;
2. DE Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. DE Will be employed by 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
4. DE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DORIS EDMISTON

Print Name (First, Last)

Doris Edmiston

Original Signature (electronic, copies or stamps not accepted)

03/25/2024

Date

Board Use Only

Date Received: 3/27/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site TENS UNLIMITED LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 5075 CAMERON STREET SUITE H
 City LAS VEGAS State NV Zip 89118
 Mailing Address (if different from physical address) SAME
 City _____ State _____ Zip _____
 Telephone 7252140788 Website https://tensunlimited.com/
 Licensing Company Email TENSUNLIMITEDLLC@GMAIL.COM

Section 2: Personal Information

First DORIS Middle ANN Last EDMISTON
 Alias(es, nicknames, name changes, etc.) MANTOS
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Bartholomew Park Court
 City Las Vegas State NV Zip 89139
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Personal History Application

(Applicant's Initials DE )

1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name HARRISON HIGH SCHOOL		From - To (MM/YY - MM/YY) 08/1971-05/1974	
Address 2755 Janitell Road	City Colorado Springs	State CO	Zip 80906
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 10/22-present	Address Bartholomew Park Court	City Las Vegas	State NV	Zip 89139*
From - To (MM/YY - MM/YY) 06/19-present	Address Rolling Hills Drive	City Lake Havasu City	State AZ	Zip 86406
From - To (MM/YY - MM/YY) 05/15-06-2019	Address Rolling Hills Dr	City Lake Havasu City	State AZ	Zip 86406
From - To (MM/YY - MM/YY) 10/2019-10/22	Address Avienda Tierra Vista	City Lake Havasu City	State AZ	Zip 86406
From - To (MM/YY - MM/YY) 08/2013-05/2019	Address Rolling Hills Dr	City Lake Havasu City	State AZ	Zip 86406
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Tens Unlimited LLC		From - To (MM/YY - MM/YY) 04/1992-present	
Business Address 5145 N Academy Blvd Suite 210	City Colorado Springs	State CO	Zip 80918
Phone 7196384056	Title Owner/Operater		
Description of Duties All aspect of the business			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

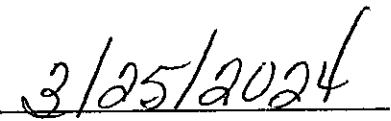
This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)



Date

Personal History Application

(Applicant's Initials ^{DE}  6 of 7)

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Doris Edmiston

Print Name (First, Last)

Doris Edmiston

Original Signature (electronic, copies or stamps not accepted)

03/25/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

DORIS Edmiston

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 the license, registration, permit, certificate or certification for which I am applying for.

Doris Edmiston

Original Signature

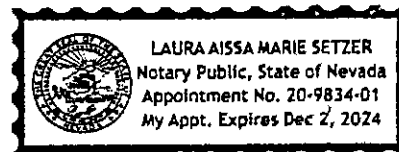
3/25/24

Date

Subscribed and Sworn to before me this 25th day of March 2024

Laura Aissa Marie Setzer

Notary Public Signature



(Seal)

Personal History Application

(Applicant's Initials

DE

[Signature]

7 of 7

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Name Change* * If making a change, provide license #: PH _____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: ASPN Pharmacies 4, LLC
 Physical Address: 6605 Grand Montecito Parkway Suite 18
 City: Las Vegas State: NV Zip: 89149
 Mailing Address (if different from physical address): 200 Park Ave Suite 300
 City: Florham Park State: NJ Zip: 07932
 Telephone: 844-267-3251 Toll Free # (NAC 639.708, NRS 639.23286): 844-267-3251
 Fax: 844-267-3252 Contact Email: bob.anderson@asembia.com
 Website: Asembia.com
 Nevada Business License # (if applicable) NV20232728143
 Supervising/Managing Pharmacist Name (NRS 639.220): Michael Rabinowitz
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 20602

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____		
Parent Company (if any): _____		
Corporation Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: <u>NM</u>		
Parent Company (if any): _____		
Corporation/Organization Name: <u>ASPN Pharmacies 4, LLC</u>		
Mailing Address: <u>200 Park Ave Suite 300</u>		
City: <u>Florham Park</u>	State: <u>NJ</u>	Zip: <u>07932</u>
Telephone: <u>844-267-3251</u>	Email: <u>bob.anderson@asembia.com</u>	
Contact Person Name: <u>Bob Anderson</u>		
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☒ Yes ☐ No		

Section 7: Partnership

Partnership Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited		
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 8: Sole Owner

Owner's Name: _____		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

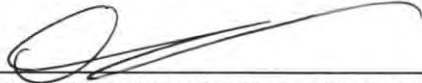
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for ASPN Pharmacies 4, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lawrence Irene

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

6/9/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lawrence Irene 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 (title) for ASPN Pharmacies 4, LLC (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.



Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of June, 20 23



Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Michael Rabinowitz

Pharmacist Registration #: 20602

Pharmacy Name: ASPN Pharmacies 4, LLC

Initial each statement below to indicate you have read and agree with the following:

MR

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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MR

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MR

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.

MR

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MR

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?			✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Rabinowitz

Original signature of Managing Pharmacist (copies or stamps not accepted)

6/29/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Irene

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

6/9/23

Date

Board Use Only

Date Received: 7/25/23

Amount: 500-CK-0100081644

ASPN Pharmacies, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 2, LLC
Officers

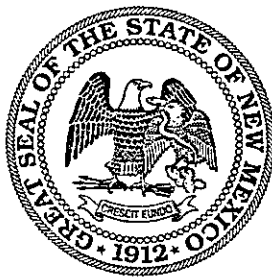
Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 3, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932

ASPN Pharmacies 4, LLC
Officers

Person	Office	Address
Lawrence Irene	Chief Executive Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Irene	President	200 Park Ave, Suite 300 Florham Park, NJ 07932
Sandy Irene	Chairman of the Board	200 Park Ave, Suite 300 Florham Park, NJ 07932
Robert Anderson	Chief Financial Officer	200 Park Ave, Suite 300 Florham Park, NJ 07932



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

ASPN PHARMACIES 4 LLC

6015522

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on October 3, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **April 4, 2023**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

**Maggie Toulouse Oliver
Secretary of State**

Certificate Validation #: 0074341

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASPN Pharmacies 4 LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6605 Grand Montecito Parkway Suite 100

City Las Vegas

State NV

Zip 89149

Mailing Address (if different from physical address) 200 Park Ave Suite 300

City Florham Park

State NJ

Zip 07932

Telephone 844-267-3251

Website Asembia.com

Licensing Company Email Bob.Anderson@asembia.com

Section 2: Personal Information

First Desiree

Middle Parras

Last Roth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☐ M ☒ F ☐ X

Mailing Address [REDACTED] Miners Gulch Ave

City Las Vegas

State NV

Zip 89135

Telephone [REDACTED]

Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes No

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)				
School Name Roseman University of Health Sciences			From - To (MM/YY - MM/YY) 08/11 - 08/14	
Address 11 Sunset Way		City Henderson	State NV	Zip 89014
Diploma/Degree obtained, if any Doctor of Pharmacy				
School Name University of Nevada, Las Vegas			From - To (MM/YY - MM/YY) 08/01 - 08/05	
Address 4605 S Maryland Pkwy		City Las Vegas	State NV	Zip 89154
Diploma/Degree obtained, if any Bachelor of Science in Nursing				
School Name College of Southern Nevada			From - To (MM/YY - MM/YY) 08/01-08/03 & 08/09-08/11	
Address 6376 W Charleston Blvd		City Las Vegas	State NV	Zip 89135
Diploma/Degree obtained, if any N/A				
School Name Southeast Career Technical Academy			From - To (MM/YY - MM/YY) 08/97-08/01	
Address 5710 Mountain Vista St		City Las Vegas	State NV	Zip 89120
Diploma/Degree obtained, if any High School Diploma				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)				
From - To (MM/YY - MM/YY) 05/10 - Current	Address Miners Gulch Ave	City Las Vegas	State NV	Zip 89136
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 8,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name ASPN Pharmacies 2, LLC		From - To (MM/YY - MM/YY) 07/23-Current	
Business Address 4850 East Street Road Suite 400		City Trevose	State PA
Phone 973-564-8004	Title Pharmacist	Number of Employed Hours 440	

Description of Duties
Monitoring with leadership regarding prescription processing and distribution of prescriptions to partner pharmacies for dispensing; internal review of prescription records; reporting of adverse events and product complaints to drug manufacturers.

Business Name First Choice Pharmacy		From - To (MM/YY - MM/YY) 04/22 - 07/23	
Business Address 7260 S Cimarron Rd Suite 115		City Las Vegas	State NV
Phone 702-444-4210	Title Staff Pharmacist, Pharmacist in Charge	Number of Employed Hours 1,100	

Description of Duties
Management and performance of overall daily pharmacy operations and workflow; processing and dispensing of prescriptions; patient consultations.

Business Name Optum		From - To (MM/YY - MM/YY) 05/14 - 11/21	
Business Address 1945 South Las Vegas Blvd		City Las Vegas	State NV
Phone 702-650-4417	Title Graduate Pharmacist, Staff Pharmacist	Number of Employed Hours 11,000	

Description of Duties
Perform daily pharmacy operations in workflow; accurate interpretation and dispensing of prescriptions; screen for appropriate medication selection, dosing, relevant drug interactions and clinical outcomes; patient consultations; cost effective and clinically appropriate formulary substitution recommendations for prescribers.

Business Name Smith's Pharmacy		From - To (MM/YY - MM/YY)	
Business Address 2211 N Rampart Blvd		City Las Vegas	State NV
Phone 702-256-6200	Title Intern Pharmacist	Number of Employed Hours 100	

Description of Duties
Patient consultations, prescription processing, and filling of prescriptions under the supervision of the pharmacist on duty.

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Desiree P Roth, certify that as the designated representative for
Aspin Pharmacies 4 LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DR I am at least 21 years of age;
3. DR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Desiree P Roth

Print Name (First, Last)

Desiree P Roth
Original Signature (electronic, copies or stamps not accepted)

2/22/24
Date

Designated Representative Application (Applicant's Initials DR) 8 of 9

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Desiree Roth
Print Name (First, Last)

Desiree Roth
Original Signature (electronic, copies or stamps not accepted)

2/22/24
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Desiree Roth, 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 the license, registration, permit, certificate or certification for which I am applying for.

Desiree Roth
Original Signature

2/22/24
Date

Subscribed and Sworn to before me this 22nd day of February, 2024

[Signature]
Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 6605 GRAND MANTECITO PARKWAY
 City LAS VEGAS State NV Zip 89149
 Mailing Address (if different from physical address) 200 Park Ave
 City Florham Park State NJ Zip 07932
 Telephone 973 564 8004 Website ASPNbio.com
 Licensing Company Email Bob.Anderson@aspnbio.com

Section 2: Personal Information

First Sandy Middle _____ Last IRene
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address _____ Hard Scrabble Road
 City Mendham State NJ Zip 07945
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ST JOHN'S UNIVERSITY		From - To (MM/YY - MM/YY) 09/38 - 06/58	
Address 8000 UTOPIA PKWY	City QUEEN'S	State NY	Zip 11439
Diploma/Degree obtained, if any BA IN PSYCHOLOGY			
School Name CENTRAL 2 HIGH		From - To (MM/YY - MM/YY) 07/44 - 06/48	
Address High ST	City NEWARK	State NY	Zip 07108
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/03 - current	Address [REDACTED] Hard SCRABBLE Rd	City Mandham	State NJ	Zip 07945
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Assembly, LLC		From - To (MM/YY - MM/YY) 11/2004 - Current	
Business Address 200 Park Ave		City FLORENCE PARK	State NJ
Phone 973 564 8009	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SANDY IRENE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Sandy Irene, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

11/16/23
Date

Subscribed and Sworn to before me this 16th day of November, 2023

[Signature]
Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 6605 GRAND MAJESTICO PARKWAY
 City LAS VEGAS State NV Zip 89149
 Mailing Address (if different from physical address) 200 PARK AVE
 City FLORHAM PARK State NJ Zip 07932
 Telephone 973.564.8007 Website ASenbire.com
 Licensing Company Email Bob.Anderson@asenbire.com

Section 2: Personal Information

First ROBERT Middle _____ Last IRONE
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address Chapin Road
 City BERKELEY State NJ Zip 07924
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ST JOHN'S UNIVERSITY		From - To (MM/YY - MM/YY) 09/80 - 05/85	
Address 8000 UTOPIA PKWY	City QUEEN'S	State NY	Zip 11739
Diploma/Degree obtained, if any BA in Pharmacy			
School Name Jonathan DAYTON Regional		From - To (MM/YY - MM/YY) 09/76 - 06/80	
Address 139 MOUNTAIN AVE	City SPRINGFIELD	State NY	Zip 07081
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/80 - 05/85	Address [REDACTED] Chapin Rd	City Berghamsville	State NY	Zip 07924
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name ASembiq, LLC		From - To (MM/YY - MM/YY) 11/2004 - Current	
Business Address 200 Park Ave		City FLORENCE PARK	State NT
Phone 973 564 8004	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Irene
Print Name (First, Last)

Robert Irene
Original Signature (electronic, copies or stamps not accepted)

11/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Robert Irene, 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 the license, registration, permit, certificate or certification for which I am applying for.

Robert Irene
Original Signature

11/16/23
Date

Subscribed and Sworn to before me this 16th day of November, 2023

Valerie Grundig
Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 6605 Grand Montecito Parkway
City LAS VEGAS State NV Zip 89149
Mailing Address (if different from physical address) 200 Park Ave
City Florham Park State NJ Zip 07932
Telephone 973 564 8001 Website ASenbis.com
Licensing Company Email Bob.Anderson@asenbis.com

Section 2: Personal Information

First Lawrence Middle _____ Last IRANE
Alias(es, nicknames, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] EXMOR NJ
City Mendham State NJ Zip 07945
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ST JOHN'S UNIVERSITY		From - To (MM/YY - MM/YY) 09/79 - 05/84	
Address 8000 UTOPIA PKWY		City QUEENS	State NY
Diploma/Degree obtained, if any BA IN PHARMACY		Zip 11439	
School Name JONATHAN DAYTON REGIONAL		From - To (MM/YY - MM/YY) 09/75 - 06/79	
Address 139 MOUNTAIN AVE		City SPRINGFIELD	State NJ
Diploma/Degree obtained, if any HIGH SCHOOL DIPLOMA		Zip 07081	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	
School Name		From - To (MM/YY - MM/YY)	
Address		City	State
Diploma/Degree obtained, if any		Zip	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/2010 - CURRENT	Address [REDACTED] EXMORIS	City MENDHAM	State NJ	Zip 07945
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LAWRENCE IRENE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2023
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Lawrence Irene, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/2023
Date

Subscribed and Sworn to before me this 16th day of November, 2023

Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4, LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 6605 Grand Montecito Parkway
 City LAS VEGAS State NV Zip 89149
 Mailing Address (if different from physical address) 200 Park Ave
 City Florham Park State NJ Zip 07932
 Telephone 973 564 8004 Website ASembiq.com
 Licensing Company Email Bob.Anderson@asembiq.com

Section 2: Personal Information

First Sandy Middle _____ Last IRENE
 Alias(es, nicknames) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address Hardscrabble Road
 City Mendham State NJ Zip 07985
 Telephone 973 564 8004 Email SANDY.IRENE@ASEMBIQ.COM
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name ST JOHNS UNIVERSITY		From - To (MM/YY - MM/YY) 09/38 - 06/58	
Address 8000 UTOPIA PKWY	City QUEENS	State NJ	Zip 11439
Diploma/Degree obtained, if any BA IN PHARMACY			
School Name CENTRAL 2 HIGH		From - To (MM/YY - MM/YY) 07/44 - 06/48	
Address HIGH ST	City NEWARK	State NJ	Zip 07108
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/03 - current	Address [REDACTED] HARD SCRABBLE Rd	City Mandham	State NJ	Zip 07945
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name ASembiq, LLC		From - To (MM/YY - MM/YY) 11/2004 - Current	
Business Address 200 Park Ave		City FLORHAM PARK	State NJ
Phone 973 564 8009	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 200 -- Reno, NV 89521 -- 775-850-1440

Personal History Application
(Rev 05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler/Dispensing Site Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASPN Pharmacies 4 LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6605 Grand Montecito

City Las Vegas State NV Zip 89149

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Desiree Middle Parras Last Roth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address Miners Gulch Ave

City Las Vegas State NV Zip 89135

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622B.20)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Child Support/Child Welfare (NRS 125B.010, 125B.020, 125B.030)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Personal History Application (Applicant's Initials DR) 1 of 7

List your high school and college education beginning with the most current. (Use additional space if needed.)				
School Name		From - To (MM/YY - MM/YY)		
Roseman University of Health Sciences		08/11-06/14		
Address		City	State	Zip
11 Sunset Way		Henderson	NV	89014
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name		From - To (MM/YY - MM/YY)		
University of Nevada, Las Vegas		08/01 - 08/05		
Address		City	State	Zip
4505 S Maryland Pkwy		Las Vegas	NV	89154
Diploma/Degree obtained, if any				
Bachelor of Science, NURSING				
School Name		From - To (MM/YY - MM/YY)		
College of Southern Nevada		08/01-08/03 & 08/09-08/11		
Address		City	State	Zip
6375 West Charleston Blvd		Las Vegas	NV	89146
Diploma/Degree obtained, if any				
N/A				
School Name		From - To (MM/YY - MM/YY)		
Southeast Career Technical Academy		08/97 - 06/01		
Address		City	State	Zip
5710 Mountain Vista St		Las Vegas	NV	89120
Diploma/Degree obtained, if any				
High School Diploma				
School Name		From - To (MM/YY - MM/YY)		
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section C - List all residences you have had for the last 10 years, beginning with the most current. (Use additional space if needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
05/10 - Current	Miners Gulch Ave	Las Vegas	NV	89135
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Personal History Application

(Applicant's Initials MP)

2 of 7

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name		ASPN Pharmacies 2 LLC		From - To (MM/YY - MM/YY) 07/23 - Current
Business Address		4850 East Street Road Suite 400	City Trevose	State PA Zip 19053
Phone	973-664-8004	Title Pharmacist		
Description of Duties Meetings with leadership regarding prescription processing and distribution of prescriptions to partner pharmacies for dispensing, internal review of prescription records, reporting of adverse events and product complaints to drug manufacturers.				
Business Name		First Choice Pharmacy		From - To (MM/YY - MM/YY) 04/22 - 07/23
Business Address		7260 S Cimarron Rd Suite 115	City Las Vegas	State NV Zip 89113
Phone	702-444-4210	Title Staff Pharmacist, Pharmacist in Charge		
Description of Duties Management and performance of overall daily pharmacy operations and workflow; processing and dispensing of prescriptions; patient consultations.				
Business Name		Optum		From - To (MM/YY - MM/YY) 05/14 - 11/21
Business Address		1845 South Las Vegas Blvd	City Las Vegas	State NV Zip 89104
Phone	702-660-4417	Title Graduate Pharmacist, Staff Pharmacist		
Description of Duties Perform daily pharmacy operations in workflow; accurate interpretation and dispensing of prescriptions; screen for appropriate medication selection, dosing, relevant drug interactions and clinical outcomes; patient consultations; cost effective and clinically appropriate formulary substitution recommendations for prescribers.				
Business Name		Smith's Pharmacy		From - To (MM/YY - MM/YY) 11/13 - 05/14
Business Address		2211 N Rampart Blvd	City Las Vegas	State NV Zip 89128
Phone	702-256-5200	Title Intern Pharmacist		
Description of Duties Patient consultations, prescription processing, and filling of prescriptions under the supervision of the pharmacist on duty.				
Business Name				From - To (MM/YY - MM/YY)
Business Address			City	State Zip
Phone		Title		
Description of Duties				
Continue on next page if additional space is needed.				

Personal History Application

(Applicant's Initials

NR)

3 of 7

Section B: Arrests, Deviations, Litigations, Adjudications		Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)			X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?			X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?			X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)			X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?			X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?			X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?			X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.			X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).			X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			X

Personal History Application

(Applicant's Initials

DL)

5 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Desiree Roth
Print Name (First, Last)

Desiree Roth 2/22/24
Original Signature (electronic, copies or stamps not accepted) Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Desiree Roth, 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 the license, registration, permit, certificate or certification for which I am applying for.

Desiree Roth 2/22/24
Original Signature Date

Subscribed and Sworn to before me this 22nd day of February, 2024

Valerie Grundig
Notary Public Signature

VALERIE GRUNDIG
Notary Public, State of New Jersey
Commission # 81619
My Commission Expires 11/15/2026

(Seal)

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☒ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH02855	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information	
Pharmacy Name: <u>Elite Rx</u>	
Physical Address: <u>4845 S Rainbow Blvd #403</u>	
City: <u>Las Vegas</u>	State: <u>Nevada</u> Zip: <u>89103</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>702.583.9388</u>	Toll Free # (NAC 639.708, NRS 639.23286): _____
Fax: <u>702.776.8982</u>	Contact Email: <u>jl49er@yahoo.com</u>
Website: <u>https://stores.healthmart.com/okcarepharmacy/stores.aspx</u>	
Nevada Business License # (if applicable) <u>NV20243001863</u>	
Supervising/Managing Pharmacist Name (NRS 639.220): <u>Iris Khumalo</u>	
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): <u>19747</u>	

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Iris Khumalo	NV Pharmacist Registration #: 19747
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

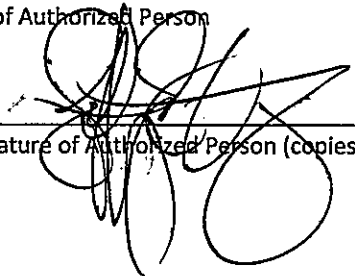
Owner's Name: Holly Lang
Business Name: Elite Rx
Business Address: 4845 S Rainbow Blvd #403
City: Las Vegas State: NV Zip: 89103
Telephone: 702.538.9388 Email: jl49er@yahoo.com

Statement of Responsibility

1. I am the Designated Representative (title) for Elite Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jeffrey Lang

Print Name of Authorized Person


Original signature of Authorized Person (copies or stamps not accepted)

3.17.2024

Date

Affidavit for Pharmacy License

I, Jeffrey Lang 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 Designated Representative (title) for Elite Rx (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

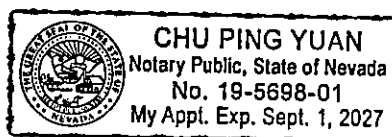
FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this

9th day of April, 2024

Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Iris Khumalo Pharmacist Registration #: 19747

Pharmacy Name: Elite Rx Formerly OK' Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

- IX 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- IX I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- IX 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.
- IX I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- IX I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History					Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?						✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?						✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						✓
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.						
Board Administrative Action:		State:		Date:		Case #:
Criminal Action:	State:	Date:	Case #:	County:	Court:	

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.



Original signature of Managing Pharmacist (copies or stamps not accepted)

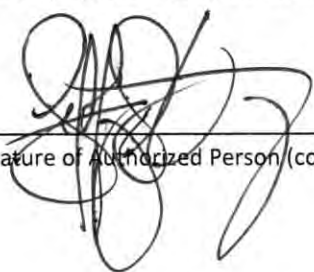
3.19.24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Lang

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215


Original signature of Authorized Person (copies or stamps not accepted)

3.19.24

Date

Board Use Only

Date Received: 4/11/21

Amount: \$500-cc

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Elite Rx, Inc.**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/08/2024, 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 03/19/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202403194478629

You may verify this certificate
online at <http://www.nvsos.gov>

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Elite Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4845 S Rainbow Blvd #403

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.583.9388 Website https://stores.healthmart.com/okcarepharmacy/stores.aspx

Licensing Company Email jl49er@yahoo.com

Section 2: Personal Information

First Holly Middle C Last Lang

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address [REDACTED] S Rainbow Blvd #403

City Las Vegas State NV Zip 89103

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		<u>NA</u>

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Mesquite school		From - To (MM/YY - MM/YY) 5/96	
Address 140 Drummond ave	City Ridgecrest	State CA	Zip 93555
Diploma/Degree obtained, if any Diploma			
School Name Burroughs High School		From - To (MM/YY - MM/YY) 93-96	
Address 500 French Ave	City Ridgecrest	State CA	Zip 93555
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 05/2018-present	Address Thiros Cir	City Las Vegas	State NV	Zip 89146
From - To (MM/YY - MM/YY) 07/2016-06/2018	Address Villa De Conde	City Las Vegas	State NV	Zip 89102
From - To (MM/YY - MM/YY) 06/2015-07/2016	Address Dunedin Ln	City Bella Vista	State Ar	Zip 72715
From - To (MM/YY - MM/YY) 07/2013-06/2015	Address Allonby Cir	City Bella Vista	State Ar	Zip 72714
From - To (MM/YY - MM/YY) 2010-2013	Address Campbell Ln	City Las Vegas	State NV	Zip 89102
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name MGM Grand		From - To (MM/YY – MM/YY) 05/20/04- present	
Business Address 3799 Las Vegas Blvd S		City Las Vegas	State Nv
Phone 702-891-1111	Title Cocktails		
Description of Duties Beverage server			
Business Name United Labs Inc		From - To (MM/YY – MM/YY) 07/2020-present	
Business Address 320 37th Ave St.		City St Charles	State IL
Phone 8003232594	Title Sales		
Description of Duties Chemical sales			
Business Name Partell Pharmacy		From - To (MM/YY – MM/YY) 07/21-08/2023	
Business Address 5835 S Eastern Blvd.		City Las vegas	State NV
Phone 702-791-3800	Title Marketing and sales		
Description of Duties To market services for the pharmacy			
Business Name Culinary Union		From - To (MM/YY – MM/YY) 2023- present	
Business Address 1630 S Commerce St.		City Las Vegas	State NV.
Phone 7023852131	Title Trustee		
Description of Duties Board member for the Culinary union Elected position			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Holly Lang

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

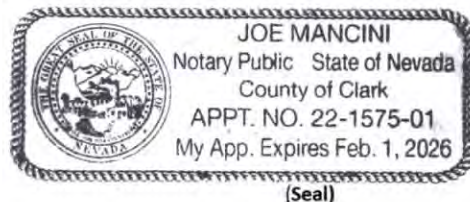
I, JOE MANCINI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

4/5/24
Date

Subscribed and Sworn to before me this 5 day of APRIL, 2024

[Signature]
Notary Public Signature



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Elite Rx
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 4845 S Rainbow Blvd #403
City Las Vegas State NV Zip 89103
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First Jeffrey Middle _____ Last Lang
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Las Vegas State NV Zip 89103
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☒	☐
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☒	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Southern Nevada		From - To (MM/YY – MM/YY) 08/05-08/08	
Address 11 Sunset Way	City Henderson	State NV	Zip 89014
Diploma/Degree obtained, if any PharmD			
School Name University of North Carolina at Charlotte		From - To (MM/YY – MM/YY) 01/97-05/01	
Address 9201 University City Blvd	City Charlotte	State NC	Zip 28223
Diploma/Degree obtained, if any BS Biochemistry			
School Name Orange County High School		From - To (MM/YY – MM/YY) 09/92-06/96	
Address 201 Selma Road	City Orange	State VA	Zip 22960
Diploma/Degree obtained, if any Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 06/19-Present	Address [REDACTED] Thiros Circle	City Las Vegas	State NV	Zip 89146
From - To (MM/YY – MM/YY) 12/17-06/19	Address [REDACTED] Villa De Conde Way	City Las Vegas	State NV	Zip 89102
From - To (MM/YY – MM/YY) 04/14-12/17	Address [REDACTED] Dunedin Lane	City Bella Vista	State AR	Zip 72715
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Walgreens #10783		From - To (MM/YY - MM/YY) 12/23-Present	
Business Address 6495 N Decatur Blvd		City Las Vegas	State NV
Phone 702.395.4230	Title PIC	Zip 89103	
Number of Employed Hours 700			
Description of Duties Managing retail pharmacy			
Business Name Partell Pharmacy		From - To (MM/YY - MM/YY) 12/17-08/23	
Business Address 5835 South Eastern Avenue #101		City Las Vegas	State NV
Phone 702.791.3800	Title PIC	Zip 89119	
Number of Employed Hours 16,000			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations			Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)			✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?			
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?			✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)			✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?			✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?			✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?			✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.			✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).			✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓

I, Jeffrey Lang, certify that as the designated representative for

Elite Rx

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JSL I am at least 21 years of age;
3. JSL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JSL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JSL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JSL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JSL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jeffrey Lang

Print Name (First Last)

Original Signature (electronic, copies or stamps not accepted)

3.17.24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Lang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.19.24

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

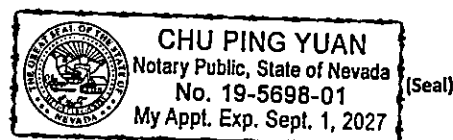
I, Jeffrey Lang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 9th day of April, 2024

Notary Public Signature



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.

We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.

-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.

-For an existing pharmacy, send the completed form to the address indicated above.

Section I: General Information

Pharmacy Name: Elite Rx

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 4845 S Rainbow Blvd #403

City: Las Vegas State: NV Zip: 89103

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702.538.9388 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702.776.8982 Contact Email: [REDACTED]

Website: https://stores.healthmart.com/okcarepharmacy/stores.aspx

Nevada Business License # (if applicable) NV20243001863

Supervising/Managing Pharmacist Name (NRS 639.220): Iris Khumalo

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19747

Name of Person with direct knowledge of compounding procedures: Jeffrey Lang

Email of Person with direct knowledge of compounding procedures: [REDACTED]

Telephone of Person with direct knowledge of compounding procedures: 702.673.2216

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

NAD
Glutathione
Myer's Cocktail
MIC B12
TriMix
Methylcobalamin
Ascorbic Acid

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: Eagle

Address: 11111 S. Wilcrest Drive

City: Houston

State: TX

Zip: 77099

Telephone: 800.745.8916

7. What is your procedure for visual inspection of compounded sterile products?

See attached document: ERx - STRL – P4.2.1.0

8. How often do you perform glove fingertip and medial fill testing?
Every 6 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?
Please see ERx - STRL - 1.2.1.0

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial Training: Medisca Achieving Best Practices: Sterile Compounding or PCCA Sterility Assurance Training.
Annual Training: Pharmacists and Techs complete online sterile training course via Medisca, PCCA, ASHP, etc.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Please see attached ERx - STRL - 3.2.1

12. Who performs the sterile compounding process at your facility?
Jeffrey Lang

13. Who is responsible and accountable for the sterile compounding process at your facility?
Jeffrey Lang

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Please see attached ERx - STRL - 4.7.1

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

2. Is your BSC or CACI vented 100% to the outside? ☐ Yes ☒ No

3. Do you have a negative pressure buffer room at your facility? ☐ Yes ☒ No

4. Will you be compounding with antineoplastic HDs or HD API? ☐ Yes ☒ No

5. If yes, are the drugs stored in an externally ventilated, negative pressure room? ☐ Yes ☒ No

6. Will you be utilizing a closed system transfer device? ☐ Yes ☒ No

7. If yes, list the name of the device:

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Pharmacists are required to counsel all new patients on proper use, handling, and disposal of hazardous drugs. An electronic counseling log is maintained on the premises.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

New employees are sent to Houston, Texas for PCCA Sterility Assurance Training live 3 day course or Medisca Achieving Best Practices - Sterile Compounding course in Aventura, Florida.

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

NAD
MIC B12
Ascorbic Acid
TriMix
Glutathione
Myer's Cocktail

2. What sterilization methods are utilized at your facility?

Filter Sterilization

3. Does your facility utilize biological indicators?

☐ Yes

☒ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Lang

Name of Person who Completed the Form

Designated Representative

Title

Signature (copies or stamps not accepted)

3.20.24

Date

Board Use Only

Date Received: 3/20/24

Date Approved: _____

Approved By: _____

Standard Operating Procedure

	SOP CODE:	ERx – STRL – P4.7.1.0	REVISION NUMBER: 2 . 0 . 0
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RELATED LOGS & FORMS

RECORD	SPECIFICATION / DESCRIPTION
PSP - STRL - L4.7.1.0	Shipment Management Log

RELATED STANDARD OPERATING PROCEDURES

SOP CODE	SOP TITLE
PSP – STRL – P0.1.1.0	Preamble – Implementing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.2.1.0	Preamble – Customizing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.3.1.0	Preamble – Recording – Good Documenting Practices – Compounding Practices
PSP – STRL – P4.1.1.0	Process - Developing - Process Development Records - Compounding Practices
PSP – STRL – P5.1.1.0	Preparation - Managing - Formulation Record Database - Compounding Practices
PSP – STRL – P6.1.1.0	Patient - Processing - Compounding Records - Compounding Practices

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RESPONSIBILITIES

1. Designated Person oversees this SOP.
2. All compounding personnel must comply with this SOP.

PURPOSE

1. To ensure that every package is shipped in a manner that ensures safety and efficacy.
2. To ensure proper documentation of shipping process.

SCOPE

1. Applies to non-hazardous and hazardous sterile compounding.
2. Applies to the shipment of compounded preparations.
3. Applies to the shipment of environmental testing samples.
4. Applies to the return of goods to vendor.
5. Applies to the shipment of technologies.

DEFINITIONS

1. DOT: United States Department of Transportation.
2. FMSA: Federal Motor Carrier Safety Administration.

FREQUENCY

1. Perform each time a package is shipped or delivered.
2. Perform a review of shipping carrier(s) performance annually.

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SPECIAL CIRCUMSTANCE

1. Controlled Substances are not addressed in this SOP.
2. Packaging of shipments is not addressed in this SOP.

PROCEDURE

1. Ensure that the service carrier used for shipping has satisfied vendor qualification procedures.
 1. Ensure reasonable assurance of compliance from the shipping carrier.
 2. Ensure that the shipping carrier offers the ability to track packages.
 3. Ensure that shipping carrier is authorized to transport hazardous substances, where applicable.
 4. Ensure that the shipping carrier follows applicable placarding requirements for hazardous substances as per FMCA, DOT and other appropriate agency requirements, if applicable.
2. Ensure that the receiver of the package being shipped has satisfied vendor qualification procedures.
 1. Ensure reasonable assurance of compliance from the receiver.
 2. Ensure that the receiver has the ability to properly store, handle, and maintain sterility and integrity of the shipment upon receipt.
3. Determine shipping time prior to shipment:
 1. Select the appropriate level of service to meet time requirement.
 2. Transit time for refrigerated and frozen goods must be kept to a minimum.
4. Use a suitable system of lot identification for the shipment of preparations, if applicable.
5. Ensure that the package has been reviewed and released for distribution prior to shipping.
6. Provide all required documentation to the shipping carrier.
 1. Provide additional required documentation to the shipping carrier for hazardous substance transport as per the carrier, DOT or other appropriate agency requirements.
 2. The date and the signature of the Designated Person must be on the shipping paper.
7. Maintain shipping records.
 1. Maintain records of shipping temperature conditions for at least 1 year beyond the beyond-use date of the preparation or as per State-specific record retention requirements, whichever is longer.
8. Track the package throughout its shipment route as to be able to notify the receiver if the package is delayed.
9. Require signature of the recipient upon package receipt.
10. Establish written agreements with third party carriers for return of products undeliverable within specified period depending on the specific administration and beyond-use date of a given preparation, if applicable.

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VERIFICATION

1. Utilize time-temperature indicators in the package to ensure that the storage conditions have been met throughout the shipment route.
2. Follow up with the receiver to ensure that the package arrived in good condition and within acceptable storage conditions range.
3. Perform a mock shipment to ensure that the shipping methods maintain the storage conditions of the package:
 1. Ensure mock shipment packaging conditions are the same as the actual shipment.
 2. Ensure mock shipment duration is the same as the average actual shipment duration.
 3. Measure appropriate package storage parameters (temperature, humidity) at pre-determined time intervals.
 4. Measure appropriate preparation parameters at pre-determined time intervals, consider:
 - a. Visual appearance.
 - b. Strength.
 - c. Dispensing container and associated dispensing device integrity.

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CORRECTIVE ACTIONS

1. In the event that the package arrives damaged to the receiver:
 1. Undergo an investigation into the reason for the damage.
 2. Utilize scientifically sound professional judgment to determine if the integrity of the preparation has been compromised and take appropriate corrective actions.
2. In the event that the time-temperature indicator is not within the desired parameter upon package receipt:
 1. Undergo an investigation into the reason for the deviation.
 2. Utilize scientifically sound professional judgment to determine whether the integrity of the preparation has been compromised and take appropriate corrective actions.
 3. Utilize scientifically sound professional judgment to determine new beyond-use-date, if applicable.

PREVENTIVE ACTIONS

1. Implement processes to ensure the patient has a continuous supply of medication if the shipment is delayed or lost.

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TECHNOLOGICAL RESOURCES

EQUIPMENT	MANUFACTURER	MAKE	MODEL	SERIAL NUMBER	ID CODE

EDUCATIONAL AND SERVICE RESOURCES

AVAILABLE OFFERINGS

SPECIFICATION DOCUMENTS

DOCUMENT NUMBER	DOCUMENT NAME	SOURCE	DESCRIPTION

Standard Operating Procedure

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REVISION HISTORY

REVISION NUMBER	IMPLEMENTATION DATE	TERMINATION DATE	SUMMARY OF CHANGE TO CURRENT VERSION

REGULATORY COMPLIANCE GUIDELINES AND STANDARDS OF PRACTICE

REFERENCE SOURCE	REFERENCE CODE	REFERENCE DATE	SECTION CODE	SECTION DESCRIPTION
USP	1079	01 AUG 15		Good Storage and Distribution Practices
USP	795	01 DEC 19		Pharmaceutical Compounding – Nonsterile Preparations

Standard Operating Procedure

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TITLE : PROCEDURE – SANITIZING – COMPOUNDING FACILITY – COMPOUNDING PRACTICES (HD)				
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RELATED LOGS & FORMS

RECORD	SPECIFICATION / DESCRIPTION
PSP – STRL – L3.2.1.0	Facility Sanitization Log
	Sheet: Daily Sanitization
	Sheet: Monthly Sporicidal Agent Application

RELATED STANDARD OPERATING PROCEDURES

SOP CODE	SOP TITLE
PSP – STRL – P0.1.1.0	Preamble – Implementing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.2.1.0	Preamble – Customizing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.3.1.0	Preamble – Recording – Good Documenting Practices – Compounding Practices

SOP CODE:	ERx – STRL – P3.2.1	REVISION NUMBER:	0 . 0 . 0
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RESPONSIBILITIES

1. Designated Person oversees this SOP.
2. All compounding personnel can perform this SOP.

PURPOSE

1. To ensure proper deactivating, decontaminating, cleaning and disinfecting of the hazardous drug handling and compounding facility.
2. To ensure proper monitoring of the deactivating, decontaminating, cleaning and disinfecting procedure of the hazardous drug handling and compounding facility.

SCOPE

1. Applies to hazardous sterile compounding.
2. Applies to the deactivating, decontaminating, cleaning and disinfecting of all areas where chemicals are handled and compounded.
3. Applies to the deactivating, decontaminating, cleaning and disinfecting of all reusable technology and electromechanical equipment used for compounding.
4. Applies to the use of deactivating, decontaminating, disinfecting agents, and periodically applied sporicidal agents.

DEFINITIONS

1. Cleaning: The process of cleaning involves removing organic and inorganic materials from surfaces, usually with a manual or mechanical process and a cleaning agent.
2. Cleaning Agent: An agent used for the removal of residues (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
3. Compounding Facility: The compounding area (i.e., classified containment secondary engineering controls; anteroom, pre-sterilization room if applicable, and buffer room), receiving area, unpacking area, waste management area, and anywhere else chemicals may reside for any length of time.
4. Deactivation: Treatment of a hazardous substance with another chemical, heat, ultraviolet light, or other agent to create a less hazardous agent.
5. Decontamination: The inactivating, neutralizing, or physically removing HD residue.
6. Disinfectant: A chemical or physical agent that destroys or removes vegetative forms of harmful microorganisms when applied to a surface but not necessarily highly resistant spores. Elite Rx uses PeriodoxRTU with a 3-minute dwell time or PREempt RTU with a dwell time of 10 minutes.
7. Disinfecting: The process of disinfecting involves destruction of microorganisms, usually with a chemical agent.

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8. PEC: Primary Engineering Control
9. Sanitization: The deactivating, decontaminating, cleaning and disinfecting requirements in hazardous drug handling and compounding.
10. Segregated Compounding Room: Segregated compounding room (SCR): A designated, unclassified and contained room with a defined perimeter that contains a PEC and is suitable for the preparation of hazardous Category 1 CSPs.
11. Specified Dwell Time: The length of time required for a disinfecting agent to dwell on a surface in order to kill 99.9% of microorganisms.
12. Sporicidal Agent: A chemical or physical agent that destroys bacterial and fungal spores when used at a sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms. Elite Rx Pharmacy uses Peridox RTU as a sporicidal agent.

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FREQUENCY

1. Deactivate and decontaminate with each use of a hazardous drug agent.
2. According to the following schedule:

Minimum Frequency for Cleaning and Disinfecting Surfaces and Applying Sporicidal Agents in Hazardous Classified Areas and within the Perimeter of the Containment Segregated Compounding Room			
Site	Cleaning	Disinfecting	Applying Sporicidal
PEC(s) and equipment inside the PEC(s)	Equipment and all interior surfaces of the PEC daily and when surface contamination is known or suspected	• Equipment and all interior surfaces of the PEC daily and when surface contamination is known or suspected • Apply sterile 70% IPA to the horizontal work surface at least every 30 minutes if the compounding process takes 30 minutes or less. • If the compounding process takes more than 30 minutes, compounding must not be disrupted and the work surface of the PEC must be disinfected immediately after compounding.	Monthly
Removable work tray of the PEC	• Work surface of the tray daily • All surfaces and the area underneath the work tray monthly	• Work surface of the tray daily • All surfaces and the area underneath the work tray monthly	• Work surface of the tray monthly • All surfaces and the area underneath the work tray monthly
Pass-through(s)	Daily	Daily	Monthly
Work surface(s) outside the PEC	Daily	Daily	Monthly
Floor(s)	Daily	Daily	Monthly
Wall(s), door(s), and door frame(s)	Monthly	Monthly	Monthly
Ceiling(s)	Monthly	Monthly	Monthly
Storage shelving and bins	Monthly	Monthly	Monthly
Equipment outside the PEC(s)	Monthly	Monthly	Monthly

3. Whenever surface contamination is known or suspected.
4. Whenever surface-residing residual hazardous drug is known or suspected.
5. When work surfaces are visibly soiled.

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SPECIAL CIRCUMSTANCE

1. This SOP does not address chemical spill handling and cleaning.
2. This SOP does not address donning of personal protective equipment.

PROCEDURE

This SOP is divided into the following sections:

1. Selection of Deactivating Agents
2. Selection of Disinfecting Agents
3. Selection of Related Sanitization Supplies
4. General Deactivating, Decontaminating, Cleaning and Disinfecting Procedures
5. Surface Decontamination and Disinfection
6. Technology Decontamination and Disinfection
7. Direct Compounding Area of the Primary Engineering Control Decontamination and Disinfection
8. Reusable and Disposable Device Deactivation, Decontamination, Cleaning and Disinfection

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1. Selection of Deactivating Agents:

1. Ensure the deactivating and neutralizing agents are compatible with applicable technologies and surfaces.
2. Ensure the deactivating and neutralizing agents are not corrosive to applicable surfaces at their working concentrations.
 - a. "Damage to surfaces is exhibited by corrosion to stainless steel surfaces caused by sodium hypochlorite if left untreated. To prevent corrosion, sodium hypochlorite must be neutralized with sodium thiosulfate or by following with an agent to remove the sodium hypochlorite (e.g., sterile alcohol, sterile water, germicidal detergent, or sporicidal agent)." (*USP 800, 2019*)
3. Ensure that the deactivation agent is a registered oxidizer with the Environmental Protection Agency (EPA) or equivalent.
4. Ensure the deactivation agent will effectively inactivate the specific hazardous substances through evaluation of manufacturer data, literature or safety data sheets.
 - a. Select commercially available multi-component chemical deactivation systems that provide more than one chemical degradation mechanism, whenever possible or;
 - b. Consider using a minimum 2% sodium hypochlorite (bleach) solution with purified water followed by its removal with sterile alcohol, sterile water, germicidal detergent, or sporicidal agent.

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2. Selection of Disinfecting Agents:

1. Ensure that the disinfectant is registered with the Environmental Protection Agency (EPA) or equivalent.
2. Select disinfectants registered as a one-step process, whenever possible.
 - a. Obtain appropriate cleaning solution with detergent if the disinfectant is not registered as a one-step solution.
3. Ensure the disinfectant is compatible with applicable surfaces and technologies.
4. Ensure that the disinfectant is not corrosive to applicable surfaces at the working concentration.
5. Select a broad-spectrum disinfectant that is known to result in a comprehensive lethality against various classes of bacteria and microorganisms.
6. Select disinfectants based on microbicidal activity, inactivation by organic matter and shelf life.
7. Select and rotate disinfectants with a different mechanism of action.
8. Select disinfecting agents based on their chemical type (e.g., aldehydes, alcohols, halogens, peroxides, quaternary ammonium compounds, and phenolic compounds).

Chemical Entity	Classification
Aldehydes	Sporicidal agent
Alcohols	General purpose disinfectant, antiseptic, antiviral agent
Chlorine and sodium hypochlorite	Sporicidal agent
Phenolics	General purpose disinfectant
Ozone	Sporicidal agent
Hydrogen peroxide	Vapor phase sterilant, liquid sporicidal agent, antiseptic
Substituted diguanides	Antiseptic agent
Peracetic acid	Liquid sterilant, vapor phase sterilant
Ethylene oxide	Vapor-phase sterilant
Quaternary ammonium compounds	General purpose disinfectant, antiseptic
β -Propiolactone	Sporicidal agent

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3. Selection of Related Sanitization Supplies

1. All cleaning supplies (e.g., wipers, sponges, and mop heads) apart from tool handles and holders must be lint-free.
2. Wipers, pads, and mop heads should be disposable.
 - a. If disposable cleaning supplies are used, they must be discarded after each cleaning activity.
3. Reusable cleaning tools must be made of cleanable materials (e.g., no wooden handles) and must be cleaned and disinfected before and after each use.
4. Reusable cleaning tools must be dedicated for use in the classified areas or segregated compounding area and must not be removed from these areas except for disposal.
 - a. Discarded tools is to be determined based on the condition of the item.
5. Disposal of cleaning supplies used in the classified areas and segregated compounding areas is to be done in a manner that minimizes the potential for dispersing contaminants into the air (e.g., with minimal agitation and away from work surfaces).

4. General Deactivating, Decontaminating, Cleaning and Disinfecting Procedures:

1. Don appropriate hazardous-related personal protective equipment.
 - a. Personnel involved in sanitization procedures must wear appropriate PPE resistant to the chemical agents used, including two pairs of chemotherapy gloves and impermeable disposable gowns.
 - b. Personnel involved in sanitization procedures must don eye protection and face shields, if splashing is likely.
 - c. Occupational Safety and Health Administration (OSHA) respiratory protection standard (29 CFR 1910.134). An appropriate full-face piece, chemical cartridge-type respirator or powered air-purifying respirator (PAPR) should be worn when there is a risk of respiratory exposure to HDs, including when:
 - i. Attending to HD spills larger than what can be contained with a spill kit.
 - ii. Deactivating, decontaminating, and cleaning underneath the work surface of a C-PEC.
 - iii. There is a known or suspected airborne exposure to powders or vapors Maintain normal airflow operation of the room and/or workstation during disinfection.
2. Perform cleaning prior to disinfecting unless the disinfecting agent is an Environmental Protection Agency (EPA)-registered (or equivalent) one-step disinfectant cleaner used to accomplish both the cleaning and disinfection in one-step.
3. Maintain normal airflow operation of the room and/or airflow workstation during decontamination or disinfection procedures.
4. Apply required agent type to disposable mops or wipes or utilize pre-moistened wipes; do not apply directly to a surface or technology.

5. Surface Decontamination and Disinfection:

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1. Remove items from surfaces (e.g., shelving units) before performing decontamination.
2. Adhere to the following directions regarding workflow.
 - a. Deactivate, and then decontaminate...
 - i. Buffer room, followed by the...
 - ii. Pre-sterilization room, if required, followed by the...
 - iii. Anteroom
 - b. Start decontaminating from the side of the room furthest away from the entrance, working your way towards the entrance to finish.
 - c. Apply decontaminating and deactivating agents to surfaces in the direction from top-to-bottom, and cleanest to least clean.*
 - d. Wipe in direction away from personnel, whenever possible.
 - e. Wipe in one direction with overlapping strokes; never clean in circular motions.
3. When using wipes, use the clean surface of the wipe for every stroke.
 - a. If there is an incompatibility between the deactivating agent and the surface, then wipe items with 70% sterile isopropyl alcohol prior to application.
4. Follow this order of operation when deactivating, decontaminating, cleaning and disinfecting:
 1. Wipe surfaces with the deactivating agent; leave agent for the duration of the required dwell time.
 2. Decontaminate, and then wipe all surfaces with 70% sterile isopropyl alcohol.
 3. Allow surfaces to dry.
 4. Discard deactivation and decontamination materials appropriately.
 5. Wipe surfaces with the disinfectant.
 6. Remove the disinfectant from all surfaces with 70% sterile isopropyl alcohol after the specified dwell time.
 7. Allow surfaces to dry.
 8. Replace removed or moved items; sanitize each item prior to returning it to its appropriate place.
 9. Discard cleaning and disinfection materials appropriately.
6. Technology Decontamination and Disinfection:
 1. Unplug electrical equipment.
 2. Wipe all compatible interior and exterior surfaces of the technology with the deactivation agent.
 3. Remove the deactivation agent and the inactivated drug residue from all surfaces of the technology with purified water after the specified dwell time.
 4. Wipe all surfaces of the technology with 70% sterile isopropyl alcohol.

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5. Allow surfaces to dry.
6. Discard lint-free wipes appropriately when all surfaces have been used.
7. Clean the technology with detergent, if disinfectant is not registered as a one-step disinfectant.
 - a. Remove detergent from all surfaces of the technology with purified water after the specified dwell time.
8. Allow surfaces to dry.
9. Wipe all compatible interior and exterior surfaces of the technology with the disinfectant.
10. Remove disinfectant from all surfaces of the technology after the specified dwell time with 70% sterile isopropyl alcohol.
11. Discard lint-free wipes appropriately when all surfaces have been used.
12. Allow surfaces of the technology to dry before use.
7. Decontamination and Disinfection of the Primary Engineering Control
 1. Remove visible particles, debris, or residue with an appropriate solution (e.g., Sterile Water for Injection or Sterile Water for Irrigation) using, lint-free wipes.
 2. Using a lint-free wipe, apply a deactivating agent, if possible, to equipment and all interior surfaces of the C-PEC.
 - a. Ensure the contact time specified by the manufacturer is achieved.
 3. Apply a decontaminating agent to equipment, if possible, and all interior surfaces of the C-PEC.
 4. Using a lint-free wipe, apply sterile 70% IPA to equipment and all interior surfaces in the C-PEC.
 5. Allow the surface to dry completely.
 6. Using a lint-free wipe, apply a cleaning agent, followed by a disinfecting agent, or apply an EPA-registered (or equivalent) one-step disinfectant cleaner to equipment and all interior surfaces of the C-PEC.
 7. Ensure the contact time specified by the manufacturer is achieved.
 8. Using a lint-free wipe, apply sterile 70% IPA to equipment and all interior surfaces in the C-PEC.
 9. Allow the surface to dry completely before beginning compounding.
8. Applying a Sporicidal Agent to the Primary Engineering Control
 1. Remove visible particles, debris, or residue with an appropriate solution (e.g., Sterile Water for Injection or Sterile Water for Irrigation) using, lint-free wipes.
 2. After deactivation, decontamination, cleaning, and disinfecting, apply the sporicidal agent using a lint-free wipe to all surfaces and the area underneath the work tray. If the sporicidal agent is an EPA-registered (or equivalent) one-step disinfectant and sporicidal cleaner, separate cleaning and disinfecting steps are not required.

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3. Ensure the contact time specified by the manufacturer is achieved.
4. Using a lint-free wipe, apply sterile 70% IPA to all interior surfaces, including underneath the work tray.
5. Allow the surface to dry completely before beginning compounding.

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VERIFICATION

1. Perform surface sample hazardous drug contamination assays to verify hazardous drug decontamination procedures.
 1. Select commercially available drug specific assay kits based on the hazardous drugs used in the compounding practice.
 2. Select surface sampling locations and their testing frequency using a risk-based approach.
 3. Swab or wipe selected sites as per kit instructions.
 4. Assess results as per kit instructions.
2. Verify the efficacy of cleaning and disinfecting procedures by performing routine surface sampling employing the use of...
 1. Contact plates.
 2. Swabs.
 3. Appropriate growth media.
 4. Adhering to environmental management and testing procedures.
3. Ensure through manufacturer data or literature that disinfectants have been validated to kill 99.9% of microorganisms within the specified disinfectant dwell time and at the working concentration.
 1. Ensure that microorganisms used to test the efficacy of disinfectants include:
 - a. Staphylococcus Aureus
 - b. Escherichia Coli
 - c. Bacilli Subtilis
 - d. Candida Albicans
 - e. Aspergillus Niger
 - f. Mycobacterium Tuberculosis

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CORRECTIVE ACTIONS

1. In the event that the surface contamination assay is out of specification:
 1. Decontaminate immediately.
2. Consider modification to the selection and frequency of change of disinfecting agents.
3. Consider modification to the selection and frequency of use of sporicidal agents.
4. Consider increasing the frequency of surface sampling

PREVENTIVE ACTIONS

1. Consider the application of a disinfection program whereby selection and frequency of change of sanitization agents are determined by surface CFU counts and speciation.
2. Consider the integration of a mapped sampling action plan with a specific listing of site-specific sampling targets.
3. Determine the root cause and consider the following corrective measures:
 - a. Increase the frequency of decontamination.
 - b. Assess the effectiveness of the deactivation agents used.
 - c. Evaluate the effectiveness of hazardous drug handling techniques.
 - d. Evaluate the effectiveness of closed system transfer devices.
 - e. Assess the effectiveness of primary and secondary engineering controls.
 - f. Perform additional personnel training on decontamination procedures.

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EDUCATIONAL AND SERVICE RESOURCES

AVAILABLE OFFERINGS	

SPECIFICATION DOCUMENTS

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REGULATORY COMPLIANCE GUIDELINES AND STANDARDS OF PRACTICE

REFERENCE SOURCE	REFERENCE CODE	REFERENCE DATE	SECTION CODE	SECTION DESCRIPTION
USP	797	01 DEC 19		Pharmaceutical Compounding – Sterile Preparations
USP	1072	01 AUG 15		Disinfectants and Antiseptics
OSHA		Current ¹		Controlling Occupational Exposure to Hazardous Drugs ²
USP	1116	21 MAR 19		Microbial Control and Monitoring of Aseptic
USP	800	01 DEC 19		Hazardous Drugs – Handling in Healthcare Settings

¹ This website was last accessed December 3, 2019.

² https://www.osha.gov/SLTC/hazardousdrugs/controlling_occex_hazardousdrugs.html

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RELATED LOGS & FORMS

RECORD	SPECIFICATION / DESCRIPTION
PSP - STRL - F1.2.1.0	Gloved Fingertip and Thumb Sampling - Internal Testing
PSP - STRL - F1.2.1.0	Gloved Fingertip and Thumb Sampling - External Testing
PSP - STRL - L1.1.2.0	Training, Competency and Compliance Log

RELATED STANDARD OPERATING PROCEDURES

SOP CODE	SOP TITLE
PSP – STRL – P0.1.1.0	Preamble – Implementing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.2.1.0	Preamble – Customizing – Standard Operating Procedures – Compounding Practices
PSP – STRL – P0.3.1.0	Preamble – Recording – Good Documenting Practices – Compounding Practices
PSP – STRL – P1.2.2.0	Personnel – Performing – Media-Fill Test – Compounding Practices

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RESPONSIBILITIES

1. Designated Person oversees this SOP.
2. Sterile compounding personnel must perform this SOP.
3. Sterile compounding personnel can fulfill the role of assessor.
4. Approved and trained personnel can review gloved fingertip and thumb sampling procedure results.

PURPOSE

1. To assess the ability of personnel to maintain sterility of hands and fingertips during proper hand hygiene procedures, garbing and gloving.
2. To assess the ability of personnel to maintain sterility of hands and fingertips during sterile compounding.

SCOPE

1. Applies to sterile compounding.
2. Applies to non-hazardous and hazardous drug compounding.
3. Applies to all compounding personnel or other personnel entering any ISO classified environment.

DEFINITIONS

1. Proper Hand Hygiene: The washing of hands and forearms up to the elbows with soap and water before initiating compounding activities.

FREQUENCY

1. Perform gloved fingertip and thumb sampling following a visual observation assessment of proper hand hygiene and garbing procedures, **three separate and consecutive successful times**, as an initial assessment prior to personnel being authorized to perform sterile compounding.
2. Every six months, perform a proper hand hygiene and gloved fingertip and thumb sampling procedure immediately following an assessment of proper hand hygiene procedures, garbing and gloving.
3. Initially and every six months thereafter, perform a gloved fingertip and thumb sampling procedure immediately following a media-fill test procedure.

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SPECIAL CIRCUMSTANCE

1. Initial gloved fingertip and thumb sampling must be performed on donned sterile gloves in a classified area or segregated compounding area (SCA).
 1. Subsequent gloved fingertip and thumb sampling must be performed on donned sterile gloves inside of an ISO Class 5 PEC.
 2. If conducting gloved fingertip and thumb sampling in a compounding aseptic isolator (CAI), compounding aseptic containment isolator (CACI), or a pharmaceutical isolator, samples must be taken from the sterile gloves placed over the gloves attached to the restricted-access barrier system (RABS) sleeves.

PROCEDURE

This SOP is divided into the following sections:

1. Precautions
 2. Sample Collection
 3. Incubation
 4. Control Samples
 5. External Microbiological Testing
 6. Interpretation
1. Precautions:
 1. Ensure the gloved fingertip and thumb sampling, related to hand hygiene and garbing, is performed as a stand-alone assessment.
 2. Ensure personnel being monitored do not compound immediately after the gloved fingertip and thumb sampling procedure.
 3. The gloved fingertip and thumb sampling procedure must be performed by a second person; the personnel being tested does not administer the test to themselves.
 2. Sample Collection:
 1. Use one sampling plate per hand containing a general microbial growth agar (e.g., Trypticase soy agar) supplemented with neutralizing additives.
 2. Remove the sampling plate from any outer wrap, and then disinfect the outside surfaces of the plates with sterile isopropyl alcohol.
 3. Label each sampling plate with:
 - a. Personnel identifier.
 - b. 'Right' or 'Left' hand sampled.

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c. Date and time of sampling.

4. Remove lids from each of the plates.
5. Ensure the personnel being tested **does not disinfect gloves** with sterile isopropyl alcohol prior to performing the gloved fingertip and thumb sampling.
6. Use a separate sampling plate for each hand (i.e., left-marked plate for left hand and right-marked plate for right hand).
7. Collect samples from both hands by rolling finger pads and thumb pad over the agar surface.
8. Replace lids on each of the plates.
9. Ensure personnel being tested removes and discards tested gloves.
10. Ensure personnel being tested disinfect hands with foamed alcohol or other appropriate disinfectant.
11. Ensure personnel being tested remove garb and exit the compounding area after performing the gloved fingertip and thumb sampling procedure.

3. Control Samples

1. Outside the controlled environment, prepare one positive control for incubation from the same lot as the plates used in the procedure, if required by the sterile compounding facility.
2. Prepare an unopened growth media plate to be used as the negative control from the same lot as the plates used in the procedure, if required by the sterile compounding facility.

4. Incubation

1. Incubate all sampling plates at:
 - a. 30°C–35°C for no less than 48 hours, and then...
 - b. 20°C–25°C for no less than five additional days
 - c. Invert sampling plates during incubation.

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5. External Microbiological Testing:

1. Ensure that the external laboratory providing microbiology services has satisfied vendor qualification procedures, if required.
2. Label, seal and package samples as per laboratory instructions.
3. Provide all required documentation as per laboratory instructions.
4. Ship samples as per laboratory instructions.
5. Review results upon receipt; ensure colony forming unit (CFU) counts are within allowable standards for each specific test:
 - a. Ensure microbial growth is observed in the positive control plate.
 - b. Ensure no microbial growth is observed in the negative control plate.

6. Interpretation:

1. Perform a CFU count for each plate, and then add the two totals together.
2. Compare against the table, *Action Levels for Gloved Fingertip and Thumb Sampling* to determine if the assessment is a Pass or Fail.

Action Levels for Gloved Fingertip and Thumb Sampling	
Gloved Fingertip and Thumb Sampling	Action Levels (Total number of CFU from both hands)
Initial sampling after garbing	> 0
Subsequent sampling after media-fill testing (every 6 months)	> 3

3. Record the results at the conclusion of the incubation period.
 - a. Successful completion of initial gloved fingertip and thumb sampling is defined as zero colony-forming units (CFU).
 - b. Successful completion of subsequent gloved fingertip and thumb sampling after media-fill testing is defined as ≤ 3 CFU (total from both hands).
 - c. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or gloved fingertip and thumb sampling results that exceed the action levels.

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DOCUMENTATION OF LOGS AND FORMS

1. Document the following logs and forms as directed.
 1. Determine if the compounding practice will contract with an external laboratory or perform the complete gloved fingertip and thumb sampling procedure internally in its own laboratory setting.
 - a. Select one of the following forms accordingly; archive the other form:
 - i. F1.2.1.0 - Gloved Fingertip and Thumb Sampling - Internal Testing
 - ii. F1.2.1.0 - Gloved Fingertip and Thumb Sampling - External Testing

VERIFICATION

1. Ensure personnel successfully pass three initial and consecutive gloved fingertip and thumb sampling procedures immediately following proper hand hygiene and washing, garbing and gloving prior to being allowed to perform sterile compounding.
2. Ensure personnel successfully pass the gloved fingertip and thumb sampling procedure immediately following the media-fill test prior to performing sterile compounding.
3. Verify the results of the positive and negative controls to ensure the absence of false positive and negative results.

CORRECTIVE MEASURES

1. In the event of a positive initial test:
 1. Repeat initial testing protocol.
 2. Review and/or retrain personnel as appropriate on entering an ISO environment, gowning, hand washing, gloving, disinfection procedures and aseptic techniques.
2. In the event that a CFU is identified in an ongoing gloved fingertip and thumb sampling procedure:
 1. Ensure personnel stop sterile compounding until three (3) consecutive gloved fingertip and thumb sampling procedures result in zero (0) CFU counts.
 2. Review and/or retrain personnel as appropriate on entering an ISO environment, gowning, hand washing, gloving, disinfection procedures and aseptic techniques.
 3. Send the positive plate to an independent laboratory for analysis to identify the contaminating organism(s), if deemed necessary.
 4. Take appropriate corrective actions based upon the organism(s) identified, based on recommendations from a microbiologist.

PREVENTIVE MEASURES

1. Not applicable.

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EDUCATIONAL AND SERVICE RESOURCES

AVAILABLE OFFERINGS	

SPECIFICATION DOCUMENTS

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USP	797	01 DEC 19		Pharmaceutical Compounding – Sterile Preparations

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>TBD</u> ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Independence Drug
 Physical Address: 1074 Idaho Street #150
 City: Elko State: Nevada Zip: 89801
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): TBD
 Fax: TBD Contact Email: independencedrug@gmail.com
 Website: TBD
 Nevada Business License # (if applicable) NV20243082340
 Supervising/Managing Pharmacist Name (NRS 639.220): Camerin Passey
 Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20315

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Camerin Passey</u>	NV Pharmacist Registration #: <u>20315</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>NA</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any): NA
Corporation/Organization Name: Independence Drug LLC
Mailing Address: 1074 Idaho St. #150
City: Elko State: NV Zip: 89801
Telephone: (TBD) (208) 530-0894 (cell) Email: independencedrug@gmail.com
Contact Person Name: Camerin Passey
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Independence Drugs (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Camerin Passey

Print Name of Authorized Person

Camerin Passey

Original signature of Authorized Person (copies or stamps not accepted)

3/27/24

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

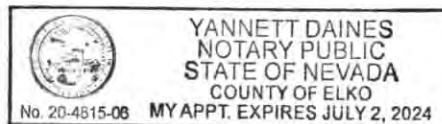
1. I am the Owner (title) for Independence Drug (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

Camerin Passey
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 27 day of March, 2024

Yannett Daines
Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Cameron Passey Pharmacist Registration #: 20315

Pharmacy Name: Independence Drug

Initial each statement below to indicate you have read and agree with the following:

- CP 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- CP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- CP 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.
- CP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- CP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History						Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?							X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?						X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?							X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?							X
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
Criminal Action:		State:	Date:	Case #:	County:	Court:	
<u>Misdemeanor</u>		<u>Idaho</u>	<u>10-7-15</u>	<u>CR-2015-857</u>	<u>Caribou</u>	<u>6th Judicial District</u>	

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cameron Passey
Original signature of Managing Pharmacist (copies or stamps not accepted)

3/27/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Camerin Passey

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Camerin Passey

Original signature of Authorized Person (copies or stamps not accepted)

3/27/24

Date

Board Use Only

Date Received: 4/2/24

Amount: \$500 - check 1297

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Independence Drug
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) TBD
Physical Address 1074 Idaho Street #150
City Elko State Nevada Zip 89801
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone TBD Website TBD
Licensing Company Email independencedrug@gmail.com

Section 2: Personal Information

First Camerin Middle Cordell Last Passey
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] Aussie Hill Way
City Spring Creek State Nevada Zip 89815
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Idaho State University - College of Pharmacy		From - To (MM/YY - MM/YY) 08/14 - 05/18	
Address 921 South 8th Avenue	City Pocatello	State Idaho	Zip 83209
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name Idaho State University - College of Business		From - To (MM/YY - MM/YY) 01/15 - 05/18	
Address 921 South 8th Avenue	City Pocatello	State Idaho	Zip 83209
Diploma/Degree obtained, if any Master of Business Administration			
School Name Brigham Young University - Idaho		From - To (MM/YY - MM/YY) 06/08 - 07/14	
Address 101 East Viking Street	City Rexburg	State Idaho	Zip 83460
Diploma/Degree obtained, if any Bachelor of Science - Exercise Physiology w/Chemistry Minor			
School Name Bear Lake High School		From - To (MM/YY - MM/YY) 08/04 - 05/08	
Address 330 Boise Street	City Montpelier	State Idaho	Zip 83254
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 02/22 - Current	Address [REDACTED] Aussie Hill Way	City Spring Creek	State Nevada	Zip 89815
From - To (MM/YY - MM/YY) 10/18 - 02/22	Address [REDACTED] North 7th Street	City Montpelier	State Idaho	Zip 83254
From - To (MM/YY - MM/YY) 05/18 - 10/18	Address [REDACTED] Jackson Street #4	City Montpelier	State Idaho	Zip 83254
From - To (MM/YY - MM/YY) 01/17 - 05/18	Address [REDACTED] South Arthur Avenue #4	City Pocatello	State Idaho	Zip 83204
From - To (MM/YY - MM/YY) 01/16 - 01/17	Address [REDACTED] Jean Street	City Pocatello	State Idaho	Zip 83201
From - To (MM/YY - MM/YY) 08/14 - 01/16	Address [REDACTED] Lakeview Drive #87	City Pocatello	State Idaho	Zip 83201
From - To (MM/YY - MM/YY) 04/13 - 08/14	Address [REDACTED] South 4th West #23	City Rexburg	State Idaho	Zip 83440
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name The Pill Box		From - To (MM/YY – MM/YY) 01/22 - Present	
Business Address 568 Spring Valley Court	City Spring Creek	State Nevada	Zip 89815
Phone (775) 778-3784	Title Staff Pharmacist/Pharmacist in Charge		
Description of Duties Supervised up to 3 technicians in filling prescription drug orders, DUR, product filling and verification, inventory management, patient counseling, etc.			
Business Name Camerin's Pharmacy Fill-in Service		From - To (MM/YY – MM/YY) 04/19 - Present	
Business Address 328 Aussie Hill Way	City Spring Creek	State Nevada	Zip 89815
Phone (208) 530-0894	Title Owner		
Description of Duties Ran my own pharmacy fill-in business serving different independent pharmacies in Idaho and Nevada. Supervised technicians in filling prescription drug orders, administering vaccinations, DUR, product filling and verification, counseling			
Business Name Bear Lake Drug		From - To (MM/YY – MM/YY) 05/18 - 04/19	
Business Address 836 Washington Street	City Montpelier	State Idaho	Zip 83254
Phone (208) 847-1421	Title Staff Pharmacist		
Description of Duties Supervised technicians in filling prescription drug orders, administered vaccinations, DUR, product filling and verification, inventory management, counseling			
Business Name Shopko		From - To (MM/YY – MM/YY) 05/18 - 04/19	
Business Address 679 Washington Street	City Afton	State Wyoming	Zip 83110
Phone (307) 885-9804	Title Staff Pharmacist		
Description of Duties Supervised technicians in filling prescription drug orders, administered vaccinations, DUR, product filling and verification, inventory management, counseling			
Business Name Walgreens		From - To (MM/YY – MM/YY) 08/14 - 04/17	
Business Address 905 Yellowstone Avenue	City Pocatello	State Idaho	Zip 83201
Phone (208) 233-2382	Title Pharmacist Intern		
Description of Duties Data entry, product filling, vaccine administration, counseling, inventory management			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

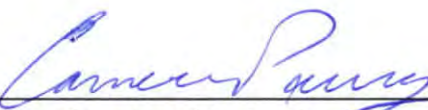
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # ¹ _____. Provide all the following *where applicable*:

Date of Event/Arrest 9/16/15	Disposition Date 10/7/15	State Idaho	City Soda Springs	County Caribou
Case # CR-2015-857		Governing, licensing, Arresting Presiding Body/Agency/Court Idaho State Fish and Game/Caribou County Court		
Reason/Charge Use of a motorized vehicle where restricted while bow hunting				
Plaintiff/Defendant/Claimant/Respondent Camerin Passey			Lawsuit/Arbitration/Bankruptcy NA	
Name of Business/Industry/Entity NA				

Provide explanation below:

I was charged and convicted of a misdemeanor for using an ATV where restricted while bow hunting in Idaho. I was not as aware of the rules and regulations as I should have been for the area where I was hunting. I certainly wasn't aware that such an offense was a misdemeanor, but soon discovered such the hard way. I was ordered to pay a fine and had my hunting license suspended for the following calendar year. I've certainly been more cautious and aware of local laws and regulations since then in whatever business or activity I engage in. My signed statement of explanation and copy of the judgement are included with this pharmacy license application, as well.


Original Signature (electronic, copies or stamps not accepted)

3/27/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Camerin Passey
Print Name (First, Last)

Camerin Passey
Original Signature (electronic, copies or stamps not accepted)

3/27/24
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of ELKO

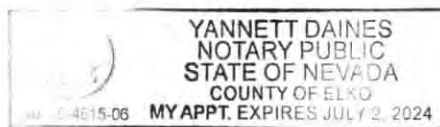
I, Camerin Passey, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Camerin Passey
Original Signature

3/27/24
Date

Subscribed and Sworn to before me this 27 day of March 2024

Yannett Daines
Notary Public Signature



(Seal)

Statement of Explanation

Misdemeanor

Citation Date: 9-16-15

Court Date: 10-7-15

Case #: CR-2015-857

To the Nevada Board of Pharmacy,

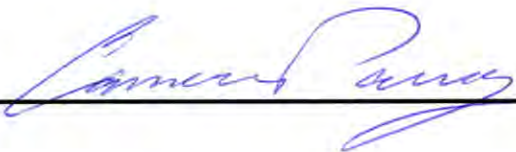
In response to Question 2 on page 7 of my pharmacy application for Independence Drug, I was convicted for a misdemeanor charge back in 2015 in Caribou County, Idaho for the use of a motorized vehicle where restricted while bow hunting. At the time, I wasn't as familiar with the rules and regulations regarding where ATVs were allowed while hunting as I should have been in my hunting area, and I went past the point where ATVs were allowed. I had no idea such a thing was considered a misdemeanor but soon came to learn that fact the hard way.

It may seem like a minor infraction, but I want to be sure to address it is since it was considered a misdemeanor by the county. I learned that ignorance of the law is no excuse, and I am subject to it regardless of my knowledge of it. Needless to say, I've been much more aware and cautious regarding state and other laws wherever I reside and in whatever field I'm conducting business or activity.

If there are any other details needed regarding this matter, please let me know. Thank you.

Camerin Passey
(208) 530-0894

Signed:



Date:

3/27/24

Independence Drug
Limited Liability Company
(Required lists for Section 12 of pharmacy application)

List of all officers and directors:

Camerin Passey, Owner, Pharmacist, CEO, CFO
Brittani Passey, Owner, CMO

Top 4 stockholders and % ownership:

Camerin Passey: 50% ownership
Brittani Passey: 50% ownership

All stockholders who own 10% or more:

Camerin Passey: 50% ownership
Brittani Passey: 50% ownership

2015 OCT 7 PM 3 38

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT IN AND
FOR THE STATE OF IDAHO, COUNTY OF CARIBOU

STATE OF IDAHO,

Plaintiff.

vs.

CAMERIN C PASSEY,

DOB: [REDACTED]

DL#: [REDACTED] STATE: ID

Defendant.

Case No: CR-2015-0000857

Citation No.: 83563

Agency: Idaho Department Of Fish And Game

Charge: I36-1101(a) M

F/G-HUNT-UNLAWFUL TAKING OF GAME
ANIMALS, BIRDS OR FURBEARERS

Amended:

JUDGMENT
☐ (NCO)

This matter came before the Court on **Wednesday, October 07, 2015**, for the purpose of Sentencing, at the hour of **09:00 AM**

DEFENDANT'S RIGHTS: explained by Court. Waived right to counsel. The State was represented by S Douglas Wood.

1. ☒ Advised of maximum penalty, including any possible enhancements. ☐ Notice of Enhanced Penalties in file.

PROCEDURE: Pled Guilty

MONIES	Fine/Fixed Penalty	\$ 200.00	Statutory Court Costs	\$ 165.00	
DUE:	Suspended Amount	\$ _____	Public Defender	\$ _____	IFG Process Fee \$ _____
	Restitution	\$ _____			IFG Civil Penalty \$ _____

☐ If qualified, contact Judicial Enforcement (Rm. 304) for arrangements. ☐ Pay restitution from cash bond.

COMMUNITY SERVICE: _____ hours (Contact Court Services at 159 South Main, Soda Springs, ID 547-2591)

Complete by: _____ or serve _____ days in jail

JAIL: _____ Days; _____ Days Suspended; _____ Credit time served; _____ Discretionary; Jail concurrent with

HUNTING LICENSESUSPENDED for 365 days commencing today or Year of 2016, Jan. 1, 2016-Jan. 1, 2017.

☐ _____ days of suspension is suspended. ☐ Functioning inter-lock device required to operate vehicle for _____

☐ Restricted permit (if eligible) after _____ (Contact Court Services at 159 South Main, Soda Springs, ID 547-2591)

PROBATION for _____ months. Commit no felony or misdemeanor. Pay all monetary assessments.

Supervised, see Judgment Supplement _____

☐ **NO-CONTACT ORDER** previously entered expires on _____

REVIEW HEARING: This matter is scheduled for review before this Court on _____ at _____.

DEFENDANT IS NOTIFIED of the right to appeal this Judgment within forty-two (42) days of today and may apply for a public defender to assist with the appeal.

IT IS SO ORDERED, dated: Wednesday, October 07, 2015

DAVID KRESS, SIXTH DISTRICT MAGISTRATE

I accept the terms of this order and understand I may be arrested or otherwise have suspended penalties imposed for failure to fulfill these terms. I further agree that I will notify the Court **prior** to changing my address or phone number.

Dated: X 10/7/15

Cameran C Passey

DEFENDANT

Copies to: ☒ Defendant ☐ Defense Counsel ☒ Prosecutor ☐ Probation By: Deputy Clerk Sheila Downs

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Independence Drug
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) TBD
Physical Address 1074 Idaho Street #150
City Elko State Nevada Zip 89801
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone TBD Website TBD
Licensing Company Email independencedrug@gmail.com

Section 2: Personal Information

First Brittani Middle Ann Last Passey
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
Mailing Address [REDACTED] Lussie Hill Way
City Spring Creek State Nevada Zip 89815
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Brigham Young University-Idaho		From - To (MM/YY - MM/YY) 09/07-12/12	
Address 101 East Viking Street	City Rexburg	State Idaho	Zip 83460
Diploma/Degree obtained, if any Associate of General Studies			
School Name Great Basin College		From - To (MM/YY - MM/YY) 01/08-05/10	
Address 1500 College Parkway	City Elko	State Nevada	Zip 89801
Diploma/Degree obtained, if any NA			
School Name Spring Creek High School		From - To (MM/YY - MM/YY) 08/03-06/07	
Address 14550 Lamoille Highway	City Spring Creek	State Nevada	Zip 89815
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 02/22 - Current	Address [REDACTED] Aussie Hill Way	City Spring Creek	State Nevada	Zip 89815
From - To (MM/YY - MM/YY) 10/18 - 02/22	Address [REDACTED] North 7th Street	City Montpelier	State Idaho	Zip 83254
From - To (MM/YY - MM/YY) 05/18 - 10/18	Address [REDACTED] Jackson Street #4	City Montpelier	State Idaho	Zip 83254
From - To (MM/YY - MM/YY) 01/17 - 05/18	Address [REDACTED] South Arthur Avenue #4	City Pocatello	State Idaho	Zip 83204
From - To (MM/YY - MM/YY) 01/16 - 01/17	Address [REDACTED] Jean Street	City Pocatello	State Idaho	Zip 83201
From - To (MM/YY - MM/YY) 08/14 - 01/16	Address [REDACTED] Lakeview Drive #87	City Pocatello	State Idaho	Zip 83201
From - To (MM/YY - MM/YY) 04/13 - 08/14	Address [REDACTED] South 4th West #23	City Rexburg	State Idaho	Zip 83440
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Farmers Insurance		From - To (MM/YY – MM/YY) 01/17-04/17	
Business Address 1523 Yellowstone Avenue	City Pocatello	State Idaho	Zip 83201
Phone (208) 252-7000	Title Customer Service Representative		
Description of Duties Answered phone, input insurance policies into computer system, answered customer questions, sold insurance policies			
Business Name Wells Fargo		From - To (MM/YY – MM/YY) 08/14-12/16	
Business Address 950 Yellowstone Avenue	City Pocatello	State Idaho	Zip 83201
Phone (208) 233-8180	Title Service Manager		
Description of Duties Supervised the teller line, organized their schedules, trained them in selling products and customer interactions, balanced the vault daily			
Business Name Bank of Commerce		From - To (MM/YY – MM/YY) 05/13-08/14	
Business Address 463 Rigby Lake Drive	City Rigby	State Idaho	Zip 83442
Phone (208) 745-7610	Title Lead Teller		
Description of Duties Balanced vault daily, supervised cashflow, served customers			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brittani Passey

Print Name (First, Last)

[Handwritten Signature]

Original Signature (electronic, copies or stamps not accepted)

3/27/24

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Elko

I, Brittani Passey, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Handwritten Signature]

Original Signature

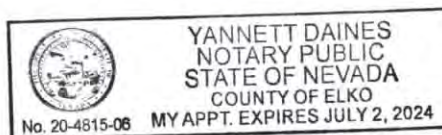
3/27/24

Date

Subscribed and Sworn to before me this 27 day of March 2024

[Handwritten Signature]

Notary Public Signature



(Seal)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **INDEPENDENCE DRUG LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/27/2024, 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 03/27/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202403274501194

You may verify this certificate
online at <http://www.nvsos.gov>

10D



RECEIVED ✓
3/6/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH <u>04396</u>	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: <u>FL1121982</u> ☒ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: LAS VEGAS COMMUNITY PHARMACY
Physical Address: 3200 N SOARING GULLS DR STE 101
City: LAS VEGAS State: NV Zip: 89129
Mailing Address (if different from physical address): _____
City: _____ State: _____ Zip: _____
Telephone: 725-228-8498 Toll Free # (NAC 639.708, NRS 639.23286): _____
Fax: 725-228-8499 Contact Email: HUNTRIDGE@MYLVCP.COM
Website: LASVEGASCOMMUNITYPHARMACY.COM
Nevada Business License # (if applicable) NV20212034388
Supervising/Managing Pharmacist Name (NRS 639.220): NATALIE NHU NGUYEN
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18735

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>NATALIE NGUYEN</u>	NV Pharmacist Registration #: <u>18735</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA
Parent Company (if any): _____
Corporation/Organization Name: LAS VEGUS COMMUNITY PHARMACY INC
Mailing Address: 3200 N SOARING GULLS DR STE 101
City: LAS VEGAS State: NV Zip: 89129
Telephone: 725-228-8498 Email: [REDACTED]
Contact Person Name: ALI MACINTOSH
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PRESIDENT (title) for LAS VEGAS COMMUNITY PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

ALI MACINTOSH

Print Name of Authorized Person


Original signature of Authorized Person (copies or stamps not accepted)

03/01/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ALI MACINTOSH 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 (title) for LAS VEGAS COMMUNITY PHARMACY (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

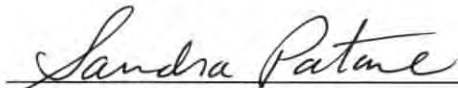
FURTHER YOUR AFFIANT SAYETH NAUGHT.



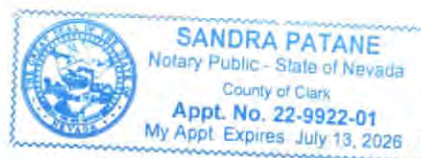
Signature

SUBSCRIBED AND SWORN TO

Before me, a notary public this 1st day of March, 20 24



Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NATALIE NHU NGUYEN Pharmacist Registration #: 18735

Pharmacy Name: LAS VEGAS COMMUNITY PHARMACY

Initial each statement below to indicate you have read and agree with the following:

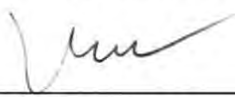
- NN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- NN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- NN 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.
- NN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- NN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a **signed statement of explanation**. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:		Date:		Case #:	
Criminal Action:	State:	Date:	Case #:	County:	Court:	

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.


Original signature of Managing Pharmacist (copies or stamps not accepted)

3/1/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALI MACINTOSH

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/1/2024

Date

Board Use Only

Date Received: 3/16/24

Amount: \$500-00

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Las Vegas Community Pharmacy, Inc.**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/05/2021, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) 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 03/27/2024.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202403274504150

You may verify this certificate
online at <http://www.nvsos.gov>

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL1121982	03-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-24-2022
LAS VEGAS COMMUNITY PHARMACY INC 3200 N SOARING GULLS DR, STE 101 LAS VEGAS, NV 89129		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL1121982	03-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-24-2022
LAS VEGAS COMMUNITY PHARMACY INC 3200 N SOARING GULLS DR, STE 101 LAS VEGAS, NV 89129		

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

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

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site LAS VEGAS COMMUNITY PHARMACY
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH04396
Physical Address 3200 N SOARING GULLS DR STE 101
City LAS VEGAS State NV Zip 89129
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 725-228-8498 Website LASVEGASCOMMUNITYPHARMACY.COM
Licensing Company Email HUNTRIDGE@MYLVCP.COM

Section 2: Personal Information

First ALI Middle _____ Last MACINTOSH
Alias(es, nicknames, name changes, etc.) ALI ALMUQDADI
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] BUENA VISTA DR
City LAS VEGAS State NV Zip 89121
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name COLLEGE OF SOUTHREN NEVADA		From - To (MM/YY – MM/YY) 06/2019-PRESENT	
Address 700 COLLEGE DR	City HENDERSON	State NV	Zip 89002
Diploma/Degree obtained, if any AASSOCIATE OF ARTS SCIENCES			
School Name ALRAFIDAIN UNIVERCITY COLLEGE		From - To (MM/YY – MM/YY) 09/2008-06/2012	
Address IRAQ	City BAGHDAD	State	Zip
Diploma/Degree obtained, if any COMPUTER ENGINEERING COMMUNICATION			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 03/2021-PRESENT	Address BUENA VISTA DR	City LAS VEGAS	State NV	Zip 89121
From - To (MM/YY – MM/YY) 03/2020-02/2021	Address N BENNINGTON AVE	City KANSAS CITY	State MO	Zip 64117
From - To (MM/YY – MM/YY) 06/2018-02/2020	Address N Green Valley Pkwy	City HENDERSON	State NV	Zip 89074
From - To (MM/YY – MM/YY) 01/2017-05/2018	Address Trout Stream Ct	City HENDERSON	State NV	Zip 89052
From - To (MM/YY – MM/YY) 12/2012-12/2016	Address Annie Oakley Dr	City LAS VEGAS	State NV	Zip 89014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name EVERGREEN PHARMACY		From - To (MM/YY – MM/YY) 03/2021-02/2024	
Business Address 4110 S MARYLAND PKWY	City LAS VEGAS	State NV	Zip 89119
Phone 7024626262	Title PHARMACY TECH		
Description of Duties			
Business Name CHAPEL OF THE FLOWERS		From - To (MM/YY – MM/YY) 02/2019-02/2020	
Business Address 1717 S LAS VEGAS BLVD	City LAS VEGAS	State NV	Zip 89104
Phone 7027354331	Title LIMO DRIVER		
Description of Duties			
Business Name SWIFTSHIPS		From - To (MM/YY – MM/YY) 08/2016-01/2017	
Business Address UM QASR, BASRA, IRAQ	City BASRA	State	Zip
Phone +964-774-039-4189	Title OFFICE MANAGER		
Description of Duties			
Business Name LIQUOR WORLD		From - To (MM/YY – MM/YY) 07/2015-06/2016	
Business Address 6030 W WINDMILL LN	City LAS VEGAS	State NV	Zip 89139
Phone 702-222-3030	Title CASHIER		
Description of Duties			
Business Name ELDORADO RESORTS CORPORATION		From - To (MM/YY – MM/YY) 03/2015-06/2015	
Business Address 2150 W Jo Rae Ave	City LAS VEGAS	State NV	Zip 89183
Phone 702-212-9802	Title TIMESHARE REPRESENTATIVE		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALI MACINTOSH

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

03/01/2024

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Ali Macintosh, 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 the license, registration, permit, certificate or certification for which I am applying for.

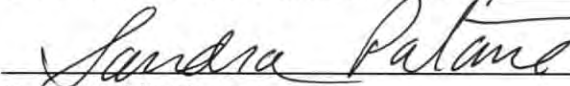


Original Signature

03/01/2024

Date

Subscribed and Sworn to before me this 1st day of March 2024



Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Las Vegas Community Pharmacy
 Pharmacy/Wholesaler License # (if applicable) PH 04396
 Physical Address 3200 N. Soaring Gulls Dr. Ste # 101
 City Las Vegas State NV Zip 89129
 Mailing Address (if different from physical address) (Same as Above)
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First NATALIE Middle NHUI Last NGUYEN
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address White Heron Court
 City Las Vegas State NV Zip 89139
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

- | | Yes | No |
|--|-----|-------------------------------------|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)

- | | Yes | No |
|--|-----|-------------------------------------|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ☒ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Roseman University of Health Sciences		From - To (MM/YY - MM/YY) 09/09 - 06/13	
Address 11 Sunset Way	City Henderson	State NV	Zip 89014
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name College of Southern Nevada		From - To (MM/YY - MM/YY) 09/05 - 05/08	
Address 6375 W. Charleston Blvd.	City Las Vegas	State NV	Zip 89146
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08/13 - Present	Address [REDACTED] White Heron Ct.	City Las Vegas	State NV	Zip 89139
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name <i>Wellness Pharmacy</i>		From - To (MM/YY - MM/YY) <i>09/14 - 05/19</i>	
Business Address <i>80 N. Peccs Rd.</i>		City <i>Henderson</i>	State <i>NV</i>
Phone <i>702.962.1400</i>	Title <i>Pharmacist</i>	Number of Employed Hours <i>4,925</i>	
Description of Duties <i>- Received, filled, and dispensed medications - Processed 3rd party claims and</i> <i>- Counseling patients on medications - inventory control</i> <i>- Reviewed patient profiles</i>			
Business Name <i>CVS Pharmacy</i>		From - To (MM/YY - MM/YY) <i>09/11 - 12/12</i>	
Business Address <i>4595 E. Flamingo Rd</i>		City <i>Las Vegas</i>	State <i>NV</i>
Phone <i>702.436.9352</i>	Title <i>Pharmacist Intern</i>	Number of Employed Hours <i>1,120</i>	
Description of Duties <i>- Received, filled, and dispensed medications - Counseled patients on</i> <i>- Transferred prescriptions medication</i>			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Natalie Nguyen, certify that as the designated representative for
Las Vegas Community Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ☒ I am at least 21 years of age;
3. ☒ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ☒ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ☒ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ☒ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ☒ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Nguyen
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

03/01/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Nguyen

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

03/01/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Natalie 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

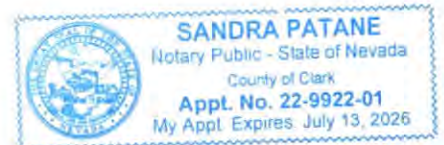
03/01/2024

Date

Subscribed and Sworn to before me this 1st day of March 2024

Sandra Patane

Notary Public Signature



(Seal)

10E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: JTJ Medical Supply, Inc DBA Mail-Meds Clinical Pharmacy
 Physical Address: 1820 E. Sahara Ave
 City: Las Vegas State: NV Zip: 89104
 Mailing Address (if different from physical address): PO Box 62134
 City: Fort Myers State: FL Zip: 33906
 Telephone: 800-939-2022 Toll Free # (NAC 639.708, NRS 639.23286): 800-939-2022
 Fax: 855-523-0910 Contact Email: administration@mailmeds.com
 Website: www.mailmeds.com
 Nevada Business License # (if applicable) NV20232802479
 Supervising/Managing Pharmacist Name (NRS 639.220): Quynh Pham
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 18111

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: <u>Everlyn S. Garcia</u>	NV Pharmacist Registration #: <u>19656</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>NA</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
---------------------------	--------------------------	------------------------

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): _____

Corporation/Organization Name: JTJ Medical Supply, Inc DBA Mail-Meds Clinical Pharmacy

Mailing Address: PO Box 62134

City: Fort Myers State: FL Zip: 33906

Telephone: 800-939-2022 Email: administration@mailmeds.com

Contact Person Name: Hansil Kalaria

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Pharmacy Officer (title) for Mail-Meds Clinical Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Hansil Kalaria

Print Name of Authorized Person

Hansil Kalaria

Original signature of Authorized Person (copies or stamps not accepted)

8-3-2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

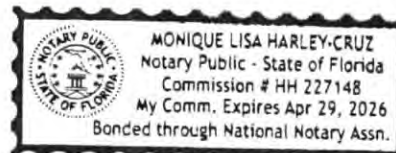
1. I am the Chief Pharmacy Officer (title) for Mail-Meds Clinical Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

Hansil Karia
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3rd day of August, 2023

Monique Harley Cruz
Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Quynh Pham

Pharmacist Registration #: 18111

Pharmacy Name: JTJ Medical Supply, Inc. dba Mail-Meds Clinical Pharmacy

Initial each statement below to indicate you have read and agree with the following:

- QP 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
- QP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
- QP 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.
- QP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
- QP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?			✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			✓
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u> . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.			
Board Administrative Action:	State:	Date:	Case #:
Criminal Action:	State:	Date:	Case #:
		County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

[Signature]
Original signature of Managing Pharmacist (copies or stamps not accepted)

5/8/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hansil Kalaria

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Hansil Kalaria [Signature]

Original signature of Authorized Person (copies or stamps not accepted)

8-3-2023

Date

Board Use Only	Date Received: <u>8/21/23</u>	Amount: <u>500-00</u>
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State of Florida

Department of State

I certify from the records of this office that JTJ MEDICAL SUPPLY INC. is a corporation organized under the laws of the State of Florida, filed on July 17, 2000.

The document number of this corporation is P00000069356.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on February 8, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventh day of December,
2023*




Secretary of State

Tracking Number: 7120536046CU

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

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

Owners/Corporate Officers

Name/Title	SS/FEIN#	DOB	Address	% Interest
Hansil R. Kalaria Chief Pharmacy Officer			Cuiles Hill Ct., Brandon, FL 33511	0%
CAN Community Health, Inc			Fruitville Rd., Sarasota, FL 34292	100%
Rishi B. Patel Director			Sautern Dr., Fort Myers, FL 33919	0%
Lisa Shiers Secretary			Lady Ann Circle, Cape Coral, FL 33991	0%
Mary Lifland Treasurer			21 st Ave. W., Bradenton, FL 34205	0%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler JTJ Medical Supply, Inc dba Mail-Meds Clinical Pharmacy
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 1820 E. Sahara Ave Suite 201
City Las Vegas State NV Zip 89104
Mailing Address (if different from physical address) PO Box 62134
City Fort Myers State FL Zip 33906
Telephone 800-939-2022 Website www.mailmeds.com
Licensing Company Email administration@mailmeds.com

Section 2: Personal Information

First Quynh Middle X Last Pham
Alias(es, nicknames, name changes, etc.) _____
Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
Mailing Address Woodbine Ave
City Henderson State NV Zip 89074
Telephone Email
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Roseman University		From - To (MM/YY - MM/YY) 08/06 - 05/08	
Address 11 Sunset way	City Henderson	State NV	Zip 89014
Diploma/Degree obtained, if any Doctor of Pharmacy			
School Name University of California, Los Angeles		From - To (MM/YY - MM/YY) 08/04 - 06/06	
Address 405 Hilgard Ave	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any			
School Name Mission College		From - To (MM/YY - MM/YY) 09/02 - 08/04	
Address 3000 Mission College Blvd	City Santa Clara	State CA	Zip 95054
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/22 - current	Address [REDACTED] Woodbine Ave	City Henderson	State NV	Zip 89074
From - To (MM/YY - MM/YY) 09/19 - 09/22	Address [REDACTED] Pebble Cove Ave	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 04/13 - 09/19	Address [REDACTED] Kokopelli Ct	City Henderson	State NV	Zip 89074
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Smith's Pharmacy #354		From - To (MM/YY - MM/YY) 11/08-05/24	
Business Address 3850 Flamingo Rd		City Las Vegas	State NV
Phone 702-451-5536	Title Pharmacy Manager		Zip 89121
Number of Employed Hours 25,000			
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (Including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Quynh Pham, certify that as the designated representative for

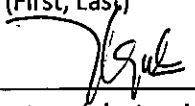
JTJ Medical Supply, Inc dba Mail-Meds Clinical Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. QP I am at least 21 years of age;
3. QP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. QP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. QP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. QP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. QP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Quynh Pham

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

05/08/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Quynh Pham
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

5/8/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Lee

I, Quynh Pham, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

5/8/24
Date

Subscribed and Sworn to before me this 8th day of May.

Monique Harley Cruz
Notary Public Signature



(Seal)

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Rev (05/18/2023)

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site JTJ Medical Supply, Inc dba Mail-Meds Clinical Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 6-219-3-0001Physical Address 1820 E. Sahara Ave.

City Las Vegas

State NV

Zip 89104

Mailing Address (if different from physical address) PO Box 62134

city Fort Myers

State FL

Zip 33906

Telephone 800-939-2022

Website www.mailmeds.com

Licensing Company Email administration@mailmeds.com

First Hansil Middle R Last Kalaria

First Hansil

Middle R

Last Kalaria

Alias(es, nicknames, name changes, etc.)

Date of Birth [REDACTED]

SSN or ITIN

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Guiles Hill Ct.

city Brandon

State FL

Zip 33511

Telephone [REDACTED]

Email

Are you a citizen of the United States? ☒ Yes ☐ No

Yes

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

x

Yes

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

X

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name L.M. COLLEGE OF PHARMACY (INDIA)		From - To (MM/YY - MM/YY) 09/92 - 09/96	
Address NAVRANGPURA	City AHMEDABAD	State GUJARAT	Zip 380009
Diploma/Degree obtained, if any BACHELOR OF PHARMACY			
School Name RAJKUMAR COLLEGE (INDIA)		From - To (MM/YY - MM/YY) 09/88 - 09/92	
Address OPP. SHASTRI MEDAN	City RAJKOT	State GUJARAT	Zip 360001
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 02/05 - current	Address Guiles Hill Ct.	City Brandon	State FL	Zip 33511
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		CAN COMMUNITY HEALTH		From - To (MM/YY - MM/YY)	
				10/19 - CURRENT	
Business Address		City	State	Zip	
4440 FRUITVILLE ROAD		SARASOTA	FL	34232	
Phone	Title				
941-300-4440	CHIEF PHARMACY OFFICER				
Description of Duties					
Responsible for Pharmacy Operations across all the pharmacies owned by CAN Community Health					
Business Name		SOUTH SIDE SPECIALTY PHARMACY		From - To (MM/YY - MM/YY)	
				05/18 - 10/19	
Business Address		City	State	Zip	
7700 MAIN Street, Ste 100		Houston	TX	77030	
Phone	Title				
832-553-1315	Sr. Director of Operations				
Description of Duties					
Responsible for 340 B Pharmacies, Infusion Pharmacy Operations					
Business Name		HOSPICE PHARMACY SOLUTIONS		From - To (MM/YY - MM/YY)	
				07/15 - 12/17	
Business Address		City	State	Zip	
2201 N. Central Expressway, Ste 250		Richardson	TX	75080	
Phone	Title				
866-851-4866	Chief Operating Officer				
Description of Duties					
Responsible for overall operations for the Hospice PBM.					
Business Name		BIOGEN IDEC		From - To (MM/YY - MM/YY)	
				01-14 to 7/15	
Business Address		City	State	Zip	
900 Dan's Drive		RTP	NC	27709	
Phone	Title				
919-993-1100	Associate Director, Six Sigma and Process Improvement				
Description of Duties					
Responsible for process improvement for all activities conducted in Patient Services Call Center in US.					
Business Name		PMSI		From - To (MM/YY - MM/YY)	
				11/12 to 01/14	
Business Address		City	State	Zip	
5455 W. Waters Avenue		Tampa	FL	33634	
Phone	Title				
813-672-7788	Executive Director, Auxiliary Network Ops.				
Description of Duties					
Responsible for the design, formulary and management of auxiliary network operations including physicians dispensing					

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Personal History Application

(Applicant's Initials

8062)

5 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HANSIL KALARIA
Print Name (First, Last)

Hansil Kalaria
Original Signature (electronic, copies or stamps not accepted)

8-16-2023
Date

Please have this section completed in the presence of a Notary Public.

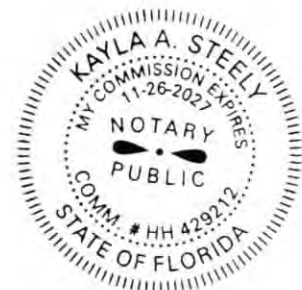
State of Florida, ss. County of Hillsborough

I, Hansil Kalaria, 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 the license, registration, permit, certificate or certification for which I am applying for.

Hansil Kalaria
Original Signature

8-16-2023
Date

Subscribed and Sworn to before me this 16th day of August.
Kayla A. Stealy
Notary Public Signature



(Seal)

10F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a \$50.00 fee with the application.) * Current license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Temporary pharmacy for Burning Man licensed mobile medical unit.	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☒ Saturday ☒ Sunday ☒ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information			
Pharmacy Name: <u>Royal Ambulance Inc.</u>			
Physical Address: <u>5:30 and Esplanade, within Burning Man Event, shipping at 390 Main Street</u>			
City: <u>Black Rock City - Gerlach</u>		State: <u>NV</u>	Zip: <u>89142</u>
Mailing Address (if different from physical address): <u>14472 Wicks Blvd</u>			
City: <u>San Leandro</u>		State: <u>CA</u>	Zip: <u>94611</u>
Telephone: <u>(877) 995-6161</u>		Toll Free # (NAC 639.708, NRS 639.23286): <u>(877) 995-6161</u>	
Fax: <u>N/A</u>		Contact Email: <u>johnrey.hassan@royalambulance.com</u>	
Website: <u>www.royalambulance.com</u>			
Nevada Business License # (if applicable) <u>NV20243078646</u>			
Supervising/Managing Pharmacist Name (NRS 639.220): <u>Kenneth Fernandes</u>			
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): <u>7471</u>			

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, or the name of a pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: <u>Kenneth Fernandes</u>	NV Pharmacist Registration #: <u>7471</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e., Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write N/A if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: <u>N/A</u>	%: <u>N/A</u>
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation		
State of Incorporation: <u>N/A</u>		
Parent Company (if any): _____		
Corporation Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No		

Section 6: Non-Publicly Traded Corporation		
State of Incorporation/Organization: <u>California</u>		
Parent Company (if any): <u>N/A</u>		
Corporation/Organization Name: <u>Royal Ambulance Inc.</u>		
Mailing Address: <u>14472 Wicks Blvd</u>		
City: <u>San Leandro</u>	State: <u>CA</u>	Zip: <u>94577</u>
Telephone: <u>(877) 995-6161</u>	Email: <u>johnrey.hassan@royalambulance.com</u>	
Contact Person Name: <u>JohnRey Hassan</u>		
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No		

Section 7: Partnership		
Partnership Name: <u>NA</u>		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
Contact Person Name: _____		
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited		
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No		

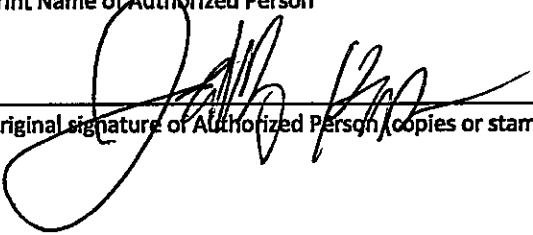
Section 8: Sole Owner		
Owner's Name: <u>N/A</u>		
Business Name: _____		
Business Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

Statement of Responsibility

1. I am the Chief Administrative Officer (title) for Royal Ambulance Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

JohnRey Hassan

Print Name of Authorized Person


Original signature of Authorized Person (copies or stamps not accepted)

May 26, 2024

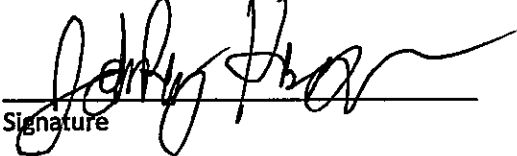
Date

Affidavit for Pharmacy License

I, JohnRey Hassan 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 Chief Administrative Officer (title) for Royal Ambulance Inc. (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
- 3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
- 4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
- 5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.


Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20____

-See attached notarial certificate-
Notary Public

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

State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 30th
day of May, 2024, by _____
Johnrey Michael Hassan,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

Leonardo Perez

Managing Pharmacist Name: Kenneth Fernandes

Pharmacist Registration #: 7471

Pharmacy Name: Royal Ambulance Inc.

Initial each statement below to indicate you have read and agree with the following:

KS 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KS 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.

KS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

[Signature]
Original signature of Managing Pharmacist (copies or stamps not accepted)

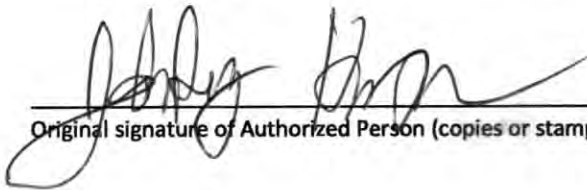
Date

5/25/2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JohnRey Hassan

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215


Original signature of Authorized Person (copies or stamps not accepted)

5-27-2024
Date

Board Use Only	Date Received: 5/31/24	Amount: \$500.00
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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ROYAL AMBULANCE, INC.
Entity No.: 2634704
Registration Date: 08/12/2005
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 June 03, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 216532119

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

Royal Ambulance Officer and Directors

Steve Grau – Founder & CEO

Hasieb Lemar – President

Jonhnrey Hassan – Chief Administrative Officer & In-House Counsel

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Name of Pharmacy/Wholesaler Royal Ambulance Inc.
 Pharmacy/Wholesaler License # (if applicable) —
 Physical Address 530 and Esplanade
 City Black Rock City State NV Zip 89142
 Mailing Address (if different from physical address) —
 City Reno State NV Zip 89509-3620
 Telephone 7758270953 Website —
 Licensing Company Email justfernandes@sbcglobal.net

First Kenneth Middle Manuel Last Fernandes
 Alias(es, nicknames, name changes, etc.) —
 Date of Birth — SSN or ITIN — Sex ☒ M ☐ F ☐ X
 Mailing Address Oreana Drive
 City Reno State NV Zip 89509
 Telephone — Email —
 Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

School Name University of the Pacific		From - To (MM/YY - MM/YY) 1975-1978	
Address	City Stockton	State CA	Zip
Diploma/Degree obtained, if any Pharm. D.			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY - MM/YY) 4/2000-6/2024	Address Dreana Drive	City Reno	State NV	Zip 89509
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City Reno	State NV	Zip 89509-3620

Business Name DRUG REGIMEN REVIEW CLINICAL CONSULTANT		From - To (MM/YY - MM/YY) 7/1983-6/5/2024	
Business Address 2295 Oreana Drive		City Reno	State NV
Phone 7757417076	Title President and CEO	Number of Employed Hours 20,000 plus	
Description of Duties Responsible for pharmacy audits at rural hospitals, surgery and endoscopy center			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.			
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1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Kenneth M. Fernandes, certify that as the designated representative for
Royal Ambulance

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Kf I am at least 21 years of age;
3. Kf I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Kf I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Kf I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Kf I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Kf I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kenneth Manuel Fernandes

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

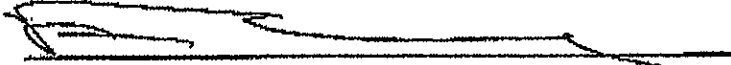
06/05/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Fernandes

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06/05/2024

Date

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application**Non-Refundable \$500.00 Fee**

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH _____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Seven Hills Pharmacy, LLC
 Physical Address: 2722 E. Kemper Rd
 City: Sharonville State: OH Zip: 45241
 Mailing Address (if different from physical address): same
 City: _____ State: _____ Zip: _____
 Telephone: 513-771-0367 Toll Free # (NAC 639.708, NRS 639.23286): 844-643-0169
 Fax: 513-771-0369 Contact Email: compliance@truepill.com
 Website: N/A
 Nevada Business License # (if applicable) N/A
 Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Spitzer
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 21780

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: <u>Christopher Spitzer</u>	NV Pharmacist Registration #: <u>21780</u>
Name: <u>Christopher Gibson</u>	NV Pharmacist Registration #: <u>22645</u>
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: <u>N/A</u>	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:
---------------------------	--------------------------	------------------------

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Postmeds, Inc.

Corporation/Organization Name: Seven Hills Pharmacy LLC

Mailing Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Telephone: 650-353-5495 Email: compliance@truepill.com

Contact Person Name: Quynh Do

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Co-Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Paul Greenall

Print Name of Authorized Person

DocuSigned by:

Paul Greenall

F716F9B604924A4

Original signature of Authorized Person (copies or stamps not accepted)

4/4/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Paul Greenall 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 Co-Manager (title) for Seven Hills Pharmacy, LLC (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

DocuSigned by:
Paul Greenall
F716F9B604924A4...
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20____

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Greenall

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:

Original signature of Authorized Person (copies or stamps not accepted)

4/4/2024
Date

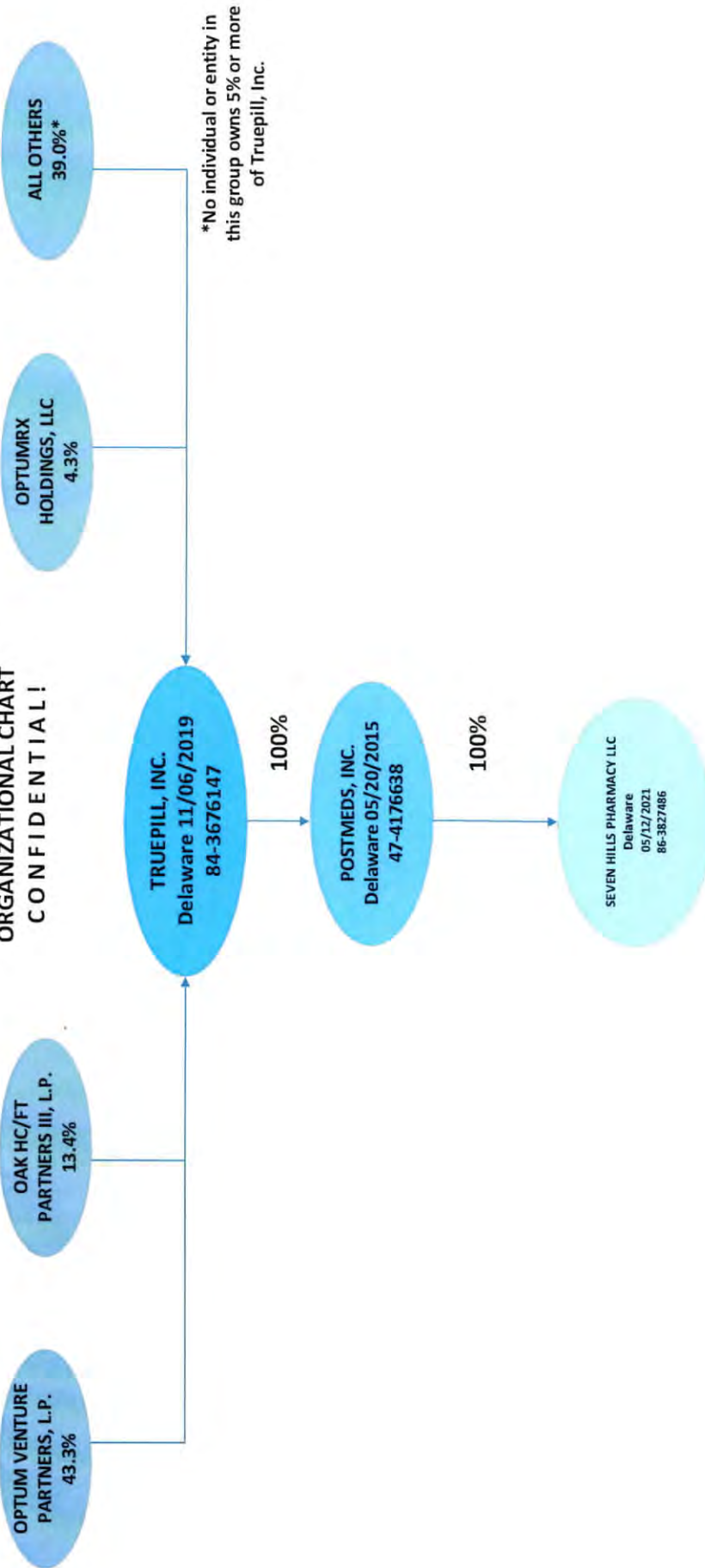
Board Use Only	Date Received: _____	Amount: _____
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List of Managers

- 1) Paull Greenall – Manager – DOB: [REDACTED] - [REDACTED]
- 2) Aaron Wurst – Manager - DOB: [REDACTED] - [REDACTED]

03/13/2024

SEVEN HILLS PHARMACY LLC
ORGANIZATIONAL CHART
CONFIDENTIAL



This organizational chart was prepared by Truepill, Inc.'s Legal Team and may not be distributed to third parties without prior approval. For further information, please reach out to entities@truepill.com

Truepill, Inc.
3121 Diablo Ave.
Hayward, CA 94545



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 0232000312

Seven Hills Pharmacy Llc

2722 E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Inspection

November 7, 2022



License 0232000312 - Seven Hills Pharmacy Llc

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
 (614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Sharon Shields

Start 11/7/2022 9:06 AM

End 11/7/2022 11:48 AM

Organization

Name Seven Hills Pharmacy Llc	License Type Terminal - Pharmacy - Category 3	Category
License Number 0232000312	Business Type II - Independent Community Retail (1 Outlet)	DEA Number
Responsible Person Christopher Spitzer, R.Ph.	Hours of Operation M-F 9a-5p; Sat/Sun closed	

Contact

Address 2722 E Kemper Rd Sharonville, OH 45241-1818 Hamilton County	Phone Number [REDACTED]	Fax Number (513) 771-0369	Website
---	-----------------------------------	-------------------------------------	----------------

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christpoher Gibson, R.Ph.		Pharmacist	03236967		
Lisa Beth Klein		Certified Pharmacy Technician	09305487	[REDACTED]	[REDACTED]
Christopher Spitzer, R.Ph.		Responsible Person	03236754		

1) Initial Inspection Information

3) What is the name and current version of the dispensing software being used by the pharmacy?

Observation

Pharmacy uses both Pioneer and TruePill operating system. Operating systems are client specific in their use. Pharmacy is phasing out use of Pioneer.

5) Facility description

Observation

Facility is a retail pharmacy servicing the patients of various online prescriber entities. Pharmacy has the ability to serve the community (walk-in patient). Pharmacy does not accept insurance. Pharmacy has limited drug stock. Pharmacy processes approximately 150 prescriptions per day. Pharmacy employs two pharmacists and one certified pharmacy technician. Pharmacy ships prescriptions to patients in Ohio and in other states using USPS, UPS, and FedEx.

2) * Licensing, Responsible Person and DEA Registration

1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

2) Does the responsible person match what is indicated in eLicense?

Yes

3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation

FS1293884 expires 2/28/2025

3) * Minimum Standards

1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?

Yes

2) Does the pharmacy have access to the telephone number of a poison control center?

Yes

3) Are the pharmacy's hours publicly posted?

Yes

4) Are all pharmacy staff wearing name tags/badges that include the employee's job title?

Yes

7) Are the library and equipment housed in a suitable, well-lit and well-ventilated room or department and maintained in a clean, sanitary and orderly condition?

Yes

8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?

Yes

9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?

Yes

4) Personnel

1) Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

5) Are certified pharmacy technicians working within their applicable scope of practice?

Yes

8) Are pharmacy support personnel working within their permitted scope?

Not Applicable - No support personnel working or employed during inspection.

ObservationList of support personnel responsibilities: www.pharmacy.ohio.gov/supportres**OAC 4729:3-1-01 (Z)**

(1) An individual employed or performing contracted services at a location licensed as a terminal distributor of dangerous drugs, trained to perform clerical duties associated with the practice of pharmacy, including pricing, cashiering, drug purchasing, delivering, scheduling deliveries, answering non-professional telephone inquiries, transportation of dispensed medications within a hospital, documenting and processing third-party billing information for reimbursement, or any other activity as determined by the board.

(2) An individual contracted by a terminal distributor of dangerous drugs to perform drug inventories.

(3) Except for those responsible for the delivery of dangerous drugs, support personnel shall not have unsupervised access to dangerous drugs.

(4) Support personnel shall not perform the tasks of a pharmacist, pharmacy intern, certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee.

(5) Support personnel may have access to or retrieve information from patient records, including a database or patient profile to perform clerical duties associated with the practice of pharmacy. Support personnel shall not enter prescription information into a patient profile.

(6) Support personnel may perform the following:

(a) Transporting dangerous drugs from a loading dock, warehouse or other area that receives shipments from a licensed wholesaler or other person licensed in accordance with section 4729.52 of the Revised Code; and

(b) Stocking and retrieving from inventory non-controlled dangerous drugs that are not dispensed by the pharmacy.

(7) The terminal distributor of dangerous drugs shall be responsible for ensuring all support personnel comply with state and federal requirements to ensure the confidentiality of patient health records.

(8) Stocking of automated drug dispensing units and floor stock with intravenous fluids that are non-controlled dangerous drugs and are not dispensed by an institutional pharmacy.*

(9) Overwrapping/placing in plastic dangerous drugs that have been compounded or dispensed (i.e. appropriately labeled) by a terminal distributor of dangerous drugs.*

(10) Entering demographic and insurance information into a patient's profile.*

10) Drug Purchases

1) Does the licensee maintain complete and accurate records of drugs purchased?

Yes

Observation

Wholesalers:

- McKesson
- TopRx
- KeySource
- Anda

2) Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?

Yes

11) * Security, Control, and Storage of Dangerous Drugs**1) Is a pharmacist providing supervision of the dangerous drugs, hypodermics, D.E.A. controlled substance order forms, and all records relating to the distribution of dangerous drugs in the pharmacy?**

Yes

3) Are all dangerous drugs, controlled substances, and hypodermics that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy under the physical control?

Yes

4) Are there any unauthorized persons present in the pharmacy?

No

7) Can the pharmacy be secured by a physical barrier or alarm system?

Yes

Observation

The only change to the barricade since March 2022 inspection was the replacement of the garage-style door. Door was replaced with a metal roll down bay-style door. Door is secured by the alarm system. No other changes to the barricade have been made since inspection in March 2022. Barricade is adequate.

8) Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?

Yes

10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?

No - Not applicable

11) Does the pharmacy maintain dangerous drugs or hypodermics outside of the confines of the pharmacy?

No

12) Does the pharmacy provide services by means of a secured drive-through facility?

No

12) Temperature Controls**1) Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?**

Yes

Observation

Pharmacy has one refrigerator for vaccine storage. Pharmacy uses TempAlert to monitor the temperature of the refrigerator. Observed refrigerator to be at appropriate temperature. Pharmacy does not have vaccine stock or any refrigerator/freezer drug stock on site at the time of inspection.

2) Does the pharmacy have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?

Yes

3) Are refrigerators and freezers use for the storage of drugs free of food or beverage products?

No

13) *Theft or Significant Loss of Drugs and Drug Documents

1) Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?

No

3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.Observation****REMINDER****

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

14) * Controlled Substance Inventory**1) Does the licensee conduct an annual inventory of controlled substances?**

Yes

Observation

Pharmacy does not have any controlled substance drug stock on site at the time of inspection.

OAC 4729:5-3-07

All Category III licensees must complete an annual inventory even if drugs are not on-site (zero balance). Records of inventories must be maintained for at least three years. Inventories must follow the process for conducting a DEA controlled substance inventory.

16) Drug Collection Receptacles**1) Does the pharmacy operate a drug take back program (i.e. collection receptacle)?**

No

17) Drug Samples**1) Does the pharmacy have sample drugs as part its inventory?**

No

23) Return to Stock**4) Does the pharmacy use delivery agents?**

Yes - Compliant

Observation

Pharmacy uses USPS, UPS, and FedEx. Pharmacy does not return any delivered drugs back to stock for redispensing. All drug stock returned from delivery agents are sent to Inmar for destruction.

8) REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.Observation

REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.

OAC 4729:5-5-22 (B)(4)

25) Customized Medication Packaging (Adherence Packaging)**1) Does the pharmacy dispense customized patient medication packages (sometimes referred to as adherence packaging)?**

No

27) Charitable Pharmacies**1) Is this pharmacy a charitable pharmacy?**

No

31) *Expired/Adulterated Drugs**2) Are there expired/adulterated drugs present in the licensee's active drug stock?**

No

33) Prescription Pick-Up Station**1) Does the pharmacy accept prescriptions from pick-up stations or other intermediaries?**

No

39) Drug Repository Program**1) Does this pharmacy operate a drug repository program?**

No

40) Temporary Removal of Drugs**1) Does the licensee engage in the temporary off-site storage of dangerous drugs?**

No

46) Substance Abuse and Mental Health Resources for Healthcare Professionals**1) Substance Abuse and Mental Health Resources for Healthcare Professionals**Observation

The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient.

These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (the resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.

Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.

Treatment Bridge 1-877-275-6364, for addiction and mental health services.

National Suicide prevention dial 988, or call 1-800-273-8255.

Ohio Domestic Violence Network 1-800-934-9840

Pharmacist Rehabilitation Organization (www.ohiopros.org) for pharmacists and pharmacy interns.

Ohio Physicians Health Program (www.ophp.org)

50) Inspection Affirmation**1) Inspection Affirmation**Observation

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Christopher Spitzer, R.Ph.



(signature)

License Look Up

4/5/2024 11:27 AM

Seven Hills Pharmacy LLC

License Number 0232000312

Status Active

Sub-Status

Board

License Type

License Issue Date

License Expiration Date

License Effective Date

Street Address

City

State

Zipcode

Country

Board Action

Board of Pharmacy

Terminal - Pharmacy - Category 3

03/22/2022

03/31/2025

04/01/2023

2722 E Kemper Rd

Sharonville

OH

45241-1818

United States

No

Supervised By:

Supervisor Name

CHRISTOPHER SPITZER

Supervisor License

03236754

Status

Active

Start Date

Mon Jan 03 00:00:00 GMT 2022

End Date

Current date & time: 4/5/2024 11:27 AM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR
KS license 22-117859
DEA license FP6189725
AL license 114861
PA license NP000931
AK license 166601

Alaska Board of Pharmacy

The Alaska Board issued the pharmacy a Consent Order of Discipline effective **February 15, 2024** resolving alleged violations of the Alaska Pharmacy Practice Act stemming from disciplinary actions by proper licensing authority of another state. As per the terms of the Consent Order, Pharmacy has agreed to pay a \$5,000 administrative fine to the Alaska State Board of Pharmacy.

Pennsylvania Board of Pharmacy

The Pennsylvania Board issued the pharmacy a Consent Order of Discipline effective **November 7, 2023** resolving alleged violations of the Pennsylvania Pharmacy Practice Act stemming from disciplinary actions by proper licensing authority of another state. As per the terms of the Consent Order, Pharmacy has agreed to pay a \$3,500 administrative fine to the Pennsylvania State Board of Pharmacy.

DEA Order to Show Cause

On December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued Postmeds, Inc ("Truepill-Hayward") an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. **On September 28, 2023**, Truepill-Hayward and DEA reached a non-monetary resolution of the OSC proceedings through a Memorandum of Agreement ("MOA"). Under the MOA, Truepill-Hayward will maintain its active DEA registration without paying a fine and without suspension or revocation of its registration, while making certain agreed changes to its processes and procedures going forward. The MOA is specific to Truepill-Hayward and does not involve other Truepill pharmacies commonly owned by or affiliated with Truepill-Hayward.

Alabama Board of Pharmacy

The Alabama Board issued the pharmacy a Consent Order of Discipline dated **June 6, 2023**. The Pharmacy has resolved alleged violations of the Alabama Pharmacy Practice Act through entry of a Consent Order with the Alabama State Board of Pharmacy on June 8, 2023. As per the terms of the Consent Order, Pharmacy has agreed to pay a \$3,000 administrative fine to the Alabama State Board of Pharmacy.

Kansas Board of Pharmacy

The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective **February 8, 2023**. The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

Louisiana Board of Pharmacy

The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated **May 11, 2022**. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

North Carolina Board of Pharmacy

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated **March 8, 2022**. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

Maine Board of Pharmacy

The Maine Board of Pharmacy notified the pharmacy on **March 30, 2022** that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

California Board of Pharmacy

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated **January 23, 2020**, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated **June 16, 2020**, with the fine amount of \$0.00. In 2018, certain prescriptions were issued to the pharmacy by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated **August 25, 2021**, with the fine amount of \$5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures. Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF PHARMACY

In the Matter of:)
)
Postmeds, Inc. doing business as (Db) TRUEPILL)
Respondent)
Case No. 2022-000434

CONSENT AGREEMENT

IT IS HEREBY AGREED by the Department of Commerce, Community and Economic Development, Division of Corporations, Business and Professional Licensing (Division) and TRUEPILL (Respondent) as follows:

1) **Licensure.** Respondent is currently registered as an Out-of-State Pharmacy in the State of Alaska and holds License number #166601. This license was first issued on 08/27/2020 and will lapse unless renewed by 06/30/2024.

2) **Admission/Jurisdiction.** Respondent admits and agrees that the Board of Pharmacy has jurisdiction over the subject matter of their license in Alaska and over this Consent Agreement.

3) **Admission/Facts.** Respondent admits to the following facts:

a) On September 25, 2017, Staff Pharmacist working for TRUEPILL, Curtis Ancar, received a disciplinary order from the California Board of Pharmacy for failure to exercise corresponding responsibility and excessive furnishing of controlled substances.

b) On January 24, 2019, the California Board of Pharmacy cited former Pharmacist-in-Charge and former owner of TRUEPILL, Mohammad Umar Afridi, for failure to provide documentation substantiating completion of continuing education and knowingly making or signing a document with false information.

c) On December 16, 2019, the California Board of Pharmacy cited former Pharmacist-in-Charge and former owner of TRUEPILL, Mohammad Umar Afridi, for furnishing and dispensing dangerous drugs without a prescription and dispensing on order of nurse practitioner (or person of similar status).

1 d) On January 23, 2020, the California Board of Pharmacy issued a letter of admonishment
2 to Respondent for shipping a prescription to the wrong address and shipping two prescriptions
3 with the wrong return address.

4 e) On June 16, 2020, the California Board of Pharmacy issued a modified citation and fine
5 CI 2019 78633 with the fine amount of \$0.00 for receiving prescriptions by prescribers that were
6 not licensed or have not entered into procedures with supervising physicians.

7 f) On April 08, 2022, Respondent submitted an Out-of-State Pharmacy Registration
8 Ownership Change Application from license no. 166601 to license no. 193858 (now withdrawn)
9 to the Division. Professional Fitness Question #1 was marked "Yes" indicating disciplinary
10 actions had been issued against their license as listed above in sections a) through e).

11 g) Subsequent background investigation revealed Respondent failed to disclose the
12 abovementioned 2017, 2019, and 2020 licensing actions from the California Board of Pharmacy
13 on previous State of Alaska applications for TRUEPILL (formerly DBA Postmeds, Inc.) for
14 licenses 137655 and 166601 dated June 08, 2018, August 06, 2020, and August 27, 2020.

15 h) Respondent admits that as a result of the above facts, grounds exist for possible
16 suspension, revocation, or other disciplinary sanctions of their license pursuant to AS 08.01.075,
17 AS 08.80.261(a)(1), AS 08.80.261(a)(6), AS 08.80.261(a)(9), AS 08.80.261(a)(11)(12)(14), 12
18 AAC 52.920(a)(13), and 52.920(a)(14)(c).

19 **4) Formal Hearing Process.** It is the intent of the parties to this Consent Agreement to provide
20 for the compromise and settlement of all issues addressed in Paragraph 3 (above) that could be
21 raised by an Accusation to revoke, suspend, or impose disciplinary sanctions against Respondent's
22 license through a formal hearing process.

23 **5) Waiver of Rights.** Respondent understands they have the right to consult with an attorney
24 of their own choosing and has a right to an administrative hearing on the facts in this case.
25 Respondent understands and agrees that by signing this Consent Agreement, Respondent is waiving
26 their rights to counsel and to a hearing. Further, Respondent understands and agrees that they are
27 relieving the Division of any burden it has of proving the facts admitted above. Respondent further
28 understands and agrees that by signing this Consent Agreement they are voluntarily and knowingly
29 giving up their right to present oral and documentary evidence, to present rebuttal evidence, to
30 cross-examine witnesses against Respondent, and to appeal the Board's decision to Superior Court.

1 **6) Effect of Non-Acceptance of Consent Agreement.** Respondent and the Division agree that
2 this Consent Agreement is subject to the approval of the Board. They agree that, if the Board rejects
3 this Consent Agreement, it will be void, and an Accusation may be filed. If this Consent Agreement
4 is rejected by the Board, it will not constitute a waiver of Respondent's right to a hearing on the
5 matters alleged in an Accusation and the admissions contained herein will have no effect.
6 Respondent agrees that, if the Board rejects this Consent Agreement, the Board may decide the
7 matter after a hearing, and its consideration of this Consent Agreement shall not alone be grounds
8 for claiming that the Board is biased against Respondent, that it cannot fairly decide the case, or
9 that it has received ex parte communication.

10 **7) Consent Agreement, Decision, and Order.** Respondent agrees that the Board has the
11 authority to enter into this Consent Agreement and to issue the following Decision and Order.

12
13 **PROPOSED DECISION AND ORDER**

14 IT IS HEREBY ORDERED that any license issued to Respondent by the Board shall be subject to
15 the following terms and conditions:

16 **A. Violation of Agreement**

17 If Respondent fails to comply with any term or condition of this Consent Agreement, the
18 Division may enforce this agreement by immediately suspending Respondent's license, without an
19 additional order from the Board or without a prior hearing, for a violation of this agreement. In
20 addition, any suspended portion of the civil fine will be immediately due.

21 If Respondent's license is suspended under this paragraph, as provided above, they will be
22 entitled to a hearing, on an expedited basis, regarding the issue of the suspension. If Respondent's
23 license is suspended, they will continue to be responsible for all license requirements pursuant to
24 AS 08.80.

25 Respondent shall maintain an active license for the entire duration of this Consent
26 Agreement. If the Respondent lets their license lapse, and after receiving adequate notice from the
27 Board fails to correct the problem, the failure to maintain active licensure will be considered a
28 violation of this Consent Agreement.

1 **B. Respondent Address**

2 It is the responsibility of the Respondent to keep the Board's agent advised, in writing, at
3 all times of their current mailing address, physical address, telephone number, current employment
4 and any change in employment.

5 Failure to provide notice of any changes within 10 calendar days will constitute grounds for
6 suspension of his or her license in accordance with paragraph 'B' above.

7 **C. Compliance with Laws**

8 Respondent shall obey all federal, state and local laws governing their license.

9 **D. Authorization**

10 Within 10 calendar days of a request by the Board agent, Respondent will sign all
11 authorizations necessary for the release of information required by this Consent Agreement.

12 **E. Good Faith**

13 All parties agree to act in good faith in carrying out the stated intentions of this Consent
14 Agreement.

15 **F. Address of the Board**

16 All required reports or other communication concerning compliance with this Consent
17 Agreement shall be addressed to:

18 Attn: Holly Handley, Investigator
19 Division of Corporations, Business and Professional Licensing
20 550 West 7th Avenue, Suite 1500
21 Anchorage, Alaska 99501-3567
22 (907) 269-8124 Fax (907) 269-8195

23 **G. Civil Fine**

24 Respondent shall pay a fine of five thousand dollars (\$5,000.00). This civil fine is due
25 within 180 days of the adoption of this agreement and is payable to the "State of Alaska" in cash,
26 certified check, or money order or via credit card.

27 All payments required by this Consent Agreement shall be addressed to:

28 Erika Prieksat, Chief Investigator
29 Division of Corporations, Business and Professional Licensing
30 550 West 7th Avenue, Suite 1500
31 Anchorage, Alaska 99501-3567

32 //

33 //

IT IS HEREBY FURTHER ORDERED that this Decision and Order shall take effect immediately upon its adoption by the Board of Pharmacy and is a public record of the Board of Pharmacy and the State of Alaska. The State may provide a copy of it to any person or entity, professional licensing board, federal, state, or local government, or other entity making a relevant inquiry.

The action taken by the Board of Pharmacy in this Consent Agreement will be reported to the National Association of Boards of Pharmacy (NABP) and the National Practitioner Data Bank (NPDB) other entities as required by law.

DATED this 5 day of October 2023, at Anchorage, Alaska.

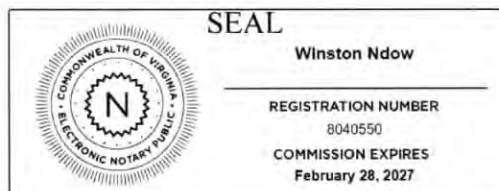
JULIE SANDE, COMMISSIONER

DocuSigned by:
Erika Priksat
By: 34F98CE5F1DF40C...
Erika Priksat, Chief Investigator for
Sylvan Robb, Director
Division of Corporations, Business and
Professional Licensing

I, TRUEPILL, have read the Consent Agreement, understand it, and agree to be bound by its terms and conditions.

DATED: 20th November 2023 Joseph Alexander Cipriani

SUBSCRIBED AND SWORN TO before me this 20th day of
November, 2023, at Newport News, Virginia
(city) (state)



Winston Ndow
Notary Public in and for Virginia
(state)
Winston Ndow

Notarized online using audio-video communication Notary Printed Name 02/28/2027

My commission expires: _____

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF PHARMACY

In the Matter of:)
)
Postmeds, Inc. dba TRUEPILL)
)
Respondent)
Case No. 2022-000434

ORDER

The Board of Pharmacy for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, Case No. 2022-000434, Respondent, license number #166601, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Pharmacy.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board or without a prior hearing, for a violation of the Consent Agreement.

DATED this 15th day of February, 2024, at
Anchorage, Alaska.

Board of Pharmacy

By: Ashley Schaber
Chairperson

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

vs.

PostMeds Inc
Respondent

Case Nos. 21-54-004050
22-54-008273

ORDER

AND NOW, this 7th day of November 2023, the STATE BOARD OF PHARMACY ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS



Arion R. Claggett
Acting Commissioner

For the Commonwealth:

For the Respondent:

Date of mailing: November 8, 2023

BY ORDER:
STATE BOARD OF PHARMACY



Theresa Talbott, R.Ph.
Chairperson

Glenn P. Masser, Esquire
2601 North Third Street
P.O. Box 69521
Harrisburg, PA 17106-9521

PostMeds Inc
3121 Diablo Ave
Hayward, CA 94545

DOS Prothonotary:
Nov 08 2023

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

**Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs**

vs.

**PostMeds Inc
Respondent**

**Case Nos. 21-54-004050
 22-54-008273**

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and PostMeds Inc ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the Pennsylvania State Board of Pharmacy ("Pennsylvania Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31").

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following registration to practice as a nonresident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000931, which was originally issued on July 3, 2017, and which is currently set to expire on August 31, 2023.

STIPULATED FACTS

3. Respondent admits the following:

Prothonotary Filed On:
Nov 08 2023 12:04 PM
Department of State

a. Absent additional Pennsylvania Board action, Respondent's registration may be continually reactivated or reinstated upon the filing of the required documentation and payment of the applicable fees.

b. Respondent's address is: 3121 Diablo Ave, Hayward, CA 94545.

c. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of North Carolina.

d. On or about March 8, 2022, the State of North Carolina Board of Pharmacy ("North Carolina Board"), by way of Consent Order of Discipline, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of North Carolina because Respondent failed to report a restructuring of ownership to the North Carolina Board.

e. In the March 8, 2022 Consent Order of Discipline, the North Carolina Board voided Respondent's permit from the time it was issued until the time the restructuring began and approved Respondent's change of ownership application as a successor permit.

f. A true and correct copy of the North Carolina Board's March 8, 2022 Consent Order of Discipline is attached as **EXHIBIT A** and is incorporated by reference.

g. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Louisiana.

h. On or about May 11, 2022, the State of Louisiana Board of Pharmacy ("Louisiana Board"), by way of Consent Agreement at Louisiana Board Case Number 21-0456, found Respondent to be in violation of the laws, rules, code

DOS Prothonotary:
Nov 08 2023

and/or regulations of the State of Louisiana because Respondent failed to report a restructuring of ownership to the Louisiana Board.

i. In the May 11, 2022 Consent Agreement, the Louisiana Board imposed a ten thousand dollar (\$10,000.00) fine, two hundred fifty dollars (\$250.00) in administrative costs, and three hundred twenty-four dollars and forty-eight cents (\$324.48) in investigative costs.

j. A true and correct copy of the Louisiana Board's May 11, 2022 Consent Agreement, Louisiana Board Case Number 21-0456, is attached as **EXHIBIT B** and is incorporated by reference.

k. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Kansas.

l. On or about January 20, 2023, the State of Kansas Board of Pharmacy ("Kansas Board"), by way of Amended Summary Order at Kansas Board Case Number 22-183, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of Kansas because Respondent failed to report a restructuring of ownership to the Kansas Board and failed to report disciplinary actions from North Carolina, Alabama, and California which also pertained to a failure to report a restructuring of ownership to each respective Board.

m. In the January 20, 2023 Amended Summary Order, the Kansas Board imposed a three thousand five hundred dollar (\$3,500.00) fine.

n. A true and correct copy of the Kansas Board's January 20, 2023 Amended Summary Order, Kansas Board Case Number 22-183, is attached as **EXHIBIT C** and is incorporated by reference.

DOS Prothonotary:
Nov 08 2023

AUTHORITY OF THE BOARD

4. The Pennsylvania Board is authorized to suspend or revoke, or otherwise restrict Respondent's registration under section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); impose a civil penalty under 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation upon Respondent under section 63 Pa.C.S. § 3108(b)(5).

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS:** Respondent violated the Act at section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state.

b. **CIVIL PENALTY:** Respondent shall pay a civil penalty of three thousand five hundred dollars (\$3,500.00).

c. Payment of the civil penalty is subject to the following terms:

(1) The full civil penalty shall be tendered to the prosecution division of the Department of State with the executed consent agreement;

(2) The civil penalty shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.);

(3) Payment shall be valid for a period of at least 180 days and shall be **made payable to the "Commonwealth of Pennsylvania"**; and

(4) Respondent agrees that payment shall only be made by one of the methods indicated and shall not be made by uncertified personal or corporate check.

d. This Order constitutes disciplinary action by the Pennsylvania Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Pennsylvania Board.

e. This case shall be deemed settled and discontinued upon the Pennsylvania Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges the right to consult with and be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering, and

accepting the terms of this Consent Agreement. To the extent that Respondent is not represented by legal counsel, Respondent has knowingly elected to proceed without the assistance of legal counsel.

WAIVER OF CLAIMS

9. Should the Pennsylvania Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Pennsylvania Board or any of its members from further participation in the adjudication of this matter. Respondent expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Pennsylvania Board or its counsel, and the Pennsylvania Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

10. Respondent agrees not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Pennsylvania Board.

AGREEMENT NOT BINDING UNTIL APPROVED

11. This Consent Agreement is between the Commonwealth and Respondent. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary

DOS Prothonotary:
Nov 08 2023

provisions of this Consent Agreement do not take effect unless and until the Pennsylvania Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT

12. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

13. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Pennsylvania Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

14. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information, and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

/s/Glenn P. Masser
Glenn P. Masser

Prosecuting Attorney

DATED: 9/18/23

DocuSigned by:
Rich Hagan Myers
3033047BA3D04E
Richard J. Hagan Jr., PIC
PostMeds Inc
Respondent

DATED: 9/1/2023

DOS Prothonotary:
Nov 08 2023

March 21, 2024

VIA EMAIL TRANSMISSION (P.KEEGAN@PHARMACY.NV.GOV)

Peter Keegan
General Counsel
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

Re: [Truepill] Postmeds, Inc in Hayward, California (DEA COR No. FP6189725), Non-Resident License No. [PH03813]

Dear Mr. Keegan:

As requested, enclosed, as Exhibit A, is summary of the U.S. Drug Enforcement Administration ("DEA") Memorandum of Agreement ("MOA") entered into with Truepill-Hayward on September 28, 2023. The MOA is enclosed as Exhibit B.

Please let us know if you should require additional information.

Very truly yours,

DocuSigned by:

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3/22/2024

Quynh Nhu Do
Truepill Compliance Team

EXHIBIT A

SUMMARY OF MEMORANDUM OF AGREEMENT

Relevant Background. The DEA issued an Order to Show Cause (“OSC”) to Truepill’s Hayward, California pharmacy (for purposes of this Exhibit, “Truepill-Hayward”) on December 15, 2022. Truepill-Hayward is located at 3121 Diablo Avenue in Hayward, California and holds DEA Certificate of Registration Number FP6189725. The OSC was issued to Truepill-Hayward only. The OSC was not issued to and made no allegations about any other Truepill pharmacy.

The OSC concerned Truepill-Hayward’s dispensing of controlled substances during the period September 2020 to September 2022. During that time, controlled substances accounted for only 1% of Truepill-Hayward’s total dispensing volume; 99% of Truepill-Hayward’s dispensing volume was for non-controlled substances. Consistent with its historical focus on non-controlled substances, even before the issuance of the OSC, Truepill-Hayward had made the decision to stop dispensing controlled substances. Truepill-Hayward voluntarily stopped dispensing Schedule II controlled substances in May 2022. And the last federally controlled substance Truepill-Hayward dispensed was on December 12, 2022. Truepill-Hayward has dispensed only federal non-controlled substances since then.

Effective September 28, 2023, Truepill-Hayward and DEA entered into a Memorandum of Agreement (“MOA”) to resolve the OSC proceedings. Under the MOA, Truepill-Hayward will maintain its active DEA registration without paying a fine or monetary penalty and without suspension or revocation of its registration, while making certain agreed changes to its processes and procedures going forward. Below we discuss the issues addressed in the MOA, which were disclosed to DEA during the OSC proceedings.

Online Pharmacy Registration. The MOA states that Truepill-Hayward did not register with DEA as an “online pharmacy” under the Ryan Haight Act of 2008 (“RHA”). The RHA requires a pharmacy whose dispensing of controlled substances is caused or facilitated by means of the internet to register as an “online pharmacy.” The RHA was passed in 2008, and DEA issued final regulations implementing the RHA in 2020. To our knowledge, DEA has never issued an online pharmacy registration under the RHA before.

Given the lack of DEA guidance and industry precedent, and out of a desire to comply with the RHA without DEA prompting, Truepill-Hayward applied in 2019 for an online pharmacy modification of its DEA registration. In response, DEA visited Truepill-Hayward’s pharmacy twice in early 2019 and collected information about the pharmacy from employees. Following those visits and discussions with DEA, Truepill-Hayward understood that it operated as a mail-order pharmacy and did not need to obtain an online pharmacy modification. As a result, Truepill-Hayward withdrew its application for an online pharmacy modification in May 2019. DEA was aware of Truepill-Hayward’s withdrawal of its modification application, and raised no issue with Truepill-Hayward’s decision.

In the intervening years, the use of telemedicine in the prescribing of controlled substances increased because of the COVID-19 pandemic and regulatory flexibilities enacted by DEA and

state regulators to increase patient access to healthcare. With the filing of the OSC, DEA signaled that now Truepill-Hayward should apply to register as an online pharmacy. Truepill-Hayward has no objection to that registration and has committed in the MOA to apply to register with DEA as an online pharmacy.

Additional information may be relevant to understanding Truepill's operations. Truepill's corporate website (<https://truepill.com/>) is for informational purposes only. No patient can order a medication, submit a prescription, or contact a prescriber through Truepill's corporate website. Truepill-Hayward has no involvement with patients until after they receive a prescription from an independent prescriber and choose to have the prescription filled by Truepill-Hayward. A patient must first see a prescriber of their choosing, who in the exercise of his or her medical judgment will decide whether to prescribe the patient a medication. If the prescriber issues the patient a prescription, the patient must choose to have the prescription filled by Truepill-Hayward. Only once the patient chooses to have Truepill-Hayward fill the prescription will the prescriber send an electronic prescription to Truepill-Hayward through industry recognized means (Surescripts). Upon receiving the prescription, Truepill-Hayward reviews and validates the prescription, and, if appropriate as determined by a licensed pharmacist, dispenses the medication and ships it to the patient in compliance with industry standards—Truepill-Hayward's operations are NABP, LegitScript, and URAC accredited. This same process existed when Truepill submitted its online pharmacy application to DEA in 2019.

90 Days' Supply. The MOA acknowledges that in certain historical instances, Truepill-Hayward dispensed Schedule II controlled substances pursuant to prescriptions written by an individual practitioner on a single date that together exceeded a 90-day supply. Truepill-Hayward and DEA investigated this issue and determined it occurred in a limited number of instances during a limited time. Specifically, this issue occurred in 36 instances for electronic prescriptions written by 6 prescribers between August 2020 and December 2021. The prescriptions were all written during the COVID-19 pandemic and none occurred after December 2021. None of these prescriptions were issued to patients in Nevada. Note: All these scripts were dispensed to patients only in California. In each instance, Truepill-Hayward dispensed the prescriptions only at therapeutically appropriate intervals and according to the prescriber's instructions (e.g., at 30-day intervals for multiple 30-day prescriptions). Truepill-Hayward never dispensed more than one prescription at a time and never filled a prescription early. Although Truepill-Hayward used a leading pharmacy software, PioneerRx, its controls did not consistently identify and reject such electronic prescriptions. As reflected in the MOA, Truepill-Hayward has revised its controls to ensure prescriptions like this will be consistently identified and rejected going forward.

Prescriber Licensure. The MOA reflects that during the COVID-19 pandemic, in more than 113 and up to 403 instances, Truepill-Hayward filled prescriptions for patients in California written by prescribers without sufficient licensure or emergency authorization to issue controlled substance prescriptions in California. Truepill-Hayward had attempted to address this issue by contractually requiring telehealth companies whose prescribers submitted prescriptions to Truepill-Hayward to ensure their prescribers held appropriate state licensure. The OSC proceedings revealed that Truepill-Hayward's controls did not consistently identify and reject such prescriptions. Through the MOA, Truepill-Hayward has committed to implementing controls that ensure prescribers possess the appropriate state authority.

DEA Audit. In September 2022, DEA audited Truepill-Hayward's records relating to eight controlled substances. The MOA indicates that during the onsite visit, Truepill-Hayward could not locate certain records relating to dextroamphetamine-amphetamine ER 20 mg. Within about a week of DEA's onsite visit, Truepill-Hayward identified the unaccounted-for records – two DEA Form 222s – within its pharmacy. One was in the controlled substances document box, where it had been inadvertently overlooked; the other was in the controlled substances cage, where it was being kept because it related to an open order still awaiting shipment from the manufacturer. Truepill-Hayward regularly conducts controlled substances inventories under both DEA requirements and California law, and will continue doing so. The MOA also reflects Truepill-Hayward's agreement to go beyond that requirement by retaining a reputable third-party consultant to conduct regular audits of Truepill-Hayward's controlled substances and annual trainings on Truepill-Hayward's controlled substances policies.

Conclusion. DEA thoroughly investigated the issues in the OSC and determined it did not need to take action against Truepill-Hayward's registration. Although Truepill-Hayward is not currently dispensing controlled substances, the MOA confirms that Truepill has the processes and procedures to appropriately dispense controlled substances should it choose to resume doing so.

Truepill has always prided itself on its commitment to providing the highest quality pharmacy services and compliance with state and federal law. The resolution between Truepill-Hayward and DEA coincides with a redoubling of efforts at Truepill in that regard. Over the last year, Truepill has strategically restructured its corporate governance; overhauled leadership overseeing its compliance, pharmacy operations, and legal functions; and quadrupled its headcount and spend in compliance, quality, standards, and legal – all to ensure Truepill not only meets but exceeds its legal, regulatory, and contractual requirements. These changes will enable Truepill to continue performing to the high standards it has set for itself into the future.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (“Agreement”) is entered into by and between the United States Department of Justice, Drug Enforcement Administration (“DEA”), and Postmeds, Inc. d/b/a Truepill, on behalf of its Hayward, California pharmacy operating under DEA Certificate of Registration FP6189725 (for purposes of this Agreement, “Hayward”) (DEA and Hayward each a “Party” and together the “Parties”), through their authorized representatives.

FINDINGS OF FACT

Background

1. Postmeds, Inc. d/b/a Truepill is a Delaware corporation with a principal place of business in Hayward, California. Hayward is operated by Postmeds, Inc.
2. Hayward is registered with DEA as a retail pharmacy to handle controlled substances in Schedules II through V under DEA COR number FP6189725. For purposes of this Agreement, the term “controlled substances” means substances scheduled under 21 U.S.C. § 812. Hayward’s registered location is 3121 Diablo Avenue, Hayward, California, 94545. Hayward’s COR expires by its own terms on November 30, 2025.
3. Hayward is not registered with DEA as an online pharmacy.
4. Hayward is currently licensed by the California Department of Consumer Affairs as a Community Pharmacy operating under the name Truepill under license number PHY 58585. This license expires on March 1, 2024.
5. On December 15, 2022, DEA issued an Order to Show Cause to Hayward pursuant to Sections 303 and 304 of the Controlled Substances Act, 21 U.S.C. §§ 823 & 824, seeking to revoke Hayward’s DEA COR number FP6189725.

6. On January 13, 2023, Hayward requested a hearing on the Order to Show Cause pursuant to 21 U.S.C. § 824 and 21 C.F.R. § 1316.47. The matter was docketed as *In the Matter of Truepill*, Docket No. 23-18.

Dispensing Controlled Substances by Means of the Internet

7. Hayward dispensed controlled substances pursuant to prescriptions issued by practitioners affiliated with Hayward's corporate customers, including telehealth companies that delivered, distributed, or dispensed, or offered to deliver, distribute or dispense, controlled substances by means of the Internet. Hayward provided an application programming interface (API) to its corporate customers to assist in dispensing and delivering medications, including controlled substances.

8. As of the Effective Date of this Agreement, the last Schedule II controlled substance Hayward dispensed was on May 16, 2022. The last controlled substance of any kind Hayward dispensed was on December 12, 2022.

9. In 2019, Hayward submitted an application for an online pharmacy modification of its DEA registration. In response to the application being submitted, DEA visited Hayward's registered location and collected information from Hayward regarding its business model. Following these visits, on June 25, 2019, Hayward withdrew its application.

10. Hayward failed to put on its Internet site the following information:

- a. A statement on its homepage that Hayward complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances. 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).
- b. A visible and clear statement on its homepage, or a page clearly linked from its homepage, of the following information:

- i. the name, professional degree, and states of licensure of its pharmacist-in-charge;
- ii. a telephone number at which its pharmacist-in-charge can be contacted;
- iii. a list of states in which Hayward is licensed to dispense controlled substances;
- iv. a certification that Hayward is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and
- v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54))."

21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

11. Hayward did not notify the DEA Administrator of the information listed in ¶ 10.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate. 21 U.S.C. § 831(d) and 21 C.F.R.

§ 1304.40(a)(1). Hayward also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites. 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b)(3) and (4).

12. Hayward failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b).

13. Hayward failed to provide the DEA Administrator with any monthly reports under 21 C.F.R. § 1304.55.

Dispensing of Schedule II Controlled Substances Pursuant to Prescriptions for Greater Than a 90-Day Supply

14. Between September 14, 2020, and April 1, 2022, in 36 instances, Hayward dispensed Schedule II controlled substances pursuant to prescriptions where an individual practitioner had written multiple prescriptions on a single date to an individual patient that together exceeded a 90-day supply. An individual practitioner is not authorized to issue, on a single occasion, multiple prescriptions that together provide a patient with more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b). In none of these instances did Hayward dispense more than one prescription at a time or fill a prescription early. During this time, Hayward did not have sufficient controls in place to consistently identify and reject such prescriptions. Through this Agreement, Hayward is committing to ensure such controls are in place.

Dispensing of Controlled Substances Pursuant to Prescriptions Issued by Practitioners Without State Authority

15. Between September 30, 2020, and April 25, 2022, in more than 113 instances and up to 403 instances, Hayward dispensed controlled substances to patients located in California pursuant to prescriptions written by practitioners who were neither sufficiently licensed in California to issue the controlled substance prescriptions they issued, nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). During this time, Hayward did not have sufficient controls in place to consistently identify and reject such prescriptions. Through this Agreement, Hayward is committing to ensure such controls are in place.

Records Related to Dextroamphetamine-Amphetamine ER 20 mg

16. In September and October of 2022, DEA investigators conducted an audit of, among other things, Hayward's dextroamphetamine-amphetamine ER 20 mg records. DEA investigators conducted this audit during its onsite inspection of Hayward's registered location from September 13 through September 15, 2022, by inventorying the dextroamphetamine-amphetamine ER 20 mg present at Hayward's registered location, and comparing that inventory to the records maintained and provided by Hayward during the onsite inspection. During DEA's onsite inspection Hayward was unable to demonstrate recordkeeping related to over 1,600 dosage units of dextroamphetamine-amphetamine extended release (ER) 20 mg.

STIPULATION, TERMS, AND CONDITIONS

17. In consideration of the mutual promises and obligations of this Agreement, the Parties agree and covenant as follows:

18. Hayward represents that it has had an opportunity to seek advice of counsel prior to entering into this Agreement and that it has knowledge of the events described herein.

19. Hayward agrees that the above Findings of Fact are true and accurate, and fully accepts responsibility for the conduct described therein.

20. Hayward agrees to and will comply with the compliance measures set forth in Paragraphs 21 through 34 of this Agreement for a period of four years from the Effective Date of this Agreement.

21. Not later than 30 days after the Effective Date of this Agreement, Hayward will apply for a modified DEA registration authorizing it to operate as an online pharmacy and, when that modification is granted, will meet the requirements applicable to online pharmacies under 21 C.F.R. §§ 1304.40–1304.55. Hayward will implement policies and procedures to meet these requirements applicable to online pharmacies under 21 C.F.R. §§ 1304.40–1304.55 by no later than the date upon which a modified DEA registration authorizing it to operate as an online pharmacy is granted.

22. Within each report that Hayward submits to the Administrator under 21 C.F.R. § 1304.55, Hayward shall also identify, in a sortable format, the prescriber of the controlled substance, the corporate customer associated with each dispensed prescription, and the delivery address zip code.

23. Hayward shall report to DEA, on a monthly basis, identifying information (*e.g.*, prescriber name, prescriber DEA registration number, prescriber address, associated corporate customer, controlled substance form, controlled substance quantity, patient name, patient address, delivery address, date prescription issued, etc.) for all rejected controlled substance fills, together with documentation indicating why the fills were rejected, not later than the fifteenth day of the month succeeding the month for which the report is submitted. In addition, if based on a rolling 30-day period, Hayward rejects 10 such controlled substance fills for an individual

prescriber, or rejects 50 such controlled substance fills for one or more prescribers associated with a single corporate customer, Hayward will report this information within 24 hours of the rejection of the tenth fill for an individual prescriber, or the fiftieth fill for a single corporate customer, together with documentation of why the fills were rejected.

24. Not later than 30 days after the Effective Date of this Agreement, Hayward will implement controls to identify and prevent the dispensing of Schedule II controlled substance prescription(s) issued to a patient on a single day by an individual prescriber where those prescription(s) together provide the patient in excess of a 90-day supply of a Schedule II controlled substance. Specifically, Hayward's controls will include the following:

- a. Hayward's pharmacy system will direct prescriptions for controlled substances into a specific controlled substances workflow;
- b. As part of the controlled substances workflow, Hayward's pharmacy system will apply a hold to prescriptions for Schedule II controlled substances, which will require a designated controlled substance pharmacist review and approval for the prescription to proceed to dispensing;
- c. As part of the pharmacist's review, the pharmacy system will require the pharmacist to review the previous six-month dispensing history, confirm that the patient did not receive multiple Schedule II controlled substance prescriptions that were issued on a single day by an individual prescriber and that together provide the patient with more than a 90-day supply of a Schedule II controlled substance, and document this was completed;
- d. To assist, but not substitute for, the pharmacist's review, Hayward's pharmacy system will also alert the pharmacist to all Schedule II controlled substance

prescriptions within the same Group Product Identifier (“GPI”) 14 that were written on the same day by placing a hold that requires approval or cancellation prior to proceeding in the workflow;

- e. In any instance where Hayward identifies that an individual prescriber issued a patient Schedule II controlled substance prescription(s) on a single day that provide the patient with a greater than 90-day supply, Hayward will reject the prescriptions and notify the patient, the prescriber, and, if Hayward has entered into a contractual relationship with a company affiliated with the prescriber, such company, of the basis for the rejection;
- f. In addition, Hayward’s pharmacy system will not allow any Schedule II controlled substance prescription to proceed to dispensing if, based on the GPI 14, the patient received greater than a 60-day supply of medications with the same GPI 14 written on the same day.

25. Not later than 30 days after the Effective Date of this Agreement, Hayward will revise its written policies and procedures to reflect the processes described above in Paragraph 24.

26. Hayward will retain a reputable third-party consultant (“DEA Compliance Consultant”), initially Susannah Herkert of Guidepost Solutions LLC, or her designee. Starting with the first full quarter after the Effective Date of this Agreement, each quarter the DEA Compliance Consultant will audit five percent of the total Schedule II controlled substances dispensed in the prior quarter (up to 500 prescriptions per audit) to ensure that Hayward did not fill prescriptions for Schedule II controlled substances issued to a patient on the same day by an individual prescriber where such prescriptions issued on the same day by an individual prescriber

provided the patient with greater than a 90-day supply. Each audit set will be obtained using a commonly accepted randomization technique. Hayward will provide the results of these audits to DEA by notifying DEA whether it identified any Schedule II controlled substance prescriptions written on a single day providing a patient with greater than a 90-day supply that Hayward filled and, if such prescriptions are identified, of details related to the prescriptions. If the audit indicates that Hayward filled Schedule II controlled substance prescriptions written on a single day that, in total, provided a patient with greater than a 90-day supply, the DEA Compliance Consultant will conduct a root cause analysis to determine why such prescriptions were not rejected, and Hayward will take appropriate steps to remediate the identified cause.

27. Not later than 30 days after the Effective Date of this Agreement, Hayward will implement a control to identify and prevent the dispensing of controlled substance prescriptions where the prescriber is not licensed in the state to which the patient has specifically requested the medication be mailed (hereinafter, "patient delivery state") and is not otherwise authorized to write prescriptions to a patient located in that state. Specifically, Hayward will implement the following:

- a. When Hayward enters into contractual relationships with companies affiliated with prescribers and the contractual formulary of drugs Hayward may dispense for such companies includes controlled substances, Hayward will contractually require those companies to identify all affiliated prescribers who may submit controlled substance prescriptions to Hayward and the state(s) in which each prescriber is licensed. Hayward will independently verify all state license information of the prescribers so identified, to confirm the accuracy of such information; will contractually require such companies to provide monthly

updates on such prescriber state licensure information; and will independently verify all such prescriber state licensure information no less than every six months.

- b. Hayward will create and maintain an internal database of the state licensure information provided by companies and verified by Hayward pursuant to Paragraph 27.a.;
- c. As described above, Hayward's pharmacy system will direct prescriptions for all controlled substances to a controlled substance workflow and place such prescriptions on hold pending pharmacist review for the designated controlled substance pharmacist team;
- d. As part of that review, the pharmacist will verify, based on reference to Hayward's internal database described above in Paragraph 27.b, that the prescriber has authority to write controlled substance prescriptions in the patient delivery state;
- e. Before the prescription may be filled, Hayward's pharmacy system will require the pharmacist to input the prescriber's state license number into a designated field to approve. The designated controlled substance pharmacist will reject the prescription if the prescriber's state license number cannot be verified based on Hayward's internal database;
- f. In any instance where Hayward's pharmacy system or pharmacist identifies a controlled substance prescription issued by a prescriber not authorized to write prescriptions in the patient delivery state, Hayward will reject the prescription and notify the patient, the prescriber, and, if Hayward has entered into a contractual

relationship with a company affiliated with the prescriber, such company, of the basis for the rejection.

28. Not later than 30 days after the Effective Date of this Agreement, Hayward will revise its written policies and procedures to reflect the processes described above in Paragraph 27.

29. Starting with the first full quarter after the Effective Date of this Agreement, the DEA Compliance Consultant will audit five percent of the total controlled substances dispensed (up to 500 prescriptions per audit) to verify that Hayward did not fill controlled substance prescriptions where the prescriber was not licensed in the patient delivery state. This may be the same set of prescriptions described above in Paragraph 26, and in any event, will be obtained using a commonly accepted randomization technique. Hayward will provide the results of these audits to DEA by notifying DEA whether it identified any controlled substance prescriptions written by prescribers who were not licensed in the patient delivery state and, if such prescriptions are identified, of details of the prescriptions. If the audit indicates that Hayward filled controlled substance prescriptions written by prescribers who were not licensed in the patient delivery state, the DEA Compliance Consultant will conduct a root cause analysis to determine why such prescriptions were not rejected, and Hayward will take appropriate steps to remediate the identified cause.

30. Hayward currently performs full Schedule II controlled substances inventory reconciliations each quarter, and the DEA Compliance Consultant will continue doing so. Each audit set will be obtained using a commonly accepted randomization technique. Starting with the first full quarter after the Effective Date of this Agreement, Hayward will provide the results of those audits to DEA within two weeks of the audit being completed.

31. Hayward's existing pharmacists and pharmacy technicians/clerks will undergo an annual training on the policies referenced in Paragraphs 21 through 30, and Hayward will train all newly hired pharmacists and pharmacy technicians/clerks on those policies.

32. Hayward's existing pharmacists and pharmacy technicians/clerks will undergo an annual training on Hayward's controlled substances inventory policies, and Hayward will train all newly hired pharmacists and pharmacy technicians/clerks on those policies.

33. The DEA Compliance Consultant will conduct an annual training for Hayward's pharmacists and pharmacy technicians/clerks on Hayward's controlled substances policies, including but not limited to those described above, and on the identification and resolution of red flags for diversion. Hayward will provide confirmation to DEA that this training has occurred within two weeks of the training being completed.

34. Hayward will provide the information required to be provided to DEA under Paragraphs 23, 26, 29, 30, and 33 to the Diversion Program Manager of the San Francisco Division. Such information will be provided on behalf of Hayward by the Senior Vice President of Pharmacy Operations, or, if such position is vacant, by another management-level employee, within two weeks of the quarter close or two weeks after the annual training, as applicable.

35. Within three business days of the Effective Date of this Agreement, DEA will move to discontinue the Order to Show Cause proceedings.

36. Within three business days of the Effective Date of this Agreement, Postmeds, Inc. will move to dismiss the proceedings in *Postmeds, Inc. v. Drug Enf't Admin.* No. 1:23-cv-648 (E.D.Va.).

37. DEA will not file any other Order to Show Cause based on the facts alleged in the December 15, 2022 Order to Show Cause unless Hayward does not fulfill its obligations under this Agreement.

38. Hayward acknowledges and agrees that breach or violation of any term of this Agreement may be grounds to immediately suspend any DEA registration associated with Hayward pursuant to 21 U.S.C. § 824(d) and may therefore result in administrative action in DEA's sole discretion. Furthermore, nothing in this Agreement shall be construed as a waiver on the part of DEA to utilize any other grounds for revocation or denial of any DEA registration associated with Hayward, nor shall it be construed as waiver of any defense or reservation of rights by Hayward.

39. DEA and Hayward will bear their own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

40. This Agreement constitutes the complete agreement between the Parties related to the subject matter herein. This Agreement may not be amended except by written consent of the Parties.

41. This Agreement is binding on Hayward's successors, transferees, and assigns.

42. DEA, Hayward, and each signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

43. The undersigned represent and warrant that they are fully authorized to execute this Agreement on behalf of the entities indicated below.

44. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

45. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

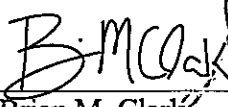
46. This Agreement will become final and binding only upon signing by all Parties.

47. This Agreement is effective on the date of signature of the last signatory to the Agreement ("Effective Date of this Agreement"). Facsimiles and electronic transmissions of signatures will constitute acceptable, binding signatures for purposes of this Agreement.

[Signature Page Follows]

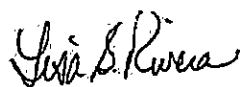
ACCEPTED AND AGREED TO BY:

DRUG ENFORCEMENT ADMINISTRATION

DATED: September 28, 2023 BY:  Digitally signed by
BRIAN CLARK
Date: 2023.09.28
14:03:47 -07'00'
Brian M. Clark
Special Agent in Charge
San Francisco Field Division

RESPONDENT

DATED: September 28, 2023 BY: 
James M. Cole
SIDLEY AUSTIN LLP
Counsel for Postmeds, Inc. d/b/a Truepill

DATED: September 28, 2023 BY: 
Lisa S. Rivera
BASS, BERRY & SIMS PLC
Counsel for Postmeds, Inc. d/b/a Truepill

ADDENDUM TO MEMORANDUM OF AGREEMENT

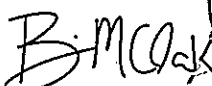
Under the Memorandum of Agreement executed between the Drug Enforcement Administration and Hayward, Hayward may retain whomever it chooses to fill the role of DEA Compliance consultant as identified in Paragraph 26. The selection of that third party consultant is entirely within the discretion of Hayward, so long as the selected consultant can fulfill the obligations set forth in the MOA.

ACCEPTED AND AGREED TO BY:

DRUG ENFORCEMENT ADMINISTRATION

DATED: 10/11/2023

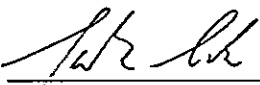
BY:


Digitally signed by
BRIAN CLARK
Date: 2023.10.11
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Brian M. Clark
Special Agent in Charge
San Francisco Field Division

RESPONDENT

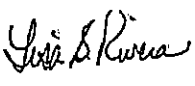
DATED: 10/11/2023

BY:


James M. Cole
SIDLEY AUSTIN LLP
Counsel for Postmeds, Inc. d/b/a Truepill

DATED: 10/10/2023

BY:


Lisa S. Rivera
BASS, BERRY & SIMS PLC
Counsel for Postmeds, Inc. d/b/a Truepill

Certificate Of Completion

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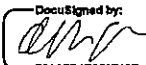
Signer Events**Signature****Timestamp**

Quynh Do

quynh@truepill.com

Pharmacist in Charge - Hayward

Truepill

Security Level: Email, Account Authentication
(None)DocuSigned by:

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Signed: 3/22/2024 8:18:30 AM

Signature Adoption: Drawn on Device

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Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 3/22/2024 8:18:05 AM

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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**

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Signing Complete

Security Checked

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Completed

Security Checked

3/22/2024 8:18:30 AM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Postmeds, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Postmeds, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: ari@truepill.com

To advise Postmeds, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at ari@truepill.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Postmeds, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to ari@truepill.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Postmeds, Inc.

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to ari@truepill.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Postmeds, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Postmeds, Inc. during the course of your relationship with Postmeds, Inc..

IN THE MATTER OF:	)	
	)	
POSTMEDS INC. dba TRUEPILL	)	BEFORE THE ALABAMA STATE
and/or TRUEPILL f/k/a POSTMEDS	)	BOARD OF PHARMACY
INC.	)	
	)	
Non-Resident Pharmacy	)	CASE NO: 22-L-0114
Permit Number: 114861	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** has violated the provisions of law set out in the Statement.

2. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** shall pay an administrative fine in the amount of Three Thousand Dollars (\$3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama

Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** further waives any objection to the attorney for the Board preparing, drafting, or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees, or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.'s** permit, including, but not limited to revocation.

6. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions, and contents of the same. **PostMeds Inc. dba Truepill and/or**

Truepill f/k/a PostMeds Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and agrees that it had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th of June, 2023.

**PostMeds Inc. dba Truepill and/or Truepill
f/k/a PostMeds Inc.**

BY: Donny Simkin
Donny Simkin

ITS: General Counsel, Truepill, Inc.

James Hoover
James Hoover
Counsel for PostMeds Inc. dba Truepill and/or
Truepill f/k/a PostMeds Inc.

DONE this the 8th of JUNE, 2023.

ALABAMA STATE BOARD OF PHARMACY

By: Robert M. Colburn, Jr., R. Ph., President

Jennifer Muro Neumann,
Jennifer Muro Neumann,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:

Jennifer Muro Neumann, PC
Post Office Box 381082
Birmingham, AL 35238
(205) 451-3092

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-183
PostMeds, Inc dba Truepill	)	
	)	
<u>Registration No. 22-117859</u>	)	

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.
2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.
3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state or federal government?"

SUMMARY ORDER
Page 1 of 7

DOS Prothonotary
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Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state or federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of \$3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.
2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

SUMMARY ORDER

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DOS Prothonotary
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Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS. 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

SUMMARY ORDER
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DOS. Prothonotary:
Nov 08 2023

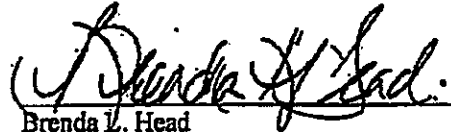
CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave.
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent



Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

**LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA**

IN THE MATTER OF:

CONSENT ORDER

POSTMEDS, INC.

LOUISIANA PHARMACY PERMIT NO. 7761

Case No. 21-0456

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B). No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

La. R.S. 37:1222(A). A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

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POSTMEDS, INC., Permit No. 7761
CONSENT AGREEMENT
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La. R.S. 37:1222(E). A permit to operate a pharmacy shall not be transferable.

La. R.S. 37:1232(A). A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

LAC, Title 46: LIII §1101(A). Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

LAC, Title 46: LIII §1135(A)(1)(e). The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

LAC, Title 46: LIII §1135(A)(2). The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

LAC, Title 46: LIII §1135(A)(4). Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

LAC, Title 46: LIII §2305(A). The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

LAC, Title 46: LIII §2307(C). Authority and Accountability. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

DOS Prothonotary
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POSTMEDS, INC., Permit No. 7761
CONSENT AGREEMENT
Page 3 of 4

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of \$10,000.00 and to reimburse the Board \$250.00 for administrative costs, and \$324.48 for investigative costs with total payment due the Board of \$10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of POSTMEDS, INC., understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[Remainder of page intentionally left blank; signature page to follow.]

DOS Prothonotary
Nov 08 2023

POSTMEDS, INC., Permit No. 7761
CONSENT AGREEMENT
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SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

POSTMEDS, INC.
Louisiana Pharmacy Permit No. 7761

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

Harry J. "Skip" Philips

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

Carlos M. Finalet, III

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Matty R. McKay

Matty R. McKay
Hearing Officer for the Board

DOS Prothonotary:
Nov 08 2023

**STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY**

IN THE MATTER OF	)	
	)	
POSTMEDS, INC. d/b/a Truepill,	)	CONSENT ORDER
	)	OF DISCIPLINE
Permit No. 13413 and Its Successor Permit(s).	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").
2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its "current ownership information on file with the North Carolina Board of Pharmacy is out of date." Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed's initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed's disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board's ability to ensure that a pharmacy will provide services safely and competently to the public.

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction "result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . ." 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed's Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed's change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the "Successor Permit") with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit's pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit's pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By:

/s/ William A. Mixon
William A. Mixon
President

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

 Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: _____

Notary Public

My commission expires: _____

EXHIBIT C

DOS Prothonotary:
Nov 08 2023

**STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY**

IN THE MATTER OF	)	
	)	
POSTMEDS, INC. d/b/a Truepill,	)	CONSENT ORDER
	)	OF DISCIPLINE
Permit No. 13413 and Its Successor Permit(s).	)	

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").
2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

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Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its “current ownership information on file with the North Carolina Board of Pharmacy is out of date.” Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed’s initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed’s disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board’s ability to ensure that a pharmacy will provide services safely and competently to the public.

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction “result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . .” 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

IT IS THEREFORE ORDERED:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed’s Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed’s change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the “Successor Permit”) with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit’s pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit’s pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By:

/s/ William A. Nixon
William A. Nixon
President

[Signature]

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

 Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: _____

Notary Public

My commission expires: _____

**LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA**

IN THE MATTER OF:

CONSENT ORDER

POSTMEDS, INC.

LOUISIANA PHARMACY PERMIT NO. 7761

Case No. 21-0456

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B). No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

La. R.S. 37:1222(A). A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

La. R.S. 37:1222(E). A permit to operate a pharmacy shall not be transferable.

La. R.S. 37:1232(A). A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

LAC, Title 46: LIII §1101(A). Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

LAC, Title 46: LIII §1135(A)(1)(e). The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

LAC, Title 46: LIII §1135(A)(2). The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

LAC, Title 46: LIII §1135(A)(4). Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

LAC, Title 46: LIII §2305(A). The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

LAC, Title 46: LIII §2307(C). Authority and Accountability. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of \$10,000.00 and to reimburse the Board \$250.00 for administrative costs, and \$324.48 for investigative costs with total payment due the Board of \$10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of POSTMEDS, INC., understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[Remainder of page intentionally left blank; signature page to follow.]

SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

POSTMEDS, INC.
Louisiana Pharmacy Permit No. 7761

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

Harry J. "Skip" Philips

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

Carlos M. Finalet, III

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay

Marty R. McKay
Hearing Officer for the Board



Silicon Valley Bank

3003 Tasman
Santa Clara, California 95054
408-654-7400

90-4039
1211

CASHIER'S CHECK

No. **208457**

Remitter: **Postmeds, Inc.**
Permit No. 7761

Date	Check No.	Amount
Apr 13, 2022	208457	\$10,574.80

PAY EXACTLY

Ten Thousand Five Hundred Seventy-Four and 80/100

Dollars

TWO SIGNATURES REQUIRED OVER \$50,000.00

Chubert

Pay to the order of: **Louisiana Board of Pharmacy**

⑈ 208457 ⑈



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

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

January 23, 2020

VIA CERTIFIED MAIL
LETTER OF ADMONISHMENT

TRUEPILL
ATTN: MOHAMMAD UMAR AFRIDI, CEO
3121 DIABLO AVE
HAYWARD, CA 94545

RE: CI 2019 84877
TRUEPILL
PHY 56100

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4315 for failure to comply with the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the board's website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4315; 1764/56.10(a) - Unauthorized disclosure of prescription and medical information

Unauthorized disclosure of prescriptions: California Code of Regulations section 1764 states in pertinent part that no pharmacist shall exhibit, discuss, or reveal the contents of any prescription or any medical information furnished by the prescriber with any person other than the patient or his or her authorized representative and Civil Code section 56.10 subdivision (a) states, in pertinent part, no provider of health care shall disclose medical information regarding a patient of the provider of health care without first obtaining an authorization. Truepill Pharmacy was not in compliance with these regulations. Specifically, on 4/17/2019, Truepill Pharmacy (PHY56100) located at 3121 Diablo Avenue in Hayward, CA shipped prescription RX#1186395 to the wrong person. The prescription was intended for AR but was shipped to the address of MS in error. Also, Truepill Pharmacy shipped prescriptions to patients with a shipping label showing the return address of NuRx located at 6838 Ellicott Drive in East Syracuse, NY and from Apostrophe located at 330 2nd Street in Oakland, CA. NuRx and Apostrophe are not licensed pharmacies and prescription packages returned as undeliverable to these locations would cause the disclosure of medical information without authorization.

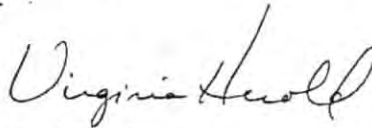
Shipping prescriptions to an unauthorized person violates California Code of Regulations section 1764 and Civil Code 56.10.

If you wish to contest this Letter of Admonishment, you may do so by submitting, within 30 days of the date of service of this Letter of Admonishment, namely February 22, 2020, the attached "Request for an Office Conference" form. If an office conference is not requested, compliance with the Letter of Admonishment shall not constitute an admission of the violations described in the Letter of Admonishment.

Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three years from the date of issuance at the top of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years from issuance. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

If you have any questions regarding this Letter of Admonishment, please contact Barbera Schleicher, Public Inquiry Analyst at (916) 518-3081.

Sincerely

A handwritten signature in cursive script that reads "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

MODIFIED CITATION AND FINE

Citation Number	Name, License No
CI 2017 78633	TRUEPILL (FORMERLY POSTMEDS INC.), PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4059 subd. (a)/Bus. & Prof. Code § 4067 subd. (a)	Furnishing dangerous drugs without a prescription/Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	Citation without a fine
Bus. & Prof. Code § 4174	Dispensing on order of nurse practitioner or person of similar status.	Citation without a fine

CONDUCT:

Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Business and Professions Code 4059 (a) states in pertinent part a person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. In conjunction with Business and Professions Code 4067 (a) which states no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations and (f) for the purposes of this section, "good faith prior examination" includes the requirements for a physician and surgeon in Section 2242. In conjunction with Business and Professions Code 2290.5 (a) For purposes of this division, the following definitions shall apply: (3) "Health care provider" means either of the following: (A) a person who is licensed under this division. Between 4/1/2018 to 10/31/2018, Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by prescribers who were not licensed in California. Specifically, 2 prescriptions were issued by Nurse Practitioner Jenny Ingle; 9 prescriptions were issued by Dr. Brook Randal; 6 prescriptions were issued by Dr. Jessica Rubino and 4 prescriptions were issued by Dr. Sudhi Trye. These prescribers were not licensed in California at the time the prescriptions were initiated and shipped to a California resident. Postmeds pharmacy dispensed the prescriptions issued by unlicensed prescribers to

California residents in violation of Business and Professions Code 4059 (a) and Business and Professions Code 4067 (a).

Dispensing by Pharmacist Upon Order of Nurse Practitioner: Business and Professions Code 4174 states in pertinent part notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6. Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into an established standardized procedure or protocol developed by a supervising physician. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds without an established protocol in place: Physician's Assistant Leanne Mays issued 8 prescriptions and Physician's Assistant Susan Owen issued 6 prescriptions. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds entering into a protocol after the prescriptions were issued: Nurse Practitioner Joni Gunzburger issued 4,782 prescriptions; Nurse Practitioner Cristin Hackel issued 10,819 prescriptions and Nurse Practitioner Jessica Horwitz issued 4,711 prescriptions. Postmeds Pharmacy dispensed the prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into standardized procedures or protocols as required by Business and Professions Code 4174.

CITATION ISSUED ON: June 16, 2020

TOTAL AMOUNT OF FINE(S): \$0.00

PAYMENT OF FINE(S) DUE BY: July 16, 2020



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



August 25, 2021

TRUEPILL
ATTN: FRANCESCO CONSOLE, PIC
3121 DIABLO AVE
HAYWARD, CA 94545

RE: CI 2020 89223
TRUEPILL
PHY 56100

The attached Citation CI 2020 89223, has been issued to TRUEPILL, PHY 56100. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**CITATION AND FINE
ORDER OF ABATEMENT**

COPY

Citation Number	Name, License No
CI 2020 89223	TRUEPILL, PHY 56100

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$5,000.00
Bus. & Prof. Code § 4169 subd. (a)(2)/Health & Safety Code § 111295	Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated.../It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated	Citation without a fine

CONDUCT:

California Code of Regulations 1714, section b states, (b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, Truepill Pharmacy, PHY56100, located at 3121 Diablo Ave, Hayward, CA 94545 was in violation when they failed to keep dangerous drugs stored according to policy and procedure 2001.4, Oversight of Pharmacy Safety, which states: "The Pharmacy will make all attempts at maintaining a room temperature below 85F and ideally between 68-77F". Between 7/1/2020 and 9/14/2020, on numerous occasions, dangerous drug storage temperatures, summarized in Table 2, exceeded the recommended storage temperatures. The most egregious of these temperature spikes were:

- a) On 8/13/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 161 hours over 77 F and 47 hours over 85F.
- b) On 9/6/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 59 hours over 77 F and 17 hours above 85F.
- c) On 8/13/2020, in the Parata Automated dispensing machine located in the warehouse, dangerous drugs were stored for approximately 163 hours above 77 F and 44 hours above 85 F.

Business and Professions Code 4169 section (a), subdivision (2) states, A person or entity shall not do any of the following: (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code as it relates to Health and Safety Code 111295 which states, It is unlawful for any person to manufacture, sell, deliver, hold or offer for sale any drug or device that is adulterated. Specifically, Truepill Pharmacy, PHY56100, located at 3121 Diablo Ave, Hayward, CA 94545 was in violation when they used the MKT calculation alone instead of in conjunction with manufactures stability data as stated in USP <1079>, which provides guidance for assessing possible adulteration to dangerous drugs stored at the pharmacy due to excessive heat. In particular, USP<1079> states, "Knowing the MKT for an excursion is useful for evaluating the potential impact on product quality. However, it is also essential to know the upper and lower temperature limits of any excursion. If these extreme temperatures are outside available stability data, it may not be possible to predict the quality impact of the excursion with any confidence regardless of the MKT. At higher temperatures the kinetics of degradation may change or new degradation reactions may occur. Truepill Pharmacy did not consider the manufacture's stability data for at least 72 dangerous drugs stored in the cage area of the warehouse which were held and offered for sale when determining if a dangerous drug was adulterated by the extreme heat, summarized in Table 3. For each one of the 72 dangerous drugs, the maximum temperature for storage was listed by the manufacturer as 77F or storage information was not listed. As there was no stability temperature for at least the 72 drugs in question and per USP<1079>, the MKT cannot be without the stability data, these drugs which were held and offered for sale were adulterated.

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of \$5,000.00; or payment in the amount of \$1,000.00 and (2) provide proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within ninety (90) days.

If you choose option (2), within 90 days of this citation, you shall submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, this citation shall be reduced to \$1,000.00 and proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations shall be considered satisfactory abatement of the citation.

COPY

If you fail to submit proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, the stay shall be lifted and the fine(s) in the amount of \$5,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: August 25, 2021

TOTAL AMOUNT OF FINE(S): \$5,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: September 24, 2021

COPY



**U.S. Department of Justice
Drug Enforcement Administration**

www.dea.gov

Springfield, Virginia 22152

IN THE MATTER OF

Truepill
3121 Diablo Ave
Hayward, CA 94545

DEA Certificate of Registration FP6189725

ORDER TO SHOW CAUSE

Telemedicine is an important tool for providing increased access to medical treatment that has been relied upon by hundreds of millions of Americans since the onset of the COVID-19 pandemic in 2020. Unfortunately, this access is being exploited by a subset of medical practitioners and businesses seeking opportunities to profit by wrongfully providing controlled substances without a legitimate medical purpose.

DEA has an obligation to protect the public by ensuring that pharmacists only fill prescriptions for controlled substances which are prescribed for legitimate medical purposes by practitioners acting in the usual course of professional practice. It is critical that entities engaged in the practice of online pharmacy are appropriately registered and subject to reporting, disclosure, and other requirements imposed under law. These requirements allow entities engaged in the legitimate practice of telemedicine to continue safely providing critical services and protect the safety and health of the American public.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) and its implementing regulations prohibit actors from operating as an "online pharmacy" without the appropriate DEA registration. Truepill does not have the requisite registration to act as an online pharmacy. But since September 2020, it has acted as an online pharmacy, and in a two-year period filled 72,000 controlled substance prescriptions, of which 60% were for stimulants, such as amphetamines used in the treatment of Attention Deficit/Hyperactivity Disorder (ADHD).

Truepill was the pharmacy for telehealth companies, including Cerebral, that marketed ADHD treatments, including Adderall ® and its generic forms, directly to consumers using Internet advertisements and social media. Cerebral arranged for patients to receive prescriptions for ADHD treatments through a telehealth visit, and for Truepill to fill those prescriptions. In numerous instances, Truepill dispensed controlled substances pursuant to prescriptions that were not issued for a legitimate medical purpose in the usual course of professional practice. Many of these prescriptions were written by providers that lacked the requisite state certifications to prescribe and who issued multiple prescriptions for a patient to receive more than a 90-day supply of a

Schedule II controlled substance, including prescriptions for the treatment of ADHD, in violation of federal regulations.

Accordingly,

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to afford Truepill an opportunity to Show Cause before the Drug Enforcement Administration (DEA), at the DEA Hearing Facility, 700 Army Navy Drive, 2nd Floor, Arlington, Virginia 22202, or a location designated by the Administrative Law Judge, on March 21, 2023, or on such a subsequent date designated by the Administrative Law Judge (if Truepill requests such a hearing), as to why DEA should not revoke Truepill's DEA Certificate of Registration (COR or registration), Number FP6189725, pursuant to 21 U.S.C. § 824(a)(4), and deny any applications for any other DEA registrations, because Truepill's registration would be inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this Order states DEA's basis to revoke the above-referenced DEA registration, including a *non-exhaustive summary* of the matters of fact and law at issue, as well as citations to laws and regulations that Truepill has violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve Truepill's rights in this proceeding, Truepill may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order. On or before the date of Truepill's appearance, Truepill may submit a corrective action plan that will be considered by DEA in accordance with 21 U.S.C. § 824(c).

LEGAL REQUIREMENTS

Entities That Must Register as Online Pharmacies

Federal law proscribes any person from distributing or dispensing a controlled substance except as authorized by the Controlled Substances Act (CSA). *See* 21 U.S.C. §§ 841(a)(1); 842(a)(1). Federal law further explicitly provides that it is unlawful for "any person" to "deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized" by the CSA. 21 U.S.C. § 841(h)(1).

An "online pharmacy" is "a person, entity, or Internet site . . . that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet." 21 U.S.C. § 802(52)(A); *see also* 21 C.F.R. § 1300.04(h) (same). Further, the term "'deliver, distribute, or dispense by means of the Internet' refers, respectively, to any delivery, distribution, or dispensing of a controlled substance that is caused or facilitated by means of the Internet." 21 U.S.C. § 802(51). To act as an online pharmacy, a pharmacy must "request that the Administrator modify its registration to authorize the pharmacy to dispense controlled substances by means of the Internet as an online pharmacy." 21 C.F.R. § 1301.19(a); *see* 21 C.F.R. § 1301.11(b).

The CSA instructs that "it is unlawful for any person who falls within the [CSA's] definition of 'online pharmacy' . . . to deliver, distribute, or dispense a controlled substance by means of the

Internet” unless that person is “validly registered with a modification of such registration authorizing such activity.” 21 C.F.R. § 1301.11(b). “Accordingly, any pharmacy registered” with DEA “that falls within the definition of an online pharmacy and proposes to dispense controlled substances by means of the Internet must obtain a modification of its registration authorizing such activity.” *Id.*; *see also* 21 C.F.R. § 1301.19(f) (“No person . . . required to obtain a modification of a registration . . . authorizing it to operate as an online pharmacy may engage in any activity for which such modification of registration is required until the application for such modified registration is granted and an active Certificate of Registration indicating the modification of the registration has been issued by the Administrator to such person.”). The CSA explicitly provides that “delivering, distributing, or dispensing a controlled substance by means of the Internet by an online pharmacy that is not validly registered with a modification authorizing such activity” is a violation of section 841(h)(1). 21 U.S.C. § 841(h)(2)(A).

Requirements Applicable to Online Pharmacies

An online pharmacy is subject to a number of requirements under the CSA. Among other things, an online pharmacy must:

- “[D]isplay in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances.” 21 U.S.C. § 831(a); 21 C.F.R. § 1304.45(a); *see also* 21 U.S.C. § 802(53) (“The term ‘homepage’ means the opening or main page or screen of the website of an online pharmacy that is viewable on the Internet.”).
- Post “in a visible and clear manner” on its homepage or a page clearly linked from its homepage, the following information:
 - “The name, professional degree, and States of licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted.”
 - “A list of the States in which the pharmacy is licensed to dispense controlled substances.”
 - “A certification that the pharmacy is registered under” the CSA “to deliver, distribute, or dispense” controlled substances “by means of the Internet.”
 - The following statement: “This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in

accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54)).”

See 21 U.S.C. § 831(c); 21 C.F.R. § 1304.45.

- Notify the DEA Administrator, thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing, of, among other things: the information the online pharmacy is required to post on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45; each Internet site address used by the online pharmacy; the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites; and a certification that the information provided on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45 is true and accurate. *See* 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b).
- Display on its homepage a declaration that it has made an appropriate notification to the DEA Administrator. *See* 21 U.S.C. § 831(e); 21 C.F.R. § 1304.40(d).
- Monthly report to the DEA Administrator of the total quantity of controlled substances the online pharmacy has dispensed for each calendar month in which it dispenses either 100 or more controlled substance prescriptions, or 5,000 or more dosage units of controlled substances. If the pharmacy’s dispensing does not meet either threshold in a given month, it must report a negative response for that month. *See* 21 C.F.R. § 1304.55.

Requirements Applicable to All Pharmacies

A “prescription for a controlled substance may only be filled by a pharmacist, acting in the usual course of his professional practice.” 21 C.F.R. § 1306.06. A pharmacist is only permitted to fill prescriptions “issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.” 21 C.F.R. § 1306.04(a). Although “[t]he responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, . . . a corresponding responsibility rests with the pharmacist who fills the prescription.” *Id.*

“DEA has consistently interpreted this provision as prohibiting a pharmacist from filling a prescription for a controlled substance when [s]he either knows or has reason to know that the prescription was not written for a legitimate medical purpose.” *Wheatland Pharmacy*, 78 Fed. Reg. 69,441, 69,445 (2013) (internal quotation marks and citation omitted, alternation in original). Section 1306.04(a) “expressly requires pharmacists to identify and resolve suspicions that a prescription is illegitimate.” *Trinity Pharmacy II*, 83 Fed. Reg. 7304, 7331 (2018).

A violation of these regulations is a violation of federal law. *See* 21 U.S.C. § 842(a)(1) (making it unlawful to dispense controlled substances in violation of 21 U.S.C. § 829, whose scope is defined in part by 21 C.F.R. §§ 1306.04, 1306.06). Any attempt to violate these regulations is also a violation of federal law. *See* 21 U.S.C. § 846.

Additionally, DEA may find that a registrant's DEA COR is inconsistent with the public interest if the registrant acted carelessly or negligently in handling controlled substances, even if the registrant did not intend to violate the Controlled Substances Act. *See, e.g., Med. Shoppe*, 79 Fed. Reg. 59,504, 59,506 (2014) ("Careless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." (quoting *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998))).

Pharmacies are also required to keep appropriate records as set forth in the CSA. "Recordkeeping is one of the CSA's principal tools for preventing the diversion of controlled substances." *Wayne Pharmacy*, 85 Fed. Reg. 63,579, 63,582 (2020). Such recordkeeping is one of the central features of the CSA's regulatory regime because "a registrant's accurate and diligent adherence to this obligation is absolutely essential to protect against the diversion of controlled substances." *Superior Pharmacy I & Superior Pharmacy II*, 81 Fed. Reg. 31,310, 31,337 (2016). Thus, a finding that a registrant "failed to maintain complete and accurate records . . . supports the conclusion that [the registrant] has committed such acts as to render its continued registration 'inconsistent with the public interest.'" *Id.* at 31,338 (quoting 21 U.S.C. § 824(a)(4)).

Pharmacies are also required to, among other things, "maintain, on a current basis, a complete and accurate record of each [controlled] substance . . . received, sold, delivered, or otherwise disposed of." 21 U.S.C. § 827(a)(3); 21 C.F.R. § 1304.21(a); *see also* 21 C.F.R. § 1304.22(c) (specific recordkeeping requirements for dispensers).

An individual practitioner is not authorized, on a single occasion, to issue multiple prescriptions for a patient to receive more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b).

State of California Authority to Dispense Controlled Substances

As noted above, a pharmacy may only fill valid prescriptions. *See* 21 U.S.C. § 829; 21 C.F.R. § 1306.06.

California law provides that to practice as a nurse practitioner in California, a nurse practitioner must hold, among other things, a valid and active registered nursing license issued by the Board of Registered Nursing (Nursing Board). Cal. Bus. & Prof. Code § 2835.5. Additionally, for a nurse practitioner licensed in California to prescribe a controlled substance, the Nursing Board must certify that the nurse practitioner satisfactorily completed a course in pharmacology covering the controlled substances to be prescribed and must issue a Furnishing Number to the nurse practitioner. *See id.* §§ 2836.1(g)(1), 2836.2, 2836.3.

To practice as a doctor of naturopathic medicine in California, one must hold a valid and active naturopathic medicine license issued by the California Naturopathic Medicine Committee. *See* Cal. Bus. & Prof. Code §§ 3630, 3633, 3644(d)(2). Schedule III through V controlled substances may only be dispensed by a naturopathic doctor under supervision by a physician or surgeon and pursuant to standardized procedures or protocols established between them. *See* Cal. Bus. & Prof. Code § 3640.5(f).

To practice as a physician assistant in California, one must hold a valid physician assistant license issued by the California Physician Assistant Board. *See* Cal. Bus. & Prof. Code § 3519;

see also Cal. Bus. & Prof. Code §§ 3501, 3503, 3516. Schedule II through V controlled substances may only be prescribed by a physician assistant under supervision by a physician or surgeon and pursuant to a practice agreement. *See* Cal. Bus. & Prof. Code §§ 3502.1 and 3516.

Additionally, practitioners licensed outside California may only be authorized to practice within California by the California Director of Emergency Medical Services Authority during a gubernatorially declared state of emergency. *See* Cal. Bus. and Prof. Code § 900.

BACKGROUND

1. Truepill is registered as a retail pharmacy under DEA COR Number FP6189725 in Schedules II through V with a registered address of 3121 Diablo Avenue, Hayward, California 94545. Truepill's registration expires by its own terms on November 30, 2025.
2. Truepill is not registered as an online pharmacy with DEA.
3. Truepill is licensed by the State of California as a community pharmacy with license number PHY58585. Truepill's pharmacy license expires by its own terms on March 1, 2023.
4. Between on or about September 14, 2020, and September 13, 2022, of the more than 72,000 controlled substances Truepill filled, nearly 46,000 were stimulants, accounting for more than 60% of the controlled substances Truepill dispensed.
5. Truepill's DEA COR should be revoked, and any applications for registration should be denied, because Truepill has committed such acts as would render its registration inconsistent with the public interest. *See* 21 U.S.C. §§ 823(f), 824(a)(4). Specifically, Truepill has acted as an online pharmacy without obtaining an appropriate DEA registration and without meeting a number of legal requirements applicable to online pharmacies. Truepill has, on numerous occasions, unlawfully filled controlled stimulant prescriptions issued by prescribers with no state authority to issue such prescriptions. Truepill has also repeatedly filled controlled stimulant prescriptions there were for more than a 90-day supply, in violation of 21 C.F.R. § 1306.12(b).
6. Dextroamphetamine-amphetamine, which is often sold under the brand names Adderall® and Adderall XR®, is a Schedule II stimulant.
7. Methylphenidate, which is often sold under the brand name Ritalin®, is a Schedule II stimulant.

OPERATING AS AN ONLINE PHARMACY WITHOUT DEA REGISTRATION

8. Truepill provides both pharmacy and technical services to corporate customers, including telehealth companies such as Cerebral. Moreover, Truepill employs a number of customer service representatives to assist its corporate customers.

9. On its Internet site, Truepill describes itself as a “virtual pharmacy,” providing “[a]n end-to-end virtual pharmacy experience.” Furthermore, Truepill claims that “Truepill’s virtual pharmacy enables you to create the convenient experience your customers want.”
10. Truepill provides its corporate customers with a software platform containing, among other things, patient information, prescriber information, and prescription information to facilitate the delivery of prescriptions by means of the Internet.
11. Truepill’s Internet site also extensively describes how its software programs assist its corporate customers in providing patients with prescriptions. Among other things, the Truepill’s Internet site includes the following statements:
 - a. Truepill states that it can help companies “[d]eliver medications to your patients using powerful programmatic APIs [Application Programming Interfaces] that give you full control.” It further states that these companies can “[p]air our pharmacy fulfillment services with our telehealth solutions to make your programs more accessible to patients who may find it difficult to commute to a doctor’s office.”
 - b. Truepill informs that it provides other software that uses the Internet to facilitate the filling of prescriptions, including, among others, telehealth APIs to help practitioners create and update patient records, and to provide the practitioners’ patients with patient health questionnaires, all in “the Truepill ecosystem.” Truepill makes clear that its telehealth API customers are “third-party provider networks and physician groups that that can diagnose, treat and prescribe for your patient population. These providers are all part of licensed professional medical corporations who are independently owned and operated.”
 - c. Truepill explains that it uses a “fulfillment API” to assist providers to “efficiently get medications to your patient’s door across all 50 states.” Truepill goes on to explain how its software platform uses the Internet to electronically create patient records, obtain prescriptions, and allow practitioners to create fill requests that they submit to Truepill electronically.
 - d. Truepill states that it offers a “team of marketers, merchandisers, and fulfillment experts” to help telehealth companies “maximize the value of your e-commerce program.”
12. Through these services, Truepill “deliver[ed], distribute[ed], or dispense[ed]” “a controlled substance by means of the Internet,” despite not being registered as an online pharmacy, in violation of 21 U.S.C. § 841(h)(1) and 21 C.F.R. §§ 1301.11(b) & 1301.19(f).

FAILURE TO MAKE AND DISPLAY REQUIRED REPORTS AND NOTIFICATIONS

13. Despite operating as an online pharmacy, Truepill failed to put on its Internet site information required by the CSA, including:

- a. A statement on its homepage that Truepill complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances, in violation of 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).
- b. A visible and clear statement on its homepage, or a page clearly linked from its homepage including:
 - i. the name, professional degree, and states of licensure of its pharmacist-in-charge;
 - ii. a telephone number at which its pharmacist-in-charge can be contacted;
 - iii. a list of states in which Truepill is licensed to dispense controlled substances;
 - iv. a certification that Truepill is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and
 - v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54)).";

all in violation of 21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

- 14. Truepill failed to notify the DEA Administrator of the information listed in 13.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate, in violation of 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(a)(1). Truepill also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites, in violation of 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b)(3) and (4).
- 15. Truepill failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b), in violation of 21 U.S.C. § 831(e) and 21 C.F.R. § 1304.40(d).
- 16. Truepill failed to provide the DEA Administrator with any of the monthly reports required by 21 C.F.R. § 1304.55.

UNLAWFUL DISPENSING OF SCHEDULE II CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS FOR GREATER THAN 90-DAY SUPPLY

17. Between on or about September 13, 2020, and September 13, 2022, in dozens of instances, Truepill dispensed Schedule II controlled substances for prescriptions written on a single date by an individual practitioner to an individual patient for a greater than 90-day supply. A non-exhaustive set of examples is provided below.
18. On August 24, 2020, a practitioner issued **Patient N.S.** five prescriptions amounting to a 150-day supply of dextroamphetamine-amphetamine extended release (ER) 10 mg capsules, which are often sold under the brand name Adderall XR®, a total of 300 capsules, which Truepill dispensed.
19. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate 20 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.
20. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate ER 54 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.
21. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 20 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.
22. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 180-day supply of dextroamphetamine-amphetamine ER 30 mg capsules, which are often sold under the brand name Adderall XR®, a total of 180 capsules, which Truepill dispensed.
23. On March 9, 2021, a practitioner issued **Patient H.M.** three prescriptions amounting to a 210-day supply of dextroamphetamine-amphetamine 10 mg tablets, which are often sold under the brand name Adderall®, a total of 315 tablets, which Truepill dispensed.
24. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine ER 15 mg capsules, which are often sold under the brand name Adderall XR®, a total of 120 capsules, which Truepill dispensed.
25. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 5 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

UNLAWFUL DISPENSING OF CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS ISSUED BY PRACTITIONERS WITHOUT STATE AUTHORITY

26. Between on or about September 13, 2020, and September 13, 2022, Truepill dispensed controlled substances to patients located in California pursuant to prescriptions written by numerous practitioners who were neither sufficiently licensed in California to do so nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). These practitioners included nurse practitioners, physician assistants, and doctors of naturopathic medicine.
27. A non-exhaustive set of insufficiently licensed practitioners who also did not hold a Temporary Emergency Authorization include: **Nurse Practitioner N.B.; Nurse Practitioner T.C.; Nurse Practitioner D.S.; Nurse Practitioner H.M.; Nurse Practitioner J.M.; Nurse Practitioner A.N.; Nurse Practitioner S.O.; Nurse Practitioner A.S.; and Nurse Practitioner N.S.**

RECORDKEEPING AND AUDIT FINDINGS

28. In September and October of 2022, DEA investigators conducted an audit of Truepill's controlled substance records by conducting an inventory of certain controlled substances present at Truepill's registered location and comparing that inventory to the records maintained and provided by Truepill. DEA's audit identified 1,674 missing dosage units of dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR[®], for which Truepill was unable to account, in violation of 21 C.F.R. §§ 1304.21(a) and 1304.22(c). *See Bill Lloyd Drug*, 64 Fed. Reg. 1,823, 1,824 (1999) ("The shortages and overages revealed by the accountability audit show that Respondent does not keep complete and accurate records of its controlled substance handling as required by 21 U.S.C. 827 and 21 CFR 1304.21.").
29. This shortage of 1,674 units constituted over two percent of the dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR[®], for which Truepill was accountable during the audit period. Truepill's failure to account for a significant number of dosage units of controlled substances not only violated its obligation to maintain accurate records, but also constituted a failure to comply with its obligation to maintain effective controls against the diversion of controlled substances into illicit channels. *See, e.g., Superior Pharmacy*, 81 Fed. Reg. at 31,337.

THE following procedures are available to Truepill in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If Truepill fails to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.
2. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a waiver of hearing together with a written statement regarding its position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).
3. Should Truepill decline to file a request for a hearing, or should Truepill request a hearing and then fail to appear at the designated hearing, Truepill shall be deemed to

have waived the right to a hearing, and DEA may cancel such hearing and may enter a final order in this matter without a hearing based upon the evidence presented. *See* 21 C.F.R. §§ 1301.43(d), 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@dea.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@dea.gov. Except as provided below with respect to a corrective action plan, correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrisette Drive, Springfield, VA 22152. A copy of the same shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrisette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.

OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN

In addition to the procedural options set forth in paragraphs 1 and 2 above, in accordance with 21 U.S.C. § 824(c)(2)(C), Truepill has the opportunity to submit a corrective action plan, which must be received by the Acting Assistant Administrator, Diversion Control Division, on or before the date of its appearance. Truepill is not required to submit a corrective action plan, nor will any adverse inference be drawn if Truepill chooses not to do so. If Truepill wishes to submit a corrective action plan, it must be submitted directly to the Acting Assistant Administrator, Diversion Control Division, who will decide whether, in view of the plan and the allegations set forth in this Order to Show Cause, the proceedings to revoke Truepill's registration should be discontinued, or deferred for the purposes of modification, amendment, or clarification of such plan. Any corrective action plan should be clearly labeled "Corrective Action Plan" and submitted by email to Thomas W. Prevoznik, Acting Assistant Administrator, Diversion Control Division, at the following address: CAPresponse@usdoj.gov.

A copy of the corrective action plan shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrisette Drive, Springfield, VA 22152.

In the event Truepill submits a corrective action plan and the Acting Assistant Administrator decides not to discontinue or postpone the proceedings, please note that such a decision is not a final determination by the agency regarding Truepill's corrective action plan or registration. In such circumstances, the Administrator may nonetheless consider the corrective action plan in issuing the final order at the conclusion of the proceedings.

Finally, please be advised that the submission of a corrective action plan shall not constitute a request for a hearing under paragraph 1 above or a written statement regarding Truepill's position on the matters of fact and law involved under paragraph 2 above. As indicated, if Truepill chooses to submit a corrective action plan and also wishes to proceed under paragraph 1 or 2 above, it must separately submit its request for a hearing (paragraph 1) or written statement (paragraph 2) in accordance with the instructions above.

THOMAS
PREVOZNIK

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Date: 2022.12.15 17:15:08
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Thomas W. Prevoznik
Acting Assistant Administrator
Diversion Control Division
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Edward O. Siclari, Counsel for the Government

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

PostMeds, Inc dba Truepill)

Registration No. 22-117859)

Case No. 22-183

AMENDED SUMMARY ORDER

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.
2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.
3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state or federal government?"

SUMMARY ORDER

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Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state or federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

SUMMARY ORDER

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that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

SUMMARY ORDER

Page 4 of 7

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of \$3,500.00. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

SUMMARY ORDER

Page 5 of 7

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023

Date

Alex Blasi

Kansas Board of Pharmacy

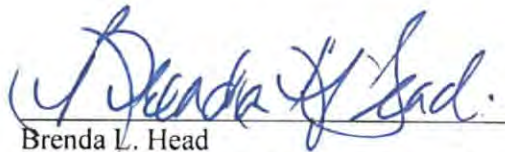
CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent



Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

Regulatory Licensing & Permitting

Search Result

3 records found.

Download a [spreadsheet](#) or [PDF](#) file

Sort by:  Sort

Number of records per page:  Active Only [Refresh](#)

Page: 1

Name	Number	Location	Profession	Status
POSTMEDS INC	MO40002303	SAN MATEO, CA 94402	MAIL ORDER PHARMACY	CANCELED
POSTMEDS INC	MO40002429	HAYWARD, CA 94545	MAIL ORDER PHARMACY	WITHDRAWN/TERMINATED BY LICENSEE
POSTMEDS INC	MO40003167	HAYWARD, CA 94545	MAIL ORDER PHARMACY	ACTIVE

Page: 1

Date: 04/08/2024 02:45:06 PM

Regulatory Licensing & Permitting

**DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY****POSTMEDS INC****MAIL ORDER PHARMACY**

License Number: MO40003167

Status: [Active](#)

Expiration Date: 12/31/2024

Street Location: 3121 DIABLO AVE
HAYWARD, CA 94545-2701Mailing: 3121 DIABLO AVE
HAYWARD, CA 94545-2701

Phone: +1 (650) 353-5495

Fax: +1 (650) 435-5932

History

License Type	Start Date	End Date
MAIL ORDER PHARMACY	11/02/2022	12/31/2024

Alias, DBA or Trade Name [\(1 record\) hide](#)

Name
TRUEPILL

Employee

None.

Authority [\(1 record\) hide](#)

Description	Issue Date	Termination Date	Expiration Date	Status
INDEPENDENT PHARMACY	03/29/2022		None	Active

Responsible Individual [\(1 record\) hide](#)

Name	License Number
RICHARD JAMES HAGAN JR	OPR71023

Contacts [\(4 records\) hide](#)

Type	Contact
Designated Corporate Officer	CEO PAUL GREENALL

Corporate Officer	3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495
Registered Agent	CEO PAUL GREENALL 3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495
Shareholder	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
	TRUEPILL INC 3121 DIABLO AVE HAYWARD, CA 94545-2701 Phone: +1 (650) 353-5495

License/Disciplinary Action

None.

GENERAL INFORMATION

Other Phone Numbers (1 record) [hide](#)

Phone Number	Type
+1 (855) 910-8606	Toll-Free

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 04/08/2024 02:42:49 PM

Regulatory Licensing & Permitting



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

POSTMEDS INC

MAIL ORDER PHARMACY

License Number: MO40002429

Status: [Withdrawn/Terminated by Licensee](#)

Expiration Date: 11/09/2019

Street Location: 3121 DIABLO AVE
HAYWARD, CA 94545-2701

Mailing: 3121 DIABLO AVE
HAYWARD, CA 94545-2701

Phone: +1 (650) 353-5495

Fax: +1 (650) 435-5932

History

License Type	Start Date	End Date
MAIL ORDER PHARMACY	07/30/2018	11/08/2019

Employee

None.

Authority [\(1 record\) hide](#)

Description	Issue Date	Termination Date	Expiration Date	Status
INDEPENDENT PHARMACY	07/30/2018	11/09/2019	None	Terminated

Contacts [\(4 records\) hide](#)

Type	Contact
Registered Agent	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
Designated Corporate Officer	CEO MOHAMMAD UMAR AFRIDI [REDACTED] BEE CAVE, TX 78738-6190 Phone: +1 [REDACTED]
Shareholder	CEO MOHAMMAD UMAR AFRIDI [REDACTED] BEE CAVE, TX 78738-6190

Corporate Officer	Phone: +1 [REDACTED] CEO MOHAMMAD UMAR AFRIDI [REDACTED] BEE CAVE, TX 78738-6190 Phone: +1 [REDACTED]
-------------------	--

License/Disciplinary Action

None.

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 04/08/2024 02:44:12 PM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) OH 0232000312

Physical Address 2722 E. Kemper Rd

City Sharonville

State OH

Zip 45241

Mailing Address (if different from physical address) same

City _____

State _____

Zip _____

Telephone 5137710367

Website n/a

Licensing Company Email compliance@truepill.com

Section 2: Personal Information

First Aaron

Middle Michael

Last Wurst

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ X

Mailing Address Woodbury Street

City Providence

State RI

Zip 02906

Telephone _____

Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes ☒

No ☐

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

No ☒

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

No ☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

No ☒

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Personal History Application

(Applicant's Initials AW)

1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Harvard Business School		08/13 - 05/15		
Address	City	State	Zip	
Harvard Business School	Boston	MA	02163	
Diploma/Degree obtained, if any				
MBA				
School Name		From - To (MM/YY - MM/YY)		
Cornell University		09/05 - 05/07		
Address	City	State	Zip	
Cornell University	Ithaca	NY	14850	
Diploma/Degree obtained, if any				
Bachelor of Science				
School Name		From - To (MM/YY - MM/YY)		
United States Military Academy		06/03 - 06/05		
Address	City	State	Zip	
606 Thayer Rd	West Point	NY	10996	
Diploma/Degree obtained, if any				
no degree				
School Name		From - To (MM/YY - MM/YY)		
University of Toledo		08/02 - 05/03		
Address	City	State	Zip	
2801 Bancroft St	Toledo	OH	43606	
Diploma/Degree obtained, if any				
no degree				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
09/16 - current	Woodbury Street	Providence	RI	02906
From - To (MM/YY - MM/YY)	Address	City	State	Zip
08/15 - 08/16	Park Row West, APT 512	Providence	RI	02903
From - To (MM/YY - MM/YY)	Address	City	State	Zip
06/13 - 07/15	Kron Street APT 418	Cambridge	MA	02138
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

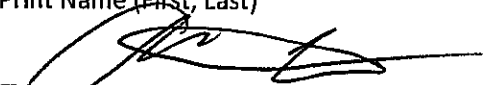
Business Name Truepill		From - To (MM/YY - MM/YY) 11/23 - current	
Business Address 3121 Diablo Ave	City Hayward	State CA	Zip 94545
Phone	Title President		
Description of Duties Oversee P&L and the development and execution of our business strategy, and commercial growth.			
Business Name The Carlyle Group		From - To (MM/YY - MM/YY) 01/21 - 11/23	
Business Address 1001 Pennsylvania Ave NW	City Washington	State DC	Zip 20004
Phone	Title Principal		
Description of Duties Lead the Healthcare team for Carlyle's Global Portfolio Solutions (GPS) group			
Business Name CVS Health		From - To (MM/YY - MM/YY) 08/11 - 01/23	
Business Address 1 CVS Drive	City Woonsocket	State RI	Zip 02895
Phone	Title Vice President		
Description of Duties Managed and sat on the Retail Leadership Team			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aaron Wurst

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

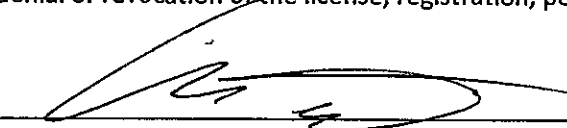
27 March 2024

Date

Please have this section completed in the presence of a Notary Public.

State of RI, ss. County of Providence

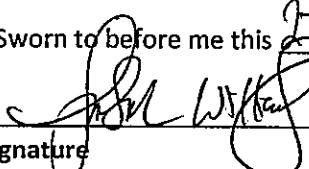
I, Aaron Wurst, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.


Original Signature

27 March 2024

Date

Subscribed and Sworn to before me this 27th day of March, 2024.


Notary Public Signature

Jason Williams
Notary Public State of Rhode Island
My Commission Expires August 5, 2027
Notary # 764388

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) OH 0232000312

Physical Address 2722 EE. Kemper Rd

City Sharonville State OH Zip 45241

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 513-771-0367 Website n/a

Licensing Company Email compliance@truepill.com

Section 2: Personal Information

First Paul Middle James Last Greenall

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Benjamin Way

City Healdsburg State CA Zip 95448

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Personal History Application

(Applicant's Initials

DS
PG

1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Bayes Business School, University of London		From - To (MM/YY - MM/YY) 10/98-07/02	
Address 106 Bunhill Row	City London	State UK	Zip EC1Y 8TZ
Diploma/Degree obtained, if any BSc Business Management			
School Name Abbotsfield School		From - To (MM/YY - MM/YY) 09/91-07/98	
Address Clifton Gardens	City Hillingdon	State UK	Zip UB10 0EX
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 07/20 - Date	Address [REDACTED] Benjamin Way	City Healdsburg	State CA	Zip 95448
From - To (MM/YY - MM/YY) 09/11 - 07/20	Address [REDACTED] Church St Apt H	City San Francisco	State CA	Zip 94114
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Postmeds Inc D/B/A Truepill		From - To (MM/YY – MM/YY) 07/22 - Date	
Business Address 3121 Diablo Ave	City Hayward	State CA	Zip 94545
Phone 855-910-8606	Title CEO		
Description of Duties Managing the overall resources and operations of company, making major corporate decisions, and acting as the main point of contact between the board of directors, employees, and the public.			
Business Name Prophet Brand Strategy LLC		From - To (MM/YY – MM/YY) 04/19 - 06/22	
Business Address 150 Spear St Ste 1300	City San Francisco	State CA	Zip 94105
Phone (415) 518-5692	Title Senior Partner, Chief Strategy Officer		
Description of Duties Primary responsibility for strategy formulation and management, including developing the corporate vision and strategy, overseeing strategic planning, and leading strategic initiatives, including M&A, transformation, partnerships, and costs			
Business Name McKesson Corporation		From - To (MM/YY – MM/YY) 07/09-12/18	
Business Address 1 Post Street	City San Francisco	State CA	Zip 94104
Phone 415-983-8300	Title Sr Vice President, Enterprise Strategy		
Description of Duties Primary responsibility for strategy formulation and management, including developing the corporate vision and strategy, overseeing strategic planning, and leading strategic initiatives, including M&A, transformation, partnerships, and costs			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 3. Provide all the following where applicable:

Date of Event/Arrest 06/01/2007	Disposition Date 06/01/2007	State MN	City Metropolitan Airport	County Hennepin
Case # 225001		Governing, licensing, Arresting Presiding Body/Agency/Court Metropolitan Airport		
Reason/Charge Petty Misdemeanor - Airport Ordinance Violation				
Plaintiff/Defendant/Claimant/Respondent Self			Lawsuit/Arbitration/Bankruptcy N/A	
Name of Business/Industry/Entity N/A				

Provide explanation below:

Petty Misdemeanor Airport Ordinance Violation with \$300 fine, expunged 9/27/2021 by State Statute. Original documentation unavailable due to fire loss.

MN Statute 609.2 - "Petty misdemeanor" a petty offense which is prohibited by ordinance or statute, which does not constitute a crime and for which a sentence of a fine of not more than \$300 may be imposed.

DocuSigned by:

Paul Grenall

F710F9B004924A4

Original Signature (electronic, copies or stamps not accepted)

03/31/2024 4/5/2024

Date

DS
PG

Personal History Application

(Applicant's Initials

6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Greenall

Print Name (First, Last)

DocuSigned by:

Paul Greenall

F716F9B604924A4...

Original Signature (electronic, copies or stamps not accepted)

3/31/2024

4/5/2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03955	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Specialty Mail Order	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other: Specialty
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☒ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy
 Physical Address: 711 Anderson Avenue
 City: Cliffside Park State: NJ Zip: 07010
 Mailing Address (if different from physical address): 410 Cloverleaf Drive
 City: Baldwin Park State: CA Zip: 91706
 Telephone: 866-295-3015 Toll Free # (NAC 639.708, NRS 639.23286): 866-295-3015
 Fax: 201-313-9798 Contact Email: admin@signiorx.com
 Website: Pending
 Nevada Business License # (if applicable) _____
 Supervising/Managing Pharmacist Name (NRS 639.220): Yoon Young Kim
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 24158

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015). (Use a separate piece of paper if additional space is needed.)

Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company:

	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: David Rombro	Credentials: RPh	%: less than 10%
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**Section 6: Non-Publicly Traded Corporation or Company**State of Incorporation/Organization: CaliforniaParent Company (if any): Please see attached ownership details.

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Signio Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Rombro

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

6/13/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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

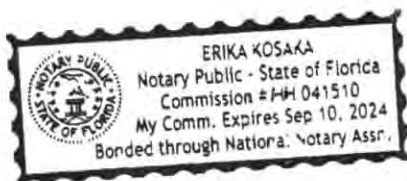
1. I am the CEO (title) for Signio Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.


Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13 day of June, 20 23

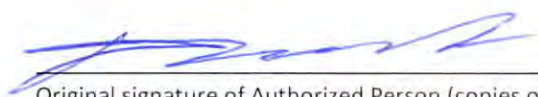

Notary Public



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Rombro

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

4/13/23

Date

Board Use Only

Date Received: 7/17/23

Amount: \$500 -CK- 114210

BEFORE THE MINNESOTA

BOARD OF PHARMACY

In the Matter of
Polaris Pharmacy Services of Minnesota, LLC
License No. 265679

**STIPULATION AND
CONSENT ORDER**

STIPULATION

Polaris Pharmacy Services of Minnesota, LLC ("Licensee") and the Minnesota Board of Pharmacy Committee on Professional Standards ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.

2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On August 18, 2021, Licensee met with the Committee to discuss the allegations described in a Notice of Conference. Board members Kendra Metz and Stuart Williams comprised the Committee. The Board's Executive Director, Cody Wiberg; Deputy Director, Jennell Bilek; and staff attorney, Brian Park, were also present. Alex Mountain, Assistant Attorney General, represented the Committee. Brian A. Dillon, of Lathrop GPM LLP, represented licensee and was

accompanied by Licensee's Pharmacist-in-Charge, Neil Uitto; Polaris' Chief Operating Officer, Steven Baker; and Polaris' Executive Vice President of Operations, Todd Zisek.

III.

FACTS

4. On or about November 1, 2018, the Board licensed Licensee as a pharmacy in Minnesota.

5. Licensee is a closed door, long-term care ("LTC") pharmacy that prepares sterile and non-sterile compounded drug products for dispensing.

6. Licensee has two affiliated pharmacy locations in Florida, both licensed by the Board as follows:

a. On or about July 8, 2016, the Board issued Polaris Rx, located in Fort Lauderdale, Florida ("Pharmacy 1"), non-resident pharmacy license #265101.

b. On or about December 5, 2018, the Board issued Polaris Pharmacy Services of Tampa, located in Tampa, Florida ("Pharmacy 2"), non-resident pharmacy license #265721.

7. On or about March 19, 2019, two Board Surveyors visited Licensee for the purpose of completing a routine inspection, met with the pharmacist-in-charge, and identified the following:

a. Seven pharmacy technicians registered by the Board and employed by Pharmacy 1 and Pharmacy 2, were living in Florida but listed their current physical address as Licensee's address in Minnesota.

b. During the inspection, the Board Surveyors cited Licensee for engaging in central services with Pharmacy 1 and Pharmacy 2, by allowing pharmacy technicians working in Florida to remotely perform data entry of prescription drug information for Minnesota patients into

Licensee's Frameworks LTC prescription processing and dispensing software system ("FW-LTC"), followed by verification of the data entry by Licensee's pharmacist staff members working in Minnesota ("Central Service").

c. Prior to beginning Central Service, Licensee failed to submit a copy of its policy and procedure manual and failed to obtain Board approval to participate in a Central Service arrangement with Pharmacy 1 and Pharmacy 2.

d. Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the March 2019 citation.

e. Licensee's nonsterile compounding records failed to include an assigned beyond use date ("BUD") for the final compounded drug product, or included a BUD exceeding those recommended within United States Pharmacopeia, General Chapter 795 for Pharmaceutical Compounding - Nonsterile Preparations ("USP 795"), without documentation of a reference for literature or a stability study applicable to the specific drug product allowing for extension of the BUD. Licensee avers that it responded to these findings by providing education to its staff to ensure compounded components included lot numbers, expiration dates, and BUDs, along with noting the supporting reference sources. Licensee states that it is not aware of any other issues regarding its compliance with BUD requirements since 2019.

8. On or about March 20, 2019, the Board received a complaint alleging that Licensee was utilizing pharmacy technicians from outside of Minnesota to enter prescription data. On or about April 9, 2019, a Board Surveyor reminded Licensee, after expanding its operations to 24-

hours, that pharmacy technicians working outside of its Minnesota location could not be used to help with covering the additional hours that the pharmacy is open, due to the lack of Board approved policies for Central Services with Pharmacy 1 and Pharmacy 2. As noted above, Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the Board's concern regarding the use of out-of-state technicians to enter prescription data.

9. On June 11, 2019, two Board Surveyors visited Licensee for the purpose of an investigation, met with representatives of the Licensee, and identified the following:

a. The pharmacist-in-charge stated that, as far as she was aware, Pharmacy 1 and Pharmacy 2, both located in Florida, were the only two locations providing Central Services for Licensee.

b. Licensee utilized a company named IND Consulting ("IND") for emergency kit ("E-kit") billing and entry of patient information when pharmacy services are initiated in a new LTC facility. IND's website states its staff are able to provide services including, but not limited to, billing services, medical record entry, and data entry solutions, with guaranteed staffing in fully operational data centers that are open 24 hours a day and 365 days a year, located within or outside of the United States across the globe in Mexico, India, the Philippines, and Florida. During the conference with the Committee, Licensee admitted that IND consulting had been used to enter prescription data for prescription drug orders ultimately dispensed by its

Minnesota pharmacy. Licensee cannot definitively state where individuals affiliated with IND were licensed or physically located when entering such data.

c. At the end of the visit, the Board Surveyor's provided an Investigative Report requesting additional information and reminding Licensee again that it cannot engage in Central Services without Board approval.

10. On February 12, 2020, two Board Surveyors visited Licensee for the purposes of an investigation, met with representatives of Licensee, and identified the following:

a. After arriving at 4:36 a.m., one of the Board Surveyors observed two of Licensee's pharmacy technicians were allowed badge access to the pharmacy entrance prior to the arrival of RPh 3 at around 5:55 a.m. One technician was found to be working in the sterile compounding area and another was logged into Licensee's computer. A representative of Licensee later stated that three pharmacy technicians had been given keys and passcodes to access Licensee's pharmacy. During its conference with the Committee, Licensee admitted that this allegation is true, but stated that senior management took corrective action upon learning of the situation, including immediately revoking the access code of all non-pharmacists and physically rekeying all doors within the pharmacy. Licensee avers that periodic security assessments confirm that no unauthorized persons have had access to the pharmacy since February 2020.

b. Six pharmacy technicians, including the IV pharmacy technician, were present in the "filling area" with only one pharmacist, who was the second pharmacist to arrive. Another pharmacist was in an "order entry" area, a distinctly different area separated by a wall and door. The Board Surveyors were told that additional pharmacy technicians were scheduled that morning to perform non-technician "staging or stocking" duties. However, the Board Surveyors observed that the additional pharmacy technicians that were supposedly scheduled to perform non-technician duties, were filling orders in the "filling area" to be checked by the one pharmacist.

Licensee avers that is does not have sufficient information to admit or deny the Board surveyors' observations, but that company policy requires compliance with required technician-to-pharmacist ratios.

IV.

LAWS

11. Licensee acknowledges the conduct described in section III above constitutes a violation of Minn. Stat. § 151.071, subd. 2(7), and warrants the disciplinary action described below.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

12. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of \$50,000 for the conduct described in section III above. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of entry of this Order.

13. The Board places the following **CONDITION** on Licensee's License: every six months, for a period of three years, Licensee's CEO must certify to the Board's Executive Director that Licensee's licensed pharmacies that provide services to Minnesota residents are in full compliance with all applicable Minnesota statutes and rules.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

14. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Committee shall schedule a hearing before the Board. At least 20 days before the hearing, the Committee must mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Committee, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Committee will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of

adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation does not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Committee's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII. ADDITIONAL INFORMATION

15. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

16. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the

investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

17. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

18. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

19. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

20. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it. If the Board rejects this Stipulation and Consent Order, the parties agree that this Stipulation and Consent Order will not be admissible in any proceedings.

21. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis

of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action, and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

22. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

23. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

MINNESOTA BOARD OF PHARMACY
COMMITTEE ON PROFESSIONAL STANDARDS


POLARIS PHARMACY
SERVICES OF MINNESOTA,
LLC (LICENSEE)


BOARD MEMBER

Dated: 12-3-2021

Dated: 12/8/21

ORDER

Upon consideration of the Stipulation, the Board **REPRIMANDS** Licensee, imposes a
CIVIL PENALTY, and **CONDITIONS** Licensee's license and adopts all of the terms described
above on this 8TH day of December, 2021.

MINNESOTA BOARD OF PHARMACY


CODY WIBERG
Executive Director

Challenges Polaris Faced in Minnesota

Polaris entered the Minnesota market in November 2018. The company operates only one pharmacy in Minnesota, which is located at 5220 Park Glen Road, St. Louis Park. Polaris' early experience in Minnesota was not without its challenges, but the company has made a good faith effort to address its challenges and is constantly looking to improve.

When Polaris entered the Minnesota market, it was surprised to find a labor market (particularly for pharmacy technicians) that was much tighter than other markets in which Polaris operates and experienced more staff turnover in Minnesota than it is accustomed to in other markets. The Covid-19 pandemic obviously put an incredible amount of stress on every stakeholder in the pharmacy industry, and Polaris was no exception. The pandemic made it even more difficult for Polaris to recruit, hire, and retain talented staff.

Polaris continues to believe it did not engage in central services by having Minnesota-licensed technicians located in Florida perform remote order entry tasks in connection with prescription orders filled in Minnesota. In letters to the Board dated July 19, 2019, Polaris explained why it began using Minnesota-licensed technicians based in Florida to assist Polaris Minnesota with order entry tasks.

In sum, during its initial months of operation, Polaris faced an unanticipated and unacceptable backlog of prescription orders that needed to be filled in Minnesota. The backlog resulted largely from Polaris' inability to recruit and retain enough capable pharmacy technicians in Minnesota during the early months of operation. To address the backlog and ensure the timely delivery of prescriptions to Minnesota patients, Polaris initially had Minnesota-licensed technicians based in Florida perform order entry services on behalf of Polaris Minnesota. These technicians were experienced technicians who were licensed in Minnesota before they performed order entry work for Polaris Minnesota. Further, while performing remote order entry work from a Polaris Florida location, these technicians were connected virtually to Polaris Minnesota's physical workspace through Polaris' FrameworkLTC software platform, which is commonly used across the long-term care pharmacy industry. At all times, the work of these technicians was overseen by a licensed pharmacist at the Florida pharmacy (where the data was entered into FrameworkLTC), as well as a Minnesota-licensed pharmacist in the Minnesota pharmacy, who ultimately controlled and was responsible for the technicians' work and any prescriptions filled in connection with data they entered into the system. Additionally, until May 2019, Polaris had IND Consulting and its "Team X" do some remote order entry work for Polaris Minnesota. Aside from the order entry function, Polaris Minnesota's prescription processing and filling functions have always taken place entirely in the Minnesota pharmacy. Polaris has at times relied on similar remote order entry processes in other states without triggering central service pharmacy requirements.

Accordingly, when Polaris started using this process to help deal with the Minnesota backlog, it did not anticipate that it might be triggering central services pharmacy requirements. For this reason, Polaris initially did not submit or seek approval from the Board for a central prescription drug processing policy or procedure. In March 2019, after Board staff expressed a

view that Polaris' use of Minnesota-licensed technicians based in Florida to perform remote entry work constituted an unauthorized central service arrangement, Polaris took immediate steps to address the issue. Polaris initially flew Minnesota-licensed technicians from Florida to Minnesota, so they could be physically present in the Polaris Minnesota pharmacy while performing the same order entry functions they had been performing in Florida.

Finally, Polaris sought Board approval of several remote order entry variances, with the goal of being authorized to resume using Minnesota-licensed technicians based in Florida to perform remote order entry for Polaris Minnesota, and particularly to deal with emergencies or backlogs. When Board staff initially raised this issue in March 2019, Polaris did not believe it could immediately shift all order entry functions to its limited staff in Minnesota without compromising patient safety and welfare. At the time, Polaris was still working through the backlog, onboarding new care facilities, and working hard to locate, hire, train, and retain technicians and other staff in Minnesota in a challenging labor market. Under the circumstances, Polaris determined it was necessary to continue using Minnesota licensed, Florida-based technicians for a period of time in order to deal with the backlog and continue filling prescriptions in a timely manner for patients who needed them, while simultaneously building up its Minnesota workforce and making the changes necessary to meet the expectations of Board staff. As soon as Polaris was staffed and equipped to perform all order entry functions in Minnesota, it stopped utilizing technicians who were not physically located in Minnesota altogether. Accordingly, from June 2019 to the present, Polaris has only used Minnesota-licensed technicians physically located in the Polaris Minnesota pharmacy to perform order entry work on prescription orders filled in Minnesota. Polaris took concerns raised by Board staff over remote order entry issues seriously, and it believes it acted reasonably under the circumstances to address those concerns, while also maintaining high levels of patient care.

Polaris remained committed to working cooperatively with the Board to better understand what it must do in order to utilize remote order entry processes in the future. Polaris would always attempt to rely on technicians physically located in its Minnesota pharmacy to perform data entry and other prescription filling functions. The Board acknowledged granting variance requests to many pharmacy chains and health-systems that authorize the use of remote order entry processes. In March 2020, the Board also issued Covid-19 related guidance acknowledging that pharmacists and technicians could perform various prescription drug filling functions while working remotely—including data entry of prescriptions and orders; verifying prescriptions; certifying data entry and the finished prescriptions (i.e., the product check); conducting profile and prospective drug utilization reviews; and stage-checking for compounding—so long as affiliated pharmacies were using adequate computer software and hardware for the tasks being performed. While the Board's Covid-19 guidance evolved after Governor Walz's Peacetime Emergency declaration was rescinded, Polaris continues to believe remote order entry processes like those implemented during the first few months of Polaris' operations in Minnesota were safe, effective, and should have a place in the delivery of modern pharmacy services.

The Board approved the central services variance #265679-010 on July 13, 2022 between Polaris Pharmacy Services of Minnesota, LLC and both the Polaris Pharmacies located in Tampa and Ft. Lauderdale Florida for urgent or emergent needs.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler POLARIS SPECIALTY PHARMACY LLC, DBA SIGNIO SPECIALTY PHARMACY

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 711 ANDERSON AVENUECity CLIFFSIDE PARKState NJZip 07010Mailing Address (if different from physical address) 410 CLOVERLEAF DRIVECity BALDWIN PARKState CAZip 91706Telephone 626-626-9400

Website _____

Licensing Company Email ADMIN@SIGNIORX.COM**Section 2: Personal Information**First YOON YOUNG

Middle _____

Last KIMAlias(es, nicknames, name changes, etc.) KAY

Date of Birth _____

SSN or ITIN _____

Sex ☐ M ☒ F ☐ X

Mailing Address _____ HIGH STREET

City LEONIAState NJZip 07605

Telephone _____

Email _____

Are you a citizen of the United States?

☐ Yes☒ No**Section 3: Military Service (NRS 622.120)**

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

No

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name EAST BRUNSWICK HIGH SCHOOL		From - To (MM/YY - MM/YY) 09/1996-05/1999	
Address 380 CRNABURY ROAD	City EAST BRUNSWICK	State NJ	Zip 08816
Diploma/Degree obtained, if any HS			
School Name ERNEST MARIO SCHOOL OF PHARMACY (RUTGERS)		From - To (MM/YY - MM/YY) 09/1999-05/2005	
Address 160 FRELINGHUYSEN ROAD	City PISCARAWAY	State NJ	Zip 08854
Diploma/Degree obtained, if any PHARM.D			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/2006-07/2014	Address ANDERSON AVENUE 4B	City CLIFFSIDE PARK	State NJ	Zip 07010
From - To (MM/YY - MM/YY) 07/2014-08/2019	Address HILLSIDE AVENUE	City LEONIA	State NJ	Zip 07605
From - To (MM/YY - MM/YY) 08/2019 - PRESENT	Address HIGH STREET	City LEONIA	State NJ	Zip 07605
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name SIGNIO SPECIALTY PHARMACY (PREVIOUSLY PREMIER PHARMACY SERVICES)		From - To (MM/YY - MM/YY) 04/2019-PRESENT	
Business Address 711 ANDERSON AVENUE		City CLIFFSIDE PARK	State NJ
Phone 201.313.9797	Title PIC	Number of Employed Hours 36 HOURS PER WEEK	
Description of Duties MANAGE PHARMACY, COUNSEL AND DISPENSE MEDICATIONS			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

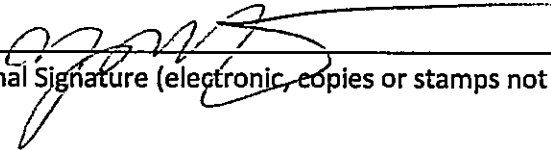
I, YOON YOUNG KIM, certify that as the designated representative for
SIGNIO SPECIALTY PHARMACY

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

YOON YOUNG KIM

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

06/09/20023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yoon Young Kim
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

6/9/2023
Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of BERGEN

I, Yoon Young Kim, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

6/9/2023
Date

Subscribed and Sworn to before me this 9th day of June.

[Signature]
Notary Public Signature

(Seal)

Challenges Polaris Faced in Minnesota

Polaris entered the Minnesota market in November 2018. The company operates only one pharmacy in Minnesota, which is located at 5220 Park Glen Road, St. Louis Park. Polaris' early experience in Minnesota was not without its challenges, but the company has made a good faith effort to address its challenges and is constantly looking to improve.

When Polaris entered the Minnesota market, it was surprised to find a labor market (particularly for pharmacy technicians) that was much tighter than other markets in which Polaris operates and experienced more staff turnover in Minnesota than it is accustomed to in other markets. The Covid-19 pandemic obviously put an incredible amount of stress on every stakeholder in the pharmacy industry, and Polaris was no exception. The pandemic made it even more difficult for Polaris to recruit, hire, and retain talented staff.

Polaris continues to believe it did not engage in central services by having Minnesota-licensed technicians located in Florida perform remote order entry tasks in connection with prescription orders filled in Minnesota. In letters to the Board dated July 19, 2019, Polaris explained why it began using Minnesota-licensed technicians based in Florida to assist Polaris Minnesota with order entry tasks.

In sum, during its initial months of operation, Polaris faced an unanticipated and unacceptable backlog of prescription orders that needed to be filled in Minnesota. The backlog resulted largely from Polaris' inability to recruit and retain enough capable pharmacy technicians in Minnesota during the early months of operation. To address the backlog and ensure the timely delivery of prescriptions to Minnesota patients, Polaris initially had Minnesota-licensed technicians based in Florida perform order entry services on behalf of Polaris Minnesota. These technicians were experienced technicians who were licensed in Minnesota before they performed order entry work for Polaris Minnesota. Further, while performing remote order entry work from a Polaris Florida location, these technicians were connected virtually to Polaris Minnesota's physical workspace through Polaris' FrameworkLTC software platform, which is commonly used across the long-term care pharmacy industry. At all times, the work of these technicians was overseen by a licensed pharmacist at the Florida pharmacy (where the data was entered into FrameworkLTC), as well as a Minnesota-licensed pharmacist in the Minnesota pharmacy, who ultimately controlled and was responsible for the technicians' work and any prescriptions filled in connection with data they entered into the system. Additionally, until May 2019, Polaris had IND Consulting and its "Team X" do some remote order entry work for Polaris Minnesota. Aside from the order entry function, Polaris Minnesota's prescription processing and filling functions have always taken place entirely in the Minnesota pharmacy. Polaris has at times relied on similar remote order entry processes in other states without triggering central service pharmacy requirements.

Accordingly, when Polaris started using this process to help deal with the Minnesota backlog, it did not anticipate that it might be triggering central services pharmacy requirements. For this reason, Polaris initially did not submit or seek approval from the Board for a central prescription drug processing policy or procedure. In March 2019, after Board staff expressed a

view that Polaris' use of Minnesota-licensed technicians based in Florida to perform remote entry work constituted an unauthorized central service arrangement, Polaris took immediate steps to address the issue. Polaris initially flew Minnesota-licensed technicians from Florida to Minnesota, so they could be physically present in the Polaris Minnesota pharmacy while performing the same order entry functions they had been performing in Florida.

Finally, Polaris sought Board approval of several remote order entry variances, with the goal of being authorized to resume using Minnesota-licensed technicians based in Florida to perform remote order entry for Polaris Minnesota, and particularly to deal with emergencies or backlogs. When Board staff initially raised this issue in March 2019, Polaris did not believe it could immediately shift all order entry functions to its limited staff in Minnesota without compromising patient safety and welfare. At the time, Polaris was still working through the backlog, onboarding new care facilities, and working hard to locate, hire, train, and retain technicians and other staff in Minnesota in a challenging labor market. Under the circumstances, Polaris determined it was necessary to continue using Minnesota licensed, Florida-based technicians for a period of time in order to deal with the backlog and continue filling prescriptions in a timely manner for patients who needed them, while simultaneously building up its Minnesota workforce and making the changes necessary to meet the expectations of Board staff. As soon as Polaris was staffed and equipped to perform all order entry functions in Minnesota, it stopped utilizing technicians who were not physically located in Minnesota altogether. Accordingly, from June 2019 to the present, Polaris has only used Minnesota-licensed technicians physically located in the Polaris Minnesota pharmacy to perform order entry work on prescription orders filled in Minnesota. Polaris took concerns raised by Board staff over remote order entry issues seriously, and it believes it acted reasonably under the circumstances to address those concerns, while also maintaining high levels of patient care.

Polaris remained committed to working cooperatively with the Board to better understand what it must do in order to utilize remote order entry processes in the future. Polaris would always attempt to rely on technicians physically located in its Minnesota pharmacy to perform data entry and other prescription filling functions. The Board acknowledged granting variance requests to many pharmacy chains and health-systems that authorize the use of remote order entry processes. In March 2020, the Board also issued Covid-19 related guidance acknowledging that pharmacists and technicians could perform various prescription drug filling functions while working remotely—including data entry of prescriptions and orders; verifying prescriptions; certifying data entry and the finished prescriptions (i.e., the product check); conducting profile and prospective drug utilization reviews; and stage-checking for compounding—so long as affiliated pharmacies were using adequate computer software and hardware for the tasks being performed. While the Board's Covid-19 guidance evolved after Governor Walz's Peacetime Emergency declaration was rescinded, Polaris continues to believe remote order entry processes like those implemented during the first few months of Polaris' operations in Minnesota were safe, effective, and should have a place in the delivery of modern pharmacy services.

The Board approved the central services variance #265679-010 on July 13, 2022 between Polaris Pharmacy Services of Minnesota, LLC and both the Polaris Pharmacies located in Tampa and Ft. Lauderdale Florida for urgent or emergent needs.

**BEFORE THE MINNESOTA
BOARD OF PHARMACY**

In the Matter of
Polaris Pharmacy Services of Minnesota, LLC
License No. 265679

**STIPULATION AND
CONSENT ORDER**

STIPULATION

Polaris Pharmacy Services of Minnesota, LLC ("Licensee") and the Minnesota Board of Pharmacy Committee on Professional Standards ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.

2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On August 18, 2021, Licensee met with the Committee to discuss the allegations described in a Notice of Conference. Board members Kendra Metz and Stuart Williams comprised the Committee. The Board's Executive Director, Cody Wiberg; Deputy Director, Jennell Bilek; and staff attorney, Brian Park, were also present. Alex Mountain, Assistant Attorney General, represented the Committee. Brian A. Dillon, of Lathrop GPM LLP, represented licensee and was

accompanied by Licensee's Pharmacist-in-Charge, Neil Uitto; Polaris' Chief Operating Officer, Steven Baker; and Polaris' Executive Vice President of Operations, Todd Zisek.

III.

FACTS

4. On or about November 1, 2018, the Board licensed Licensee as a pharmacy in Minnesota.

5. Licensee is a closed door, long-term care ("LTC") pharmacy that prepares sterile and non-sterile compounded drug products for dispensing.

6. Licensee has two affiliated pharmacy locations in Florida, both licensed by the Board as follows:

a. On or about July 8, 2016, the Board issued Polaris Rx, located in Fort Lauderdale, Florida ("Pharmacy 1"), non-resident pharmacy license #265101.

b. On or about December 5, 2018, the Board issued Polaris Pharmacy Services of Tampa, located in Tampa, Florida ("Pharmacy 2"), non-resident pharmacy license #265721.

7. On or about March 19, 2019, two Board Surveyors visited Licensee for the purpose of completing a routine inspection, met with the pharmacist-in-charge, and identified the following:

a. Seven pharmacy technicians registered by the Board and employed by Pharmacy 1 and Pharmacy 2, were living in Florida but listed their current physical address as Licensee's address in Minnesota.

b. During the inspection, the Board Surveyors cited Licensee for engaging in central services with Pharmacy 1 and Pharmacy 2, by allowing pharmacy technicians working in Florida to remotely perform data entry of prescription drug information for Minnesota patients into

Licensee's Frameworks LTC prescription processing and dispensing software system ("FW-LTC"), followed by verification of the data entry by Licensee's pharmacist staff members working in Minnesota ("Central Service").

c. Prior to beginning Central Service, Licensee failed to submit a copy of its policy and procedure manual and failed to obtain Board approval to participate in a Central Service arrangement with Pharmacy 1 and Pharmacy 2.

d. Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the March 2019 citation.

e. Licensee's nonsterile compounding records failed to include an assigned beyond use date ("BUD") for the final compounded drug product, or included a BUD exceeding those recommended within United States Pharmacopeia, General Chapter 795 for Pharmaceutical Compounding - Nonsterile Preparations ("USP 795"), without documentation of a reference for literature or a stability study applicable to the specific drug product allowing for extension of the BUD. Licensee avers that it responded to these findings by providing education to its staff to ensure compounded components included lot numbers, expiration dates, and BUDs, along with noting the supporting reference sources. Licensee states that it is not aware of any other issues regarding its compliance with BUD requirements since 2019.

8. On or about March 20, 2019, the Board received a complaint alleging that Licensee was utilizing pharmacy technicians from outside of Minnesota to enter prescription data. On or about April 9, 2019, a Board Surveyor reminded Licensee, after expanding its operations to 24-

hours, that pharmacy technicians working outside of its Minnesota location could not be used to help with covering the additional hours that the pharmacy is open, due to the lack of Board approved policies for Central Services with Pharmacy 1 and Pharmacy 2. As noted above, Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the Board's concern regarding the use of out-of-state technicians to enter prescription data.

9. On June 11, 2019, two Board Surveyors visited Licensee for the purpose of an investigation, met with representatives of the Licensee, and identified the following:

a. The pharmacist-in-charge stated that, as far as she was aware, Pharmacy 1 and Pharmacy 2, both located in Florida, were the only two locations providing Central Services for Licensee.

b. Licensee utilized a company named IND Consulting ("IND") for emergency kit ("E-kit") billing and entry of patient information when pharmacy services are initiated in a new LTC facility. IND's website states its staff are able to provide services including, but not limited to, billing services, medical record entry, and data entry solutions, with guaranteed staffing in fully operational data centers that are open 24 hours a day and 365 days a year, located within or outside of the United States across the globe in Mexico, India, the Philippines, and Florida. During the conference with the Committee, Licensee admitted that IND consulting had been used to enter prescription data for prescription drug orders ultimately dispensed by its

Minnesota pharmacy. Licensee cannot definitively state where individuals affiliated with IND were licensed or physically located when entering such data.

c. At the end of the visit, the Board Surveyor's provided an Investigative Report requesting additional information and reminding Licensee again that it cannot engage in Central Services without Board approval.

10. On February 12, 2020, two Board Surveyors visited Licensee for the purposes of an investigation, met with representatives of Licensee, and identified the following:

a. After arriving at 4:36 a.m., one of the Board Surveyors observed two of Licensee's pharmacy technicians were allowed badge access to the pharmacy entrance prior to the arrival of RPh 3 at around 5:55 a.m. One technician was found to be working in the sterile compounding area and another was logged into Licensee's computer. A representative of Licensee later stated that three pharmacy technicians had been given keys and passcodes to access Licensee's pharmacy. During its conference with the Committee, Licensee admitted that this allegation is true, but stated that senior management took corrective action upon learning of the situation, including immediately revoking the access code of all non-pharmacists and physically rekeying all doors within the pharmacy. Licensee avers that periodic security assessments confirm that no unauthorized persons have had access to the pharmacy since February 2020.

b. Six pharmacy technicians, including the IV pharmacy technician, were present in the "filling area" with only one pharmacist, who was the second pharmacist to arrive. Another pharmacist was in an "order entry" area, a distinctly different area separated by a wall and door. The Board Surveyors were told that additional pharmacy technicians were scheduled that morning to perform non-technician "staging or stocking" duties. However, the Board Surveyors observed that the additional pharmacy technicians that were supposedly scheduled to perform non-technician duties, were filling orders in the "filling area" to be checked by the one pharmacist.

Licensee avers that is does not have sufficient information to admit or deny the Board surveyors' observations, but that company policy requires compliance with required technician-to-pharmacist ratios.

IV.

LAWS

11. Licensee acknowledges the conduct described in section III above constitutes a violation of Minn. Stat. § 151.071, subd. 2(7), and warrants the disciplinary action described below.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

12. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of \$50,000 for the conduct described in section III above. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of entry of this Order.

13. The Board places the following **CONDITION** on Licensee's License: every six months, for a period of three years, Licensee's CEO must certify to the Board's Executive Director that Licensee's licensed pharmacies that provide services to Minnesota residents are in full compliance with all applicable Minnesota statutes and rules.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

14. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Committee shall schedule a hearing before the Board. At least 20 days before the hearing, the Committee must mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Committee, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Committee will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of

adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation does not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Committee's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII. ADDITIONAL INFORMATION

15. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

16. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the

investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

17. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

18. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

19. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

20. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it. If the Board rejects this Stipulation and Consent Order, the parties agree that this Stipulation and Consent Order will not be admissible in any proceedings.

21. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis

of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action, and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

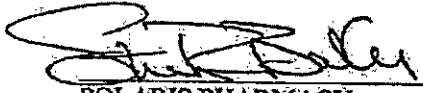
DATA PRACTICES NOTICES

22. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

23. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

MINNESOTA BOARD OF PHARMACY
COMMITTEE ON PROFESSIONAL STANDARDS


POLARIS PHARMACY
SERVICES OF MINNESOTA,
LLC (LICENSEE)


BOARD MEMBER

Dated: 12-3-2021

Dated: 12/8/21

ORDER

Upon consideration of the Stipulation, the Board **REPRIMANDS** Licensee, imposes a **CIVIL PENALTY**, and **CONDITIONS** Licensee's license and adopts all of the terms described above on this 8TH day of December, 2021.

MINNESOTA BOARD OF PHARMACY


CODY WIBERG
Executive Director



New Jersey Office of the Attorney General
Division of Consumer Affairs
BOARD OF PHARMACY (973) 504-6450 • ENFORCEMENT BUREAU (973) 504-8300

Date: 6-10-2022
File number: 8-6388-77-921

Board of Pharmacy Inspection Report

<u>Signio Specialty Pharmacy</u> (Pharmacy trade name)	
Corporation name (if not the same)	
<u>711 Ardmore Ave</u> Owner (as identified on the occasion of this inspection)	
<u>Cliffside Park NJ</u> City	<u>07010</u> ZIP code

(Paste pharmacy label here)

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Signio Specialty Pharmacy 28RSD0730800 6-30-2023
Name of permit holder Certificate number Expiration date

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

D10345500 10-31-2022
Certificate number Expiration date

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

EG7594105 9-30-2024
Certificate number Expiration date

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.]
[N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-8.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print): Yoonyoung Kim
(Does the pharmacist-in-charge's name appear at the establishment's entranceway?) ☒ Yes ☐ No

28RT03143700 4-30-2023 36
Permit number Expiration date Hours worked per week

1. Is the registered pharmacist-in-charge's current renewal on display? ☒ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-8.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☐ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
<u>Yoonyoung Kim</u>	<u>PhC</u>	<u>28RT03143700</u>	☒ Yes ☐ No	<u>36</u>
<u>Yoon-Hee Kim</u>	<u>Pharmacist</u>	<u>28RT03121100</u>	☒ Yes ☐ No	<u>6</u>
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)(8) and 13:39-5.8]

1. Is there a sink with hot and cold running water? ☒ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☒ Yes ☐ No

IV. Miscellaneous requirements

1. [16 C.F.R.-1700.14/15] Is a representative inventory of safety closures present? ☒ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☒ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☒ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)] Is the pharmacy library satisfactory? ☒ Yes ☐ No
5. [N.J.A.C. 13:45H-5.7] Has the required biennial C.D.S. inventory been conducted? ☒ Yes ☐ No
6. [N.J.A.C. 13:45H-5.5] Has the C.D.S. inventory been properly documented? ☒ Yes ☐ No

Yoon Young Kim
Print the name of the registered pharmacist who was present for the survey
[Signature]
Signature of the Enforcement Bureau representative



New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
Inventory Quality Assurance Examination



Pharmacy: Sigma Specialty Pharmacy
Street Address: 711 Anderson Ave
City, State, ZIP: Cliffside Park, NJ 07010

Date: 6-10-2022

Luigi

Inspector

Initials of Registered Pharmacist	Quantity or Commercial Package Size	The medications that were present for the filling of prescriptions have been examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could potentially have been dispensed, and did not include any segments of the inventory that may already have been separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the inspector, and then recorded below. The line entries are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite. It is requested that you accept your option to compare each package of medication that has been separated as deficient against its collateral entry and, if you concur, place your initials in the left-hand column. The inspector will delete any deficiencies for which there are plausible explanations.	Deficiencies						
			Name and Potency of Item	Manufacturer / Distributor	Lot Number	Expiration Date	Expired (1 day - 4 months) [13:39-7.18] [13:39-6.2(f)(7)]	Expired (4 months - 1 year) Expired (more than 1 year)	Misbranded "Sample" Medications (13:39-7.18) Improperly Stored (13:39-6.2(f)(7) and 8)
1.									
2.									
3.									
4.									
5.									
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7.									
8.									
9.									
10.									
11.									
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14.									
15.									
16.									
17.									
18.									
19.									
20.									
Totals from above									
Collective Totals from other pages									
Composite Total on this page									

COMMENTS:

I hereby acknowledge and attest to the accuracy of the inventory deficiencies reported above.

Yoon Young KIM
PRINTED NAME OF PHARMACIST

[Signature]
SIGNATURE OF PHARMACIST



Date: 6-10-2022
Time entered: 11:00am
Time departed: 12:45pm

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Signia Specialty Pharmacy
Address: 711 Anderson Ave Cliffside Park, NJ 07010
Name and registration number of pharmacist-in-charge:
Younyoung Kim 288503143700
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted:

(13:39-5.11(a)) - Subject pharmacy monitoring but not documenting ambient room temperature twice daily at least 8 hours apart

(13:39-5.11(d) 1,2,4) - Policies and procedures regarding temperature monitoring incomplete. Following are absent from policies and procedures:

- Monitoring and recording the temperature of the pharmacy permitted area and refrigerator and, if applicable, freezer twice a day at an interval of at least eight (8) hours
- Maintaining documentation of the recorded temperatures for two (2) years
- Calibrating thermometers of temperature monitoring devices per the manufacturer's specifications

Upon further examination of documents obtained by this investigator further deficiencies may be noted subsequent to this inspection activity

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following exceptions; if any.

COMMENTS:

MONITORING OF PRODUCT INVENTORY	
Policy Number: WKFL_011.00	Effective Date: August 1, 2014
Approval Authority: Stephen E. Samuel	Revisions: October 14, 2014; February 28, 2017; September 06, 2017; August 22, 2018; November 12, 2019; April 29, 2022; June 13, 2022 October 3, 2022; November 29, 2022, February 17, 2023
URAC Policy Area: P-OPS 5-1, P-OPS 5-2 ACHC Policy Area: DRX7-6A; DRX7-9A Digital Pharmacy Policy Area: ACC.F-4.i., ACC.F-4.ii., ACC.F-4.iii., ACC.F-5.i.	
Attachments: Yes X No	Review Date: 12/01/2015; 12/01/2016; 09/06/2017; 04/17/2018, 08/21/2018; 08/16/2019; 01/03/2020; 01/04/2021; 01/03/2022; 01/06/2023

Purpose

To implement policy and procedures that ensures appropriate handling and storage of products.

Policy

Healthcare products received shall be handled and stored appropriately with procedures that prevent degradation of products in accordance with manufacturer guidelines. Drugs shall be stored at appropriate temperatures per manufacturer requirements.

Scope

This policy applies to employees of Signio Specialty Pharmacy involved in handling medications in the pharmacy area.

Definitions

"Ambient room temperature" means temperature of surrounding environment.

"Freezer temperature" means temperature of surrounding environment inside the freezer.

"Refrigerator temperature" means temperature of surrounding environment inside the refrigerator.

"Unacceptable drugs" means drugs that have been recalled, discontinued, expired, damaged, adulterated, misbranded, contaminated, or determined to be counterfeit are considered to be unacceptable.

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes ☒ No	Effective Date: August 1, 2014

Procedure

Monitoring of Inventory

Unacceptable and Counterfeit Drugs

- Pharmacists and Pharmacy Technicians are trained to identify and address unacceptable medications (e.g., counterfeit drugs) by visual inspection, but not limited to:
 - Examine package and contents carefully (e.g., look for package tampering, unusual font and font size)
 - Cross reference what is actually filled with description shown in pharmacy dispensing software or drug reference, such as Micromedex or Medscape
 - Check if the batch number, expiry date and manufacturer's address on the secondary package are the same with that on the primary package
 - Dosage form, common defects are, but not limited to:
 - Excessive powder and/or pieces of tablets at the bottom of the container (from abraded, crushed or broken tablets);
 - Cracks or chips in the tablets, swelling, mottling, discoloration, fusion of tablets;
 - Appearance of crystal on the walls of the container or on the tablet.
 - Hardening or softening, cracking, swelling, mottling or discoloration of capsule shell
- If unacceptable or counterfeit drug is suspected a pharmacist will be notified immediately
- Pharmacist will refer to a reputable compendium to identify the drug, such as Facts and Comparison
- If authenticity of drug can be identified, pharmacist may re-stock pharmacy inventory with drug for dispensing
- If drug is suspected to be counterfeit, pharmacist will adhere to the following protocol:
 - Notify wholesaler of suspected counterfeit drug
 - Isolate drug from pharmacy inventory in a designated bin
 - Keep drug isolated until authorized agent can pick up counterfeit drug
- Any return of a counterfeit drug to wholesaler or manufacturer shall be documented as a transaction that resulted in the receipt of the drug by Premier Pharmacy Services
- Pharmacist in Charge (PIC) shall be accountable for appropriate storage of pharmacy inventory
- The on-duty pharmacist and designated pharmacy technician shall verify deliveries from the wholesaler to ensure all orders are received
- On duty pharmacist shall verify controlled substances received from wholesaler, and re-stock shelves with controlled medications
- Pharmacy technicians shall re-stock medications in accordance with requirements by manufacturer
 - Temperature sensitive medications shall be stocked before non-temperature sensitive medications
- Medications that require special handling (e.g.: must wear gloves) are clearly noted in plain

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes X No	Effective Date: August 1, 2014

view on the prescription package, and all pharmacy staff is educated to handle medications as advised by manufacturer

- Latex and/or nitrile gloves are provided to ensure safe handling of medication
- Par level inventory shall be kept in stock for products with a short shelf life
 - Products with a short shelf life will be dispensed based on soonest expiration date to ensure medication with soonest expiration date is filled first

Out of Stock / Back Ordered Products

- If a medication ordered by the prescriber is unavailable because it is out of stock in the pharmacy:
 - Pharmacy personnel will contact patient to notify them of out-of-stock medication
 - Pharmacy purchaser will contact the wholesaler to order the needed medication
 - Patients are dispensed a quantity that is in stock to start therapy immediately, and will be dispensed the remaining balance once the order is received from the wholesaler
- If a medication ordered by the physician is back ordered by the manufacturer:
 - Pharmacy purchaser will contact the wholesaler representative to obtain the medication from another warehouse location
 - If we are still unable to receive the ordered medication, the next step is for the pharmacist to consult with the prescribing physician to change medication to an alternative therapy
- Premier Pharmacy Services does everything in our ability to help patients start therapy as soon as possible, and continue therapy without interruption

Short Dated Products

Drugs that are short-dated are identified as drugs that expire in 180 days or less.

- Any short-dated drugs from vendors will not be accepted into pharmacy stock
 - If drug is found to be short-dated upon receipt, it shall be quarantined from pharmacy stock and considered for return to the vendor
- Circumstances where short-dated drugs may be accepted into pharmacy are:
 - Known nationwide shortage and short-dated product is all we can access
 - Assure the short-dated product can be consumed prior to expiration date
 - Product is clearly marked with expiration date
 - Label will reflect such date

Continuous Monitoring

All prescription drugs and chemicals shall be stored, filled, dispensed, transported, and/or delivered to the patient, agent of the patient, or facility or healthcare provider providing care to the patient to assure and maintain the integrity and stability of the prescription drug or chemical at temperatures specified by the drug manufacturer. If the drug manufacturer has not specified the appropriate

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes ☒ No	Effective Date: August 1, 2014

temperature, the prescription drug or chemical shall be maintained at a temperature maintained thermostatically between 20-25°C (68-77°F).

1. Pharmacy shall monitor and record the temperature of the pharmacy permitted area and refrigerator and, if applicable, freezer, no less than twice daily with an interval of at least 8 hours.
 - a. Appropriate manual, electromechanical, or electronic temperature recording equipment and/or logs shall be utilized to document proper storage of prescription drugs and chemicals
 - b. Pharmacy shall maintain documentation of the recorded temperatures for two years
 - c. Pharmacy shall calibrate thermometers or temperature monitoring devices at predetermined intervals according to manufacturer's specifications.
2. Delivered prescriptions or chemical to the patient, agent of the patient, or facility or healthcare provider providing care to the patient by any method, except when picked up directly from the pharmacy by the patient or his or her authorized agent, shall, in the professional judgement of the pharmacist, and in accordance with Signio's policy and procedures as set forth in (d) below, use adequate methods to ensure temperature conditions are maintained during the facility storage, transportation, and delivery.
 - a. To ensure that temperature control is maintained during delivery, the shipping processes may include the use of appropriate packaging material or devices according to information provided by the manufacturer, Chapter 1079 of USP, other learned treatises, or expert qualification analysis.
 - b. When packaging material or devices are used to maintain temperature control during delivery, the contents of the package shall include instructions to the recipient how to easily detect improper storage or temperature variation, and instructions how to report the storage or temperature excursion to the pharmacy.
3. The temperature in the refrigerator and, if applicable, freezer that are used to store prescription drugs or chemicals must be maintained according to USP standards and guidelines
4. The pharmacist in charge is responsible for ensuring proper temperature controls for all prescription drugs and chemicals in the pharmacy permitted area and all prescription drugs and chemicals that are shipped, mailed, distributed, or otherwise delivered from the pharmacy
5. The pharmacist in charge shall develop and maintain written policies and procedures to ensure the proper storage in the pharmacy permitted area of all prescription drugs and chemicals, and the proper storage when prescription drugs or chemicals are delivered from the pharmacy to the patient, agent of the patient, or facility or healthcare provider providing care. The written policies and procedures shall include, at a minimum, the following:
 - a. Monitoring and recording the temperature of the pharmacy permitted area and refrigerator and, if applicable, freezer consistent with the requirements of this section
 - b. Maintaining documentation of the recorded temperature consistent with the requirements of this section

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes ☒ No	Effective Date: August 1, 2014

- c. Actions to be taken in the event of temperature excursions include, but are not limited to: notification of the appropriate personnel, investigation of all temperature excursions, inspection and disposal, as applicable, of the stock in question, and corrective actions
 - i. For purposes of this paragraph, a "temperature excursion" means any deviation from the manufacturer's specifications or, in the absence of the manufacturer specifications, applicable USP standards.
- d. Calibrating thermometers or temperature monitoring devices consistent with the requirements of this section
- e. Actions to be taken in the event that the prescription drugs and chemicals do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment or delivery; and
- f. Training of all personnel who handle, or are responsible for overseeing the handling of, prescription drugs and chemicals to ensure the appropriate storage and delivery of all prescription drugs and chemicals, including refrigerated and frozen pharmaceuticals.
6. In the event of a temperature excursion as defined in above, lasting 72 hours or more, a pharmacist shall not dispense prescription drug or chemical unless the pharmacist verifies with the manufacturer of the prescription drug or chemical that as a result of the temperature excursion, the drug or chemical has not been adulterated, is safe and efficacious, and its stability has not been adversely affected

Ambient Room Temperature Monitoring

- Pharmacy inventory storage area is set at an ambient room temperature that aligns with manufacturer guidelines:
 - Pharmacy thermostat is set between 68-77°F
- A digital data logger (DDL) thermometer shall be placed in the pharmacy where medication is stored to monitor ambient room temperature to continuously monitor temperature inside the pharmacy
 - The DDL records temperature reading at set interval and stores the reading until it is exported from the device.
 - DDL will be set to send an audio alert if/when temperature reaches below 68°F or above 77°F
- Designated pharmacy personnel shall check temperature twice a day, in the morning and evening during regular business hours
 - Log the current temperature, maximum temperature, and minimum temperature on the Temperature Log
 - How to know if an excursion occurred:
 1. An audio alert
 2. The maximum or minimum temperature exceeds is over or under the threshold

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes X No	Effective Date: August 1, 2014

- In the event a temperature excursion occurs, export the data from the DDL, and give to the pharmacist to review. Pharmacist shall review for:
 - How long did the temperature excursion occur for?
 - What was temperature excursion?
- Action plan may be as follows:
 - Determine area of the pharmacy that has been affected by the temperature excursion
 - Remove drugs from area and move to designated alternate area that has not been affected, as determined by PIC
 - Continue to stock inventory in alternate area until ambient room temperature has returned to desired temperature
- Ensure staff is not using stock until medication has been confirmed viable
- Contact each manufacturer to determine if medication is viable
 - Anticipate delays in contacting the manufacturer(s), so determine if minimum necessary stock should be ordered during the interim
 - If it has been determined that stock is:
 1. Viable: remove the "DO NOT USE" label and continue to use as active stock
 2. Not viable: quarantine medication and set for proper disposal
- Data from the DDL shall be exported weekly and saved to designated computer
- Log of temperature shall be maintained electronically in designated computer and reviewed monthly by the PIC

Refrigerator Temperature Monitoring

- Medications that require storage at temperatures of 36 to 46°F are immediately placed into a refrigerator once it has been received and verified by pharmacy personnel
- A digital data logger (DDL) thermometer shall be placed in the pharmacy where medication is stored to monitor ambient room temperature to continuously monitor temperature inside the pharmacy
 - The DDL records temperature reading at set interval and stores the reading until it is exported from the device.
 - DDL will be set to send an audio alert if/when temperature reaches below 36°F or above 46°F
- Designated pharmacy personnel shall check temperature twice a day, in the morning and evening during regular business hours
 - Log the current temperature, maximum temperature, and minimum temperature on the Temperature Log
 - How to know if an excursion occurred:
 - i. An audio alert
 - ii. The maximum or minimum temperature exceeds is over or under the threshold
- In the event a temperature excursion occurs, export the data from the DDL, and give to the pharmacist to review. Pharmacist shall review for:
 - How long did the temperature excursion occur for?

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes X No	Effective Date: August 1, 2014

- What was temperature excursion?
- If alert received and temperature variance occurs more than 6 hours, the President/CEO and the Pharmacist in Charge (PIC) will be contacted to delegate action plan. Action plan may be as follows, and adjusted as needed by situation:
 - Find another refrigerator that has not been affected by desired refrigerated temperature
 - Remove drugs from effected refrigerator, move to designated alternate fridge that has not been affected by temperature (as determined by President/CEO and/or Vice President of Pharmacy Operations), and label medication "DO NOT USE"
 - Contact each manufacturer to determine if medication is viable
 - i. Anticipate delays in contacting the manufacturer(s), so determine if minimum necessary stock should be ordered during the interim
 - Continue to stock inventory in alternate fridge until refrigerated temperature has returned to desired temperature
 - If it has been determined that stock is:
 - i. Viable: remove the "DO NOT USE" label and continue to use as active stock
 - ii. Not viable: quarantine medication and set for proper disposal
- Data from the DDL shall be exported weekly and saved to designated computer
- Log of temperature shall be maintained electronically in designated computer and reviewed monthly by the PIC

Inspection and Calibration

- All temperature and humidity monitors shall be periodically inspected by designated pharmacy personnel in accordance with manufacturer guidelines
- If monitor malfunction is detected, refer to product user manual to troubleshoot
- Calibration shall be documented

Pharmacy Inventory Storage and Management

- Orders arrive on a daily, sometimes twice daily basis, Monday through Saturday from licensed wholesalers/vendors, licensed distribution channels, and/or drug manufacturers
- The pharmacy technician under the supervision of a pharmacist counts the numbers of totes and verifies that number of totes matches invoice from wholesaler/vendor
- A pharmacy technician opens each tote and checks every item on invoice is in the tote
 - Pharmacy Technician will initial the invoice, indicating check has been done and correct inventory was received.
 - Specialty drugs are given to specialty division pharmacist and/or pharmacy technician to log into Specialty Drug logbook
- Pharmacist and pharmacy technical shall inspect the orders to ensure there is no evidence of tampering of any drug or product received
- Pharmacy technician will then re-stock the shelves

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes ☒ No	Effective Date: August 1, 2014

- New inventory is stocked behind current inventory with consideration of medication expiration dates
 - Ensure selves are not overstocked or cluttered
- Temperature sensitive items will be stocked first
 - Ensure that refrigerators are not overstocked or cluttered to ensure proper air circulation to maintain temperature requirements by the manufacturer
- Determine hazardous medications and non-hazardous medications to stock and store appropriately
 - Use appropriate handling techniques when stocking the shelves with hazardous materials (e.g., use gloves when handling, affix appropriate stickers to the bottle, stock medication in the designated area)
- In the event shelves are overstocked, inform the lead or supervisor pharmacist immediately for next steps.
- A perpetual log of controlled medication is logged as inventory is received and as each order is dispensed
 - A licensed pharmacy technician initials the log as they dispense schedule II-IV medications
 - Pharmacist verifies and initials on-hand inventory after each dispense
- Complete pharmacy inventory is conducted by Premier Pharmacy Services staff in accordance with state and federal laws

Audit for Expired or Soon-to-be-Expired Medications

- Designated staff, licensed pharmacy technician, or pharmacy technician intern performs an audit of on-hand medications every month for medications that are out-of-date, expired, or soon-to-be-expired:
 - Use the Monthly Medication Expiration Check Log to document monthly audit (See Attachment A: Monthly Medication Expiration Check Log)
- Any drugs found to be out-of-date, expired, or soon-to-be expired shall be removed from shelves and quarantined until proper disposal
- Any new staff or pharmacy technician intern performing this task must receive hands-on training and be observed to ensure checks are conducted and documented properly.

Reference(s)

- <https://www.leg.state.nv.us/register/2010Register/R128-10A.pdf>
- URAC Pharmacy Operations, Product Management, P-OPS 5-1: Inventory Temperature Management
- URAC Pharmacy Operations, Product Management, P-OPS 5-2: Hazardous Material Management
- ACHC, Specialty Pharmacy, Risk Management: Infection and Safety Controls, DRX7-9A.
- NABP Digital Pharmacy, Drug/Device Storage, Distribution, Dispensing, and Delivery, ACC.F-4.i.

POLICY NUMBER: MONITORING OF PRODUCT INVENTORY	
Attachments: Yes ☒ No	Effective Date: August 1, 2014

- NABP Digital Pharmacy, Drug/Device Storage, Distribution, Dispensing, and Delivery, ACC.F-4.ii.
- NABP Digital Pharmacy, Drug/Device Storage, Distribution, Dispensing, and Delivery, ACC.F-4.iii.
- NABP Digital Pharmacy, Drug/Device Storage, Distribution, Dispensing, and Delivery, ACC.F-5.i.
- Premier Pharmacy Services, Handling and Removal of Unacceptable Medication_OPS_009.00

Revisions

- August 1, 2014: Original policy release and effective date.
- November 12, 2019: Added revision section to end of policy to document revision details by date.
- January 2020: Annual review
- January 2021: Annual review
- January 2022: Annual review
- April 29, 2022: Added section titled, "Short-Dated Product"
- June 13, 2022: Updated policy to meet New Jersey BoP requirements
- October 3, 2022: Updated continuous temperature monitoring to reflect new digital data loggers used.
- November 29, 2022: Updated with details on identified refrigerator temperature excursion process, pharmacy stocking, and auditing for expired drugs.
- January 2023: Annual review
- February 17, 2023: Revised policy to reflect new temperature monitoring device for ambient room temperature and refrigerator.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECIALTY PHARMACY
YOONYOUNG KIM
711 Anderson Ave.
Cliffside Park NJ 07010

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy



05/22/2023 TO 06/30/2024
VALID

28RS00730800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST.
PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECIALTY PHARMACY EXPIRATION DATE 2024

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 28RS-00730800 PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW:

Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐
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TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy

Officer, Ownership & Manager Detail

711 Anderson Avenue
Cliffside Park, NJ 07010-2032

Officer Name

DOB

SSN

David Rombro (CEO)

██████ NW 127 Way
Parkland, FL 33076
Phone: (800) 589-9747
Email: drombro@polarisrx.com

Robert Meyer (CFO)

██████ North Ocean 515
Pompano Beach, FL 33062
Phone: (800) 589-9747
Email: rmeyer@polarisrx.com

Steven Baker (COO)

██████ N. Ocean Boulevard
Unit 1707
Pompano Beach, FL 33062
Phone: (800) 589-5747
Email: sbaker@polarisrx.com

Ownership

Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy

which is owned by: Polaris Specialty Pharmacy, LLC (100%)

which is owned by: Polaris Pharmacy Services, LLC (100%)

***all have same officers**

Polaris Pharmacy Services, LLC

2900 NW 60th Street
Ft Lauderdale, FL 33309

FEIN: 47-4098540

Owned by: Da Pharmacy Guys, LLC (22.03%)
Enhanced Medical Services (24.30%)
EJJ Pharma, LLC (24.30%)
PPGRX North Carolina, LLC (29.37%)

Managers: David W. Rombro, Daniel Galbut, Harold Sussman

Officers: David W. Rombro (CEO), Robert Meyer (CFO), Steven Baker (COO)

***No one person owns more than 10%**

Managers

David Rombro

[REDACTED] NW 127 Way
Parkland, FL 33076
Phone: [REDACTED]
Email: drombro@polarisrx.com

Daniel Galbut

[REDACTED] N. 49th Avenue
Hollywood, FL 33021
Phone: [REDACTED]
Email: [REDACTED]

Harold Sussman

[REDACTED] Avenue L
Brooklyn, NY 11230
Phone: [REDACTED]
Email: hsussman@kochingroup.com

Responsible agent for Board Communication

Gina Hunt
Ghunt@polarisrx.com

[REDACTED]
[REDACTED] NW 60th Street
Ft Lauderdale, FL 33309



NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Cari Fa
Acting Direct
Read t

License Information

Accurate as of June 08, 2023 6:31 AM

[Return to Search Results](#)

Name: POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECIALTY PHARMACY

Address: Cliffside Park, NJ

Profession/License Type: Pharmacy, Pharmacy

License No: 28RS00730800

License Status: Active

Status Change Reason: License Issuance

Issue Date: 1/9/2014

Expiration Date: 6/30/2024

Board Action: YES*

Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

To obtain copies of such documents not readily available on the "Actions (Disciplinary and Other)" page of the Board's website, or if no documents are displayed below, please email NJBOPVerifications@dca.lps.state.nj.us.

Documents

28RS00730800 - PREMIER PHARMACY SERVICES - 09222016 - Re Pages: 5

28RS00730800 - PREMIER PHARMACY SERVICES - 10102018 - Re Pages: 5

28RS00730800 - PREMIER PHARMACY SERVICES - 10102018 - Re Pages: 5

28RS00730800 - PREMIER PHARMACY SERVICES - 09222016 - Re Pages: 5

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	POLARIS SPECIALTY PHARMACY, LLC
Entity No.:	202205910470
Registration Date:	02/24/2022
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 May 05, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 105984839

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECIALTY PHARMACY
YOONYOUNG KIM
100 Enterprise Drive, Suite 501
Rockaway NJ 07866

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

05/03/2024 TO 06/30/2025

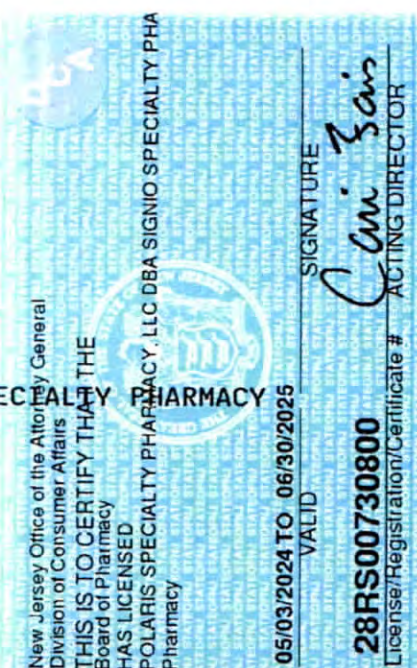
VALID

28RS00730800

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECIALTY PHARMACY
YOUR LICENSE/REGISTRATION/CERTIFICATION DATE 2025
YOUR LICENSE/REGISTRATION/CERTIFICATION NUMBER IS 28RS 00730800 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

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INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

STATE OF NEW JERSEY
New Jersey Office of the Attorney General
Division of Consumer Affairs
PO BOX 45046
Newark, NJ 07101
Official Business - Penalty For Private Use \$300
RETURN SERVICE REQUESTED



FIRST-CLASS MAIL
U.S. POSTAGE PAID
TRENTON, NJ
PERMIT 21



SP 2316 -C30-P02605-1
POLARIS SPECIALTY PHARMACY, LLC DBA SIGNIO SPECI
YOONYOUNG KIM
100 Enterprise Drive, Suite 501
Rockaway NJ 07866

ALTY

DQK-SP1 07866



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2800414	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-09-2023
SIGNIO SPECIALTY PHARMACY POLARIS SPECIALTY PHARMACY, LLC 711 ANDERSON AVE CLIFFSIDE PARK, NJ 07010		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2800414	02-28-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-09-2023
SIGNIO SPECIALTY PHARMACY POLARIS SPECIALTY PHARMACY, LLC 711 ANDERSON AVE CLIFFSIDE PARK, NJ 07010		

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

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

Our Facility NJBOP inspection dated 06/10/2022 had a couple of deficiencies noted by the inspector.

The inspector at the time informed me (the PIC) that the board would review and determine whether any citations or fines would be issued. He explained that the board had a large back log and this may take time. He also noted the deficiencies may not be egregious enough to warrant action and asked that we update our policy and procedures in the interim; our thermometers were upgraded to ones that log the fridge and ambient temperatures at set times. An alarm is set off if not within range of desired temperatures. Our policy and procedures manual was updated to reflect the ambient temperature monitoring in addition to the upgraded thermometers.

As of May 2023, we have not received any citations from the NJBOP.

Thank you.

Yoon Young Kim, PIC



NJBOP inspection from 07/13/2018:

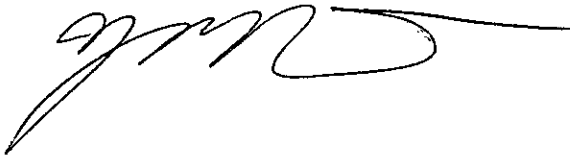
I was cited for the following:

1. Outdated medication not separated from regular stock
2. Store permit not conspicuously displayed
3. Renewal license not conspicuously displayed

I have made sure to move the permit and license to a more clearly visible area. I have ensured that outdated medications are clearly marked and moved. I am clearly marking all medications due to expire within 3 months and removing from shelf. The NJBOP was satisfied with the corrections and renewal of our pharmacy license has not been an issue post inspection.

Thank you.

Yoon Young Kim, PIC





PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

October 10, 2018

Yoon Young Kim, RPIC
Premier Pharmacy Services
771 Anderson Avenue
Cliffside Park, New Jersey 07010

Re: Inspection #8-6388-18-1135
Date of Inspection: 7/13/18

Dear Yoon Young Kim:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF \$100.00 and PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION. (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a reinspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the reinspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the

Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: 

Anthony Rubinaccio, RPh
Executive Director

AR/rh
(8/18)

ATTACHMENT A

6. Premier Pharmacy Services (formerly Sunny Pharmacy) – 711 Anderson Avenue, Cliffside Park, New Jersey 07010

Pharmacist-In-Charge: Yoon Young Kim

Bureau File #8-6388-18-1135, Period: 7/13/18

Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-7.18 N.J.A.C.13:39-6.2(f)7	Four (4) medications were outdated from 1 day – 4 months in the active drug stock inventory.	Warning
N.J.A.C.13:39-4.3	The Board of Pharmacy store permit was not conspicuously displayed.	\$50.00
N.J.A.C.13:39-3.1(b)	The current biennial renewal license was not conspicuously displayed for the pharmacist-in-charge.	\$50.00
TOTAL: \$100.00		

CERTIFICATION

I, Yoon Young Kim, hereby acknowledge that I have read and reviewed the Board's letter dated October 10, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

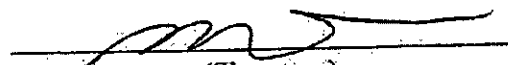


I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of \$100.00 (to be paid upon signing of this Certification).**
2. **Send a Letter of Corrective Action, as requested by the Board, with this Certification.**

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

- ☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.
- ☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.


(Signature)

Dated: 10/17/2018

Yoon Young Kim
(Print Name)

Ref: Yoon Young Kim, RPIC
Premier Pharmacy Services
(28RS00730800)
711 Anderson Avenue
Cliffside Park, New Jersey 07010
Inspection #8-6388-18-1135

AR/rh
(8/18)

To NJ BOARD OF PHARMACY

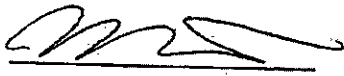
Re: (Bureau file #8-6388-18-1135).

I, Yoon Young Kim, acknowledge the violations from the inspection on 07/13/2018.

The Board of Pharmacy store permit and pharmacist-in-charge biennial renewal license was moved to a conspicuous location on 07/13/2018 and I will make sure they are always displayed conspicuously per Board rules.

Medications will be checked monthly for upcoming outdates, and removed from stock shelving, 1-3 months before expiration date, depending on the nature of the medication in question.

Thank you.



10/17/2018

Yoon Young Kim

2 BR 500730800

• please find enclosed the check for \$100 fine.

Young Dae Kwon
Yoon Young Kim
[REDACTED]
Leonia, NJ 07605

 EZShieldSM Check
Fraud Protection

0641

60-7269/2313

Date 10/17/13

Pay to the
Order of NI BOARD OF PHARMACY \$ 100.⁰⁰
ONE HUNDRED ONLY

SANTANDER BANK

Dollars

 Security details
on back.

TO REQUEST YOUR RETURN CARD, VISIT WWW.CARDONLINECHECKS.COM

For Deposit #8 - 6388-18-1135

⑆231372691⑆ [REDACTED]

0641

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Under previous ownership - PH00004667
Physical Address 711 Anderson Avenue
City Cliffside Park State NJ Zip 07010
Mailing Address (if different from physical address) 410 Cloverleaf Drive
City Baldwin Park State CA Zip 91706
Telephone 866-295-3015 Website Pending
Licensing Company Email admin@signiorx.com

Section 2: Personal Information

First David Middle _____ Last Rombro
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____ NW 60th Street
City Fort Lauderdale State FL Zip 33309
Telephone 800-589-9747 Email drombro@polarisrx.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	BALTO. Polytechnic Inst		From - To (MM/YY - MM/YY)	
Address	FALLS Rd.	City	BALTO.	State Md. Zip 21215
Diploma/Degree obtained, if any High School Diploma				
School Name	U of Md.		From - To (MM/YY - MM/YY) 05/81	
Address	DOWNTOWN BALTO.	City	BALTIMORE	State Md. Zip 21202?
Diploma/Degree obtained, if any B.S. of PHARMACY.				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
9/2020 - 6/23	[REDACTED] NW 127 Way	Parkland	FL	33076
6/2016 - 9/2020	[REDACTED] NE 25TH TERRACE	FT. LAUDERDALE	FL	33309
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name POLARIS PHARMACY		From - To (MM/YY - MM/YY) 7/1/15 - current	
Business Address 400 NW 60 AVE		City Fort Lauderdale	State FL
Phone 954-919-1818	Title CEO		
Description of Duties			

Business Name OMNISCARE PHARMACY		From - To (MM/YY - MM/YY) 6/08 4/14	
Business Address 255 W Corporate Blvd #600		City Ltston	State FL
Phone 813-60-5555	Title GM		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest 04/24/2023	Disposition Date	State PA	City West Mifflin	County Allegheny
Case # GD No. 23-005321	Governing, licensing, Arresting Presiding Body/Agency/Court Court of Common Pleas of Allegheny County			
Reason/Charge Collections				
Plaintiff/Defendant/Claimant/Respondent MonValley			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity MonValley				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

7/13/23
Date

Personal History Application (Applicant's Initials ) 6 of 7

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest 02/06/2023	Disposition Date	State CA	City Los Angeles	County Los Angeles
Case # 23STCV02582	Governing, licensing, Arresting Presiding Body/Agency/Court Los Angeles Superior Court			
Reason/Charge Collections/Lost Profits				
Plaintiff/Defendant/Claimant/Respondent SunMar			Lawsuit/Arbitration/Bankruptcy LAWSON	
Name of Business/Industry/Entity SunMar				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

7/13/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest 02/15/2023	Disposition Date	State DE	City Wilmington	County New Castle
Case # N23C-02-128	Governing, licensing, Arresting Presiding Body/Agency/Court Superior Court of the State of Delaware			
Reason/Charge Collections				
Plaintiff/Defendant/Claimant/Respondent Bonamour			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity Bonamour				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

7/13/23
Date

Personal History Application (Applicant's Initials 22) 6 of 7

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question 5 . Provide all the following where applicable:

Date of Event/Arrest <u>3/19/19</u>	Disposition Date <u>12/8/21</u>	State <u>MN.</u>	City <u>Minneapolis</u>	County <u>Ramsey</u>
Case # <u>265679</u>	Governing, licensing, Arresting Presiding Body/Agency/Court <u>Board of Pharmacy of MN.</u>			
Reason/Charge <u>Pharmacy was allowing Remote order Entry</u>				
Plaintiff/Defendant/Claimant/Respondent <u>SEE ATTACHED</u>			Lawsuit/Arbitration/Bankruptcy <u>HERNANDEZ</u>	
Name of Business/Industry/Entity <u>Polaris Pharmacy Services of Minnesota</u>				

Provide explanation below:

SEE ATTACHED

[Signature] CEO
Original Signature (electronic, copies or stamps not accepted)

06/13/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question 6. Provide all the following where applicable:

Date of Event/Arrest <u>3/19/19</u>	Disposition Date <u>12/8/21</u>	State <u>MN.</u>	City <u>Minneapolis</u>	County <u>Ramsey</u>
Case # <u>265679</u>	Governing, licensing, Arresting Presiding Body/Agency/Court <u>Board of Pharmacy of MN.</u>			
Reason/Charge <u>Pharmacy was allowing Remote order Entry</u>				
Plaintiff/Defendant/Claimant/Respondent <u>See Attached</u>			Lawsuit/Arbitration/Bankruptcy <u>Hearings</u>	
Name of Business/Industry/Entity <u>Polaris Pharmacy Services of Minnesota</u>				

Provide explanation below:

See Attached

[Signature]

Original Signature (electronic, copies or stamps not accepted)

06/13/2023

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Under previous ownership - PH00004667
Physical Address 711 Anderson Avenue
City Cliffside Park State NJ Zip 07010
Mailing Address (if different from physical address) 410 Cloverleaf Drive
City Baldwin Park State CA Zip 91706
Telephone 866-295-3015 Website Pending
Licensing Company Email admin@signiorx.com

Section 2: Personal Information

First Steven Middle _____ Last Baker
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] NW 60th Street
City Fort Lauderdale State FL Zip 33309
Telephone 800-589-9747 Email sbaker@polarisrx.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Richlands High School		From - To (MM/YY - MM/YY)	
			1983 - 1987	
Address	138 Tornado Alley	City	Richlands	State VA Zip 24641
Diploma/Degree obtained, if any	High School			
School Name	Southwest Virginia Community College		From - To (MM/YY - MM/YY)	
			1987 - 1989	
Address	635 Community College Rd	City	Coar Bluff	State VA Zip 24609
Diploma/Degree obtained, if any	Associates			
School Name	VCU School of Pharmacy		From - To (MM/YY - MM/YY)	
			1989 - 1992	
Address	410 North 6th Street	City	Richmond	State VA Zip 23298
Diploma/Degree obtained, if any	B.S. Pharmacy			
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY - MM/YY)	
Address		City		State Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
2/22 - 2/23	██████ N Ocean Boulevard, Unit 1707	Pompano Beach	FL	33062
2/20 - 2/22	██████ SE 2nd Ave, Unit 416	Delray Beach	FL	33443
2/19 - 2/20	██████ NE 5th Ave, Unit 214	Delray Beach	FL	33483
2/18 - 2/19	██████ W Camino Real	Boca Raton	FL	33486
2/16 - 2/18	██████ Port Royal Dr. S.	Fort Lauderdale	FL	33308
2/14 - 2/16	██████ SE 5th Ave.	Fort Lauderdale	FL	33301
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY - MM/YY)	
Polaris Pharmacy Services		11/15 - Current	
Business Address	City	State	Zip
2900 NW 60th Street	Fort Lauderdale	FL	33309
Phone	Title		
954-912-1818	COO		
Description of Duties			
Day to Day operations of Pharmacy + Customer Retention			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Baker

Print Name (First, Last)

Steven Baker

Original Signature (electronic, copies or stamps not accepted)

6/14/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Steve Baker, 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 the license, registration, permit, certificate or certification for which I am applying for.

Steve Baker

Original Signature

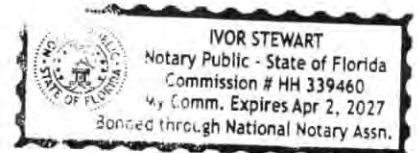
6/14/2023

Date

Subscribed and Sworn to before me this 14 day of June 2023.

[Signature]

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Polaris Specialty Pharmacy, LLC DBA Signio Specialty Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Under previous ownership - PH00004667
Physical Address 711 Anderson Avenue
City Cliffside Park State NJ Zip 07010
Mailing Address (if different from physical address) 410 Cloverleaf Drive
City Baldwin Park State CA Zip 91706
Telephone 866-295-3015 Website Pending
Licensing Company Email admin@signiorx.com

Section 2: Personal Information

First Robert Middle _____ Last Meyer
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED] NW 60th Street
City Fort Lauderdale State FL Zip 33309
Telephone 800-589-9747 Email rmeyer@polarisrx.com
Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Cincinnati		From - To (MM/YY - MM/YY) 88-93	
Address Cincinnati OH	City	State	Zip
Diploma/Degree obtained, if any BSc in Accounting & RE			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address ████████ North Beach 515	City Pompano Beach	State FL	Zip 33062
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name <i>POLARIS Pharmacy</i>		From - To (MM/YY - MM/YY) <i>2019 - Current</i>	
Business Address		City	State Zip
Phone	Title		
Description of Duties <i>CFO</i>			
Business Name <i>WENFOUNT INC</i>		From - To (MM/YY - MM/YY) <i>2015-2019</i>	
Business Address <i>INDIANAPOLIS</i>		City <i>IN</i>	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Meyer

Print Name (First, Last)

Robert Meyer

Original Signature (electronic, copies or stamps not accepted)

6/14/23
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Robert Meyer, 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 the license, registration, permit, certificate or certification for which I am applying for.

Robert Meyer

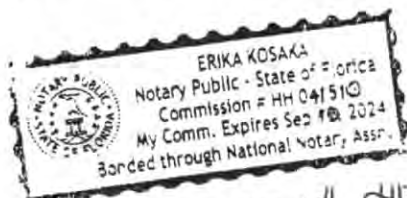
Original Signature

6/22/23
Date

Subscribed and Sworn to before me this 22 day of JUNE

[Signature]

Notary Public Signature



commission # 041510
Expires 09/18/2024

(Seal)

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAVID ROMERO

Print Name (First, Last)

[Signature] CEJ

Original Signature (electronic, copies or stamps not accepted)

6/14/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, David Romero, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature] CEJ

Original Signature

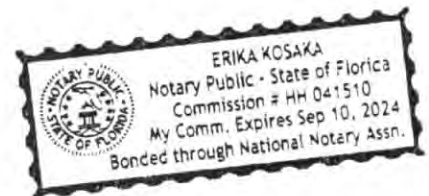
6/14/23

Date

Subscribed and Sworn to before me this 14 day of June.

[Signature]

Notary Public Signature



(Seal)

BEFORE THE MINNESOTA

BOARD OF PHARMACY

In the Matter of
Polaris Pharmacy Services of Minnesota, LLC
License No. 265679

**STIPULATION AND
CONSENT ORDER**

STIPULATION

Polaris Pharmacy Services of Minnesota, LLC ("Licensee") and the Minnesota Board of Pharmacy Committee on Professional Standards ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.
2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On August 18, 2021, Licensee met with the Committee to discuss the allegations described in a Notice of Conference. Board members Kendra Metz and Stuart Williams comprised the Committee. The Board's Executive Director, Cody Wiberg; Deputy Director, Jennell Bilek; and staff attorney, Brian Park, were also present. Alex Mountain, Assistant Attorney General, represented the Committee. Brian A. Dillon, of Lathrop GPM LLP, represented licensee and was

accompanied by Licensee's Pharmacist-in-Charge, Neil Uitto; Polaris' Chief Operating Officer, Steven Baker; and Polaris' Executive Vice President of Operations, Todd Zisek.

III.

FACTS

4. On or about November 1, 2018, the Board licensed Licensee as a pharmacy in Minnesota.
5. Licensee is a closed door, long-term care ("LTC") pharmacy that prepares sterile and non-sterile compounded drug products for dispensing.
6. Licensee has two affiliated pharmacy locations in Florida, both licensed by the Board as follows:
 - a. On or about July 8, 2016, the Board issued Polaris, Rx, located in Fort Lauderdale, Florida ("Pharmacy 1"), non-resident pharmacy license #265101.
 - b. On or about December 5, 2018, the Board issued Polaris Pharmacy Services of Tampa, located in Tampa, Florida ("Pharmacy 2"), non-resident pharmacy license #265721.
7. On or about March 19, 2019, two Board Surveyors visited Licensee for the purpose of completing a routine inspection, met with the pharmacist-in-charge, and identified the following:
 - a. Seven pharmacy technicians registered by the Board and employed by Pharmacy 1 and Pharmacy 2, were living in Florida but listed their current physical address as Licensee's address in Minnesota.
 - b. During the inspection, the Board Surveyors cited Licensee for engaging in central services with Pharmacy 1 and Pharmacy 2, by allowing pharmacy technicians working in Florida to remotely perform data entry of prescription drug information for Minnesota patients into

Licensee's Frameworks LTC prescription processing and dispensing software system ("FW-LTC"), followed by verification of the data entry by Licensee's pharmacist staff members working in Minnesota ("Central Service").

c. Prior to beginning Central Service, Licensee failed to submit a copy of its policy and procedure manual and failed to obtain Board approval to participate in a Central Service arrangement with Pharmacy 1 and Pharmacy 2.

d. Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the March 2019 citation.

e. Licensee's nonsterile compounding records failed to include an assigned beyond use date ("BUD") for the final compounded drug product, or included a BUD exceeding those recommended within United States Pharmacopeia, General Chapter 795 for Pharmaceutical Compounding - Nonsterile Preparations ("USP 795"), without documentation of a reference for literature or a stability study applicable to the specific drug product allowing for extension of the BUD. Licensee avers that it responded to these findings by providing education to its staff to ensure compounded components included lot numbers, expiration dates, and BUDs, along with noting the supporting reference sources. Licensee states that it is not aware of any other issues regarding its compliance with BUD requirements since 2019.

8. On or about March 20, 2019, the Board received a complaint alleging that Licensee was utilizing pharmacy technicians from outside of Minnesota to enter prescription data. On or about April 9, 2019, a Board Surveyor reminded Licensee, after expanding its operations to 24-

hours, that pharmacy technicians working outside of its Minnesota location could not be used to help with covering the additional hours that the pharmacy is open, due to the lack of Board approved policies for Central Services with Pharmacy 1 and Pharmacy 2. As noted above, Licensee disputes that it was operating a "central services arrangement" as it understands that term to be commonly used within the industry. Licensee maintains that its use of remote order entry processes was necessary under the circumstances, due to a backlog of prescription orders that had accumulated due in large part to Licensee's inability to recruit and retain sufficient staff in Minnesota during its early months of operating in the State. Nonetheless, for purposes of this stipulation, Licensee acknowledges and understands the Board's concern regarding the use of out-of-state technicians to enter prescription data.

9. On June 11, 2019, two Board Surveyors visited Licensee for the purpose of an investigation, met with representatives of the Licensee, and identified the following:

a. The pharmacist-in-charge stated that, as far as she was aware, Pharmacy 1 and Pharmacy 2, both located in Florida, were the only two locations providing Central Services for Licensee.

b. Licensee utilized a company named IND Consulting ("IND") for emergency kit ("E-kit") billing and entry of patient information when pharmacy services are initiated in a new LTC facility. IND's website states its staff are able to provide services including, but not limited to, billing services, medical record entry, and data entry solutions, with guaranteed staffing in fully operational data centers that are open 24 hours a day and 365 days a year, located within or outside of the United States across the globe in Mexico, India, the Philippines, and Florida. During the conference with the Committee, Licensee admitted that IND consulting had been used to enter prescription data for prescription drug orders ultimately dispensed by its

Minnesota pharmacy. Licensee cannot definitively state where individuals affiliated with IND were licensed or physically located when entering such data.

c. At the end of the visit, the Board Surveyors provided an Investigative Report requesting additional information and reminding Licensee again that it cannot engage in Central Services without Board approval.

10. On February 12, 2020, two Board Surveyors visited Licensee for the purposes of an investigation, met with representatives of Licensee, and identified the following:

a. After arriving at 4:36 a.m., one of the Board Surveyors observed two of Licensee's pharmacy technicians were allowed badge access to the pharmacy entrance prior to the arrival of RPh 3 at around 5:55 a.m. One technician was found to be working in the sterile compounding area and another was logged into Licensee's computer. A representative of Licensee later stated that three pharmacy technicians had been given keys and passcodes to access Licensee's pharmacy. During its conference with the Committee, Licensee admitted that this allegation is true, but stated that senior management took corrective action upon learning of the situation, including immediately revoking the access code of all non-pharmacists and physically rekeying all doors within the pharmacy. Licensee avers that periodic security assessments confirm that no unauthorized persons have had access to the pharmacy since February 2020.

b. Six pharmacy technicians, including the IV pharmacy technician, were present in the "filling area" with only one pharmacist, who was the second pharmacist to arrive. Another pharmacist was in an "order entry" area, a distinctly different area separated by a wall and door. The Board Surveyors were told that additional pharmacy technicians were scheduled that morning to perform non-technician "staging or stocking" duties. However, the Board Surveyors observed that the additional pharmacy technicians that were supposedly scheduled to perform non-technician duties, were filling orders in the "filling area" to be checked by the one pharmacist.

Licensee avers that it does not have sufficient information to admit or deny the Board surveyors' observations, but that company policy requires compliance with required technician-to-pharmacist ratios.

IV.

LAWS

11. Licensee acknowledges the conduct described in section III above constitutes a violation of Minn. Stat. § 151.071, subd. 2(7), and warrants the disciplinary action described below.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

12. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of \$50,000 for the conduct described in section III above. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of entry of this Order.

~~13. The Board places the following **CONDITION** on Licensee's License: every six months, for a period of three years, Licensee's CEO must certify to the Board's Executive Director that Licensee's licensed pharmacies that provide services to Minnesota residents are in full compliance with all applicable Minnesota statutes and rules.~~

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

14. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Committee shall schedule a hearing before the Board. At least 20 days before the hearing, the Committee must mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Committee, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Committee will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of

adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation does not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Committee's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII. ADDITIONAL INFORMATION

15. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

16. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the

Investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

17. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

18. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

19. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

20. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it. If the Board rejects this Stipulation and Consent Order, the parties agree that this Stipulation and Consent Order will not be admissible in any proceedings.

21. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis

of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action, and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

22. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

23. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

MINNESOTA BOARD OF PHARMACY
COMMITTEE ON PROFESSIONAL STANDARDS



POLARIS PHARMACY
SERVICES OF MINNESOTA,
LLC (LICENSEE)


BOARD MEMBER

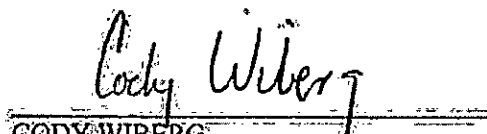
Dated: 12-3-2021

Dated: 12/8/21

ORDER

Upon consideration of the Stipulation, the Board REPRIMANDS Licensee, imposes a
CIVIL PENALTY, and, CONDITIONS Licensee's license and adopts all of the terms described
above on this 8TH day of December, 2021.

MINNESOTA BOARD OF PHARMACY


CODY WIBERG
Executive Director

Challenges Polaris Faced in Minnesota

Polaris entered the Minnesota market in November 2018. The company operates only one pharmacy in Minnesota, which is located at 5220 Park Glen Road, St. Louis Park. Polaris' early experience in Minnesota was not without its challenges, but the company has made a good faith effort to address its challenges and is constantly looking to improve.

When Polaris entered the Minnesota market, it was surprised to find a labor market (particularly for pharmacy technicians) that was much tighter than other markets in which Polaris operates and experienced more staff turnover in Minnesota than it is accustomed to in other markets. The Covid-19 pandemic obviously put an incredible amount of stress on every stakeholder in the pharmacy industry, and Polaris was no exception. The pandemic made it even more difficult for Polaris to recruit, hire, and retain talented staff.

Polaris continues to believe it did not engage in central services by having Minnesota-licensed technicians located in Florida perform remote order entry tasks in connection with prescription orders filled in Minnesota. In letters to the Board dated July 19, 2019, Polaris explained why it began using Minnesota-licensed technicians based in Florida to assist Polaris Minnesota with order entry tasks.

In sum, during its initial months of operation, Polaris faced an unanticipated and unacceptable backlog of prescription orders that needed to be filled in Minnesota. The backlog resulted largely from Polaris' inability to recruit and retain enough capable pharmacy technicians in Minnesota during the early months of operation. To address the backlog and ensure the timely delivery of prescriptions to Minnesota patients, Polaris initially had Minnesota-licensed technicians based in Florida perform order entry services on behalf of Polaris Minnesota. These technicians were experienced technicians who were licensed in Minnesota before they performed order entry work for Polaris Minnesota. Further, while performing remote order entry work from a Polaris Florida location, these technicians were connected virtually to Polaris Minnesota's physical workspace through Polaris' FrameworkLTC software platform, which is commonly used across the long-term care pharmacy industry. At all times, the work of these technicians was overseen by a licensed pharmacist at the Florida pharmacy (where the data was entered into FrameworkLTC), as well as a Minnesota-licensed pharmacist in the Minnesota pharmacy, who ultimately controlled and was responsible for the technicians' work and any prescriptions filled in connection with data they entered into the system. Additionally, until May 2019, Polaris had IND Consulting and its "Team X" do some remote order entry work for Polaris Minnesota. Aside from the order entry function, Polaris Minnesota's prescription processing and filling functions have always taken place entirely in the Minnesota pharmacy. Polaris has at times relied on similar remote order entry processes in other states without triggering central service pharmacy requirements.

Accordingly, when Polaris started using this process to help deal with the Minnesota backlog, it did not anticipate that it might be triggering central services pharmacy requirements. For this reason, Polaris initially did not submit or seek approval from the Board for a central prescription drug processing policy or procedure. In March 2019, after Board staff expressed a

view that Polaris' use of Minnesota-licensed technicians based in Florida to perform remote entry work constituted an unauthorized central service arrangement, Polaris took immediate steps to address the issue. Polaris initially flew Minnesota-licensed technicians from Florida to Minnesota, so they could be physically present in the Polaris Minnesota pharmacy while performing the same order entry functions they had been performing in Florida.

Finally, Polaris sought Board approval of several remote order entry variances, with the goal of being authorized to resume using Minnesota-licensed technicians based in Florida to perform remote order entry for Polaris Minnesota, and particularly to deal with emergencies or backlogs. When Board staff initially raised this issue in March 2019, Polaris did not believe it could immediately shift all order entry functions to its limited staff in Minnesota without compromising patient safety and welfare. At the time, Polaris was still working through the backlog, onboarding new care facilities, and working hard to locate, hire, train, and retain technicians and other staff in Minnesota in a challenging labor market. Under the circumstances, Polaris determined it was necessary to continue using Minnesota licensed, Florida-based technicians for a period of time in order to deal with the backlog and continue filling prescriptions in a timely manner for patients who needed them, while simultaneously building up its Minnesota workforce and making the changes necessary to meet the expectations of Board staff. As soon as Polaris was staffed and equipped to perform all order entry functions in Minnesota, it stopped utilizing technicians who were not physically located in Minnesota altogether. Accordingly, from June 2019 to the present, Polaris has only used Minnesota-licensed technicians physically located in the Polaris Minnesota pharmacy to perform order entry work on prescription orders filled in Minnesota. Polaris took concerns raised by Board staff over remote order entry issues seriously, and it believes it acted reasonably under the circumstances to address those concerns, while also maintaining high levels of patient care.

Polaris remained committed to working cooperatively with the Board to better understand what it must do in order to utilize remote order entry processes in the future. Polaris would always attempt to rely on technicians physically located in its Minnesota pharmacy to perform data entry and other prescription filling functions. The Board acknowledged granting variance requests to many pharmacy chains and health-systems that authorize the use of remote order entry processes. In March 2020, the Board also issued Covid-19 related guidance acknowledging that pharmacists and technicians could perform various prescription drug filling functions while working remotely—including data entry of prescriptions and orders; verifying prescriptions; certifying data entry and the finished prescriptions (i.e., the product check); conducting profile and prospective drug utilization reviews; and stage-checking for compounding—so long as affiliated pharmacies were using adequate computer software and hardware for the tasks being performed. While the Board's Covid-19 guidance evolved after Governor Walz's Peacetime Emergency declaration was rescinded, Polaris continues to believe remote order entry processes like those implemented during the first few months of Polaris' operations in Minnesota were safe, effective, and should have a place in the delivery of modern pharmacy services.

The Board approved the central services variance #265679-010 on July 13, 2022 between Polaris Pharmacy Services of Minnesota, LLC and both the Polaris Pharmacies located in Tampa and Ft. Lauderdale Florida for urgent or emergent needs.

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application Non-Refundable \$500.00 Fee Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change* ☐ Name Change* * If making a change, provide license #: PH	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:
Days of Operation		Ownership Type (check applicable box)	
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday ☐ Holidays		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information

Pharmacy Name: Babcock Pharmacy LLC. dba Premier Pharmacy
 Physical Address: 2425 Babcock Rd Ste 108A
 City: San Antonio State: TX Zip: 78229
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip: _____
 Telephone: 210-298-9000 Toll Free # (NAC 639.708, NRS 639.23286): 866-507-7364
 Fax: 210-298-9001 Contact Email: kelby@premierxsa.com
 Website: www.premierpharmacysa.com
 Nevada Business License # (if applicable) N/A
 Supervising/Managing Pharmacist Name (NRS 639.220): Paulette Wells
 Supervising/Managing Pharmacist NV Pharmacist Registration #: 22514

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Paulette Wells	NV Pharmacist Registration #: 22514
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a <u>signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

- The Board shall not issue a license to conduct a pharmacy:
 - To any practitioner; or
 - To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
- This section does not:
 - Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 69SC of NRS.
 - Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____
Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas
Parent Company (if any): _____
Corporation/Organization Name: Babcock Pharmacy LLC.
Mailing Address: 2425 Babcock Rd Ste 108A
City: San Antonio State: TX Zip: 78229
Telephone: 210-298-9000 Email: 210-298-9001
Contact Person Name: Reynaldo Lerma
Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Please check type of partnership (NAC 639.214) ☐ General ☐ Limited
Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Statement of Responsibility

1. I am the Managing Member (title) for Babcock Pharmacy LLC.dba Premier Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Reynaldo Lerma

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

10/11/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Reynaldo Lerma

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

10/11/2023

Date

Board Use Only

Date Received: 10/30/23

Amount: \$500 - check 1178



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Babcock Pharmacy, LLC (file number 803017888), a Domestic Limited Liability Company (LLC), was filed in this office on May 16, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 06, 2023.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State



List of Officers:

Reynaldo Lerma- 50% owner

██████████ Tornillo Dr
San Antonio, TX 78258

Guadalupe Nunez- 50% owner

██████████ Garden Ridge Dr
San Antonio, TX 78266

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.

We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.

-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.

-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Babcock Pharmacy LLC. dba Premier Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 2425 Babcock Rd Ste 108A

City: San Antonio State: TX Zip: 78229

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 210-298-9000 Toll Free # (NAC 639.708, NRS 639.23286): 866-507-7364

Fax: 210-298-9001 Contact Email: Kelby@premierrxsa.com

Website: www.premierpharmacysa.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Paulette Wells

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22514

Name of Person with direct knowledge of compounding procedures: Kelby Wilson

Email of Person with direct knowledge of compounding procedures: Kelby@premierrxsa.com

Telephone of Person with direct knowledge of compounding procedures: 210-298-9001

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

*Semaglutide and Tirzepatide Injections. Possibly
some vitamin injections.*

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: EAGLE ANALYTICAL Services

Address: 11111 S. Wilcrest Dr.

City: Houston, TX State: Texas Zip: 77099

Telephone: 800-745-8916

7. What is your procedure for visual inspection of compounded sterile products?

*We check in front of white light and also UV light for
particulates or precipitates in the solution.*

8. How often do you perform glove fingertip and medial fill testing?

Glove fingertip testing every 6 months, media fill testing is done every 3 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

We retrain our employee/technician on the sterile technique procedures and then retest the individual prior to them working anymore in the clean room. We also document the failure in their file.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

A new hire will receive written and verbal training along with manual supervision ensuring our facility standards are met. This training includes finger tip testing, media fill testing and visual inspection of garbing and manipulation procedures. This will occur at random and/or every 6 months. This will be kept in the employee file.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Once a month we perform a deep cleaning of the sterile lab. all primary and secondary engineering controls are cleaned with Decon Spore 200+ or Decon Quat 200c. We alternate each month and follow the manufacturers directions for use. For weekly cleaning, we use Peridox RTU and/or Steri Lerox 6%. Daily cleaning with sterile IPA 70% spray.

12. Who performs the sterile compounding process at your facility?

Certified pharmacy compounding technicians that have passed state Certification training course and also passed internal pharmacy testing.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Trained and certified pharmacists with many years experience.
PIC - Kelby Wilson Staff pharmacist - David E. Hall

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We use shipping contains that include a styrofoam cooler inside of a cardboard outer layer. Inside cooler we use Cold Packs frozen to last 48-72 hrs. Bubble packing product and foil packets. Then ship UPS or FedEx overnight.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

2. Is your BSC or CACI vented 100% to the outside?

☐ Yes

☐ No

3. Do you have a negative pressure buffer room at your facility?

☐ Yes

☐ No

4. Will you be compounding with antineoplastic HDs or HD API?

☐ Yes

☐ No

5. If yes, are the drugs stored in an externally ventilated, negative pressure room?

☐ Yes

☐ No

6. Will you be utilizing a closed system transfer device?

☐ Yes

☐ No

7. If yes, list the name of the device:

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

Semaglutide Injection (2mg, 5mg/ml)
Tirzepatide Injection 10mg/ml
Vit B12 Injection (methylcobalamin 1mg/ml)

2. What sterilization methods are utilized at your facility?

We sterilize using 0.2 micron filters pharmaceutical grade from PALL (Acrodisc®) filters.

3. Does your facility utilize biological indicators?

☐ Yes

☒ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelby Wilson

Name of Person who Completed the Form

Pharmacist- in- Charge

Title



Signature (copies or stamps not accepted)

10/23/2023

Date

Board Use Only

Date Received: _____ Date Approved: _____ Approved By: _____

Texas State Board of Pharmacy

1801 Congress Avenue, Suite 13.100

Austin, TX 78701

512-305-8000

Notice of Inspection

Facility Information

Name: PREMIER PHARMACY

License Number: 32121

Address: 2425 BABCOCK RD STE 108A, SAN ANTONIO, TX 78229

Phone: (210) 298-9000

Email:

Class of License: A

License Expiration: 06/30/2024

DEA #: FP7735129

DEA Expiration: 03/31/2024

Inspection Information

Type: Compliance

Purpose: Rank Change

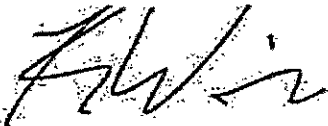
Date: 07/17/2023

Arrival Time: 9:00 AM

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

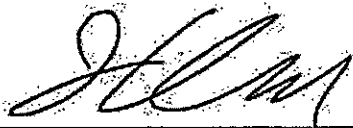


Kelby Wilson

PIC

64823

Witness



Jim Clark

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PREMIER PHARMACY*

License Number: *32121*

Class of License: *A*

Inspection Information

Type: *Compliance*

Purpose: *Rank Change*

Date: *07/17/2023*

Arrival Time: *9:00 AM*

Departure Time: *10:30 AM*

Action Taken: *Pre-Inspection*

General Comments:

Pre-Inspection Checklist

Verify Owner/Owner's Representative ID

Yes

Name

Title

: *Rey Letma*

: *Owner*

Verify PIC ID

Yes

Name

Title

: *Kelby Wilson*

: *PIC*

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.

Yes

2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.

Yes

3. Electrical supply exists.

Yes

4. A sink with hot and cold running water available exclusive of the restroom facilities.

Yes

Comment

Advised to have sink with hot water of at least 105 f

5. Pharmacy arranged in an orderly fashion and kept clean.

Yes

6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:

Yes

6a. data processing system including a printer or comparable equipment;

Yes

6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;

Yes

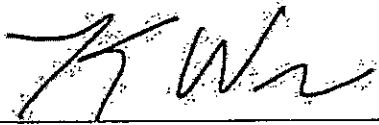
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	Yes
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	Yes
6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	Yes
6f. metric-apothecary weight and measure conversion charts;	Yes
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	Yes
7. A reference library is on site and current:	Yes
7a. Texas Pharmacy Laws and Regulations (publication year: _____) Publication Year : Online	Yes
7b. Drug Interactions Reference (publication year: _____) Publication Year : Online	Yes
7c. General Information Reference (publication year: _____) Publication Year : Online	Yes
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	Yes
Comment <i>Advised to have current version</i>	
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	Not Applicable
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	Yes
8. If the pharmacy is compounding sterile preparations, the following references are also required:	Yes
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	Yes
Comment <i>Must have current version of all required USP Chapters</i>	
8b. Chapter 71 of the USP/NF concerning Sterility Tests	Yes
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	Yes
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	Yes

8e. Handbook on Injectable Drugs (publication year: _____)	Yes
Publication Year : Online	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	Not Applicable
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	Yes
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	Yes
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	Yes
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	Yes
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule 291.133(d)(6)(B) if high-risk preparations are being compounded.	Yes
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	Yes
15. Certified clean room(s) (e.g. ante area, buffer area).	Yes
Discussion Items	
The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	Yes
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	Yes
Pharmacy will need to conduct an opening inventory on the first day of business.	Yes
Pharmacy will need to report all controlled substances to the PMP as required.	Yes

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Kelby Wilson



James Clark

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

☐	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
☐	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
☐	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
☐	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
☐	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
☐	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
☐	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
☐	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
☐	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
☐	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber for opiates, benzodiazepines, and/or muscle relaxants.
☐	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
☐	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
☐	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
☐	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
☐	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
☐	(16) Multiple persons with the same address present prescriptions from the same prescriber.
☐	(17) Persons pay with cash or credit card more often than through insurance.
☐	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
☐	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
☐	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
☐	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
☐	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
☐	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at <http://www.pharmacy.texas.gov/Nontherapeutic.asp>. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

Out-Patient Surgery No
Rural Hospital No
Tech Check Tech No
503b Outsourcing Facility No
Other Services No

Texas Pharmacist Employment information					
Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HALL, DAVID E.	22160	09/30/1976	10/31/2024	Staff	Active
KLATT, DUDLEY ILES	47607	07/30/2009	09/30/2025	Relief	Active
WILKINSON, CLAIRE LYDAY	45290	07/20/2007	09/30/2025	Relief	Active
WILSON, KELBY	64823	07/11/2019	07/31/2025	PIC	Active
Page 1 of 1				20 ▼	View 1 - 4 of 4

Texas Registered Technicians/Trainees Employment information					
Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
CRUZ, TOMAS	115099	08/02/2004	10/31/2023	Staff	Active
DAVIS, HAILEY	184549	03/25/2011	12/31/2024	Staff	Active
FREEMAN, MICHAELA EVE	231190	05/30/2014	04/30/2024	Staff	Active
GOMEZ, ELDA MARIE	116890	05/18/2004	07/31/2024	Staff	Active
RAMIREZ, JESUS A	178186	09/10/2009	06/30/2025	Staff	Active
SANCHEZ, MIGUEL S	134557	05/10/2006	12/31/2023	Staff	Active
WILSON, MICHAEL SCOTT	350366	01/17/2023	01/31/2025	Staff	Active
Page 1 of 1				20 ▼	View 1 - 7 of 7

Texas Remote Pharmacy information					
Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
Page 0 of 0				20 ▼	No records to view

Texas Pharmacy Owner information					
Owner Name	Owner Title	Address	City	State	Zipcode
BABCOCK PHARMACY, LLC	OWNER	,			
LERMA, REYNALDO	OFFICER	,			
NUNEZ, GUADALUPE JR	OFFICER	,			
Page 1 of 1				20 ▼	View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



This certifies that the pharmacy named below is hereby licensed to operate as a
Class **A** pharmacy.

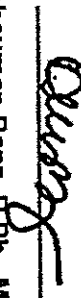
License No. **32121**

Expiration Date: **6/30/2024**

Balances: 1

PREMIER PHARMACY
2425 BABCOCK RD STE 108A
SAN ANTONIO TX 78229




Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 32121

PREMIER PHARMACY

License Information

License Status Active
License # 32121
Expiration Date 06/30/2024
Date License Issued 06/20/2018

Address

2425 BABCOCK RD STE 108A
SAN ANTONIO, TX 78229
County BEXAR
Phone (210) 298-9000

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership LLC
Type of Pharmacy Community Independent
of Hospital beds

Employment Information

Pharmacist in Charge
WILSON, KELBY

Pharmacy Profile *

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? Yes

Translating services (Listed Below if Available)

Spanish
Telecomm. for the deaf (TDD)

* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 978304 32121 PREMIERPHARM 2019-01 01-2024.pdf
- 978304 32121 PREMIERPHARMACY 2021-06 06-2026.pdf
- 978304 32121 PREMIERPHARMACY 2023-07 07-2028.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	Yes
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	Yes
Veterinary Prescriptions	No
In-Patient Medication Orders	No



959/88 1:8
PREMIER PHARMACY
2425 BABCOCK RD
STE 108A
SAN ANTONIO, TX 78229-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7735129	03-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-05-2021
PREMIER PHARMACY BABCOCK PHARMACY LLC 2425 BABCOCK RD STE 108A SAN ANTONIO, TX 78229-0000		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7735129	03-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-05-2021
PREMIER PHARMACY BABCOCK PHARMACY LLC 2425 BABCOCK RD STE 108A SAN ANTONIO, TX 78229-0000		

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

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

2222

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Babcock Pharmacy LLC. dba Premier Pharmacy
 Pharmacy/Wholesaler License # (if applicable) _____
 Physical Address 2425 Babcock Rd Ste 108A
 City San Antonio State TX Zip 78229
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Paulette Middle _____ Last Wells
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address Northwest Hwy Apt 1405
 City Irving State TX Zip 75039
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Xavier University of Louisiana		From - To (MM/YY - MM/YY) 1986-1989	
Address 1 Drexel Dr	City New Orleans	State LA	Zip 70125
Diploma/Degree obtained, if any Bachelor of Science			
School Name St. Mary's Academy High School		From - To (MM/YY - MM/YY)	
Address 6905 Chef Menteur Highway	City New Orleans	State LA	Zip 70126
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 01/23 thru present	Address Northwest Hwy#1405	City Irving	State TX	Zip 75039
From - To (MM/YY - MM/YY) 11/21 thru 01/23	Address East Round Grove Rd #2622	City Lewisville	State TX	Zip 75067
From - To (MM/YY - MM/YY) 01/20 thru 11/21	Address Campus Blvd	City New Orleans	State LA	Zip 70126
From - To (MM/YY - MM/YY) 5/08 thru 01/20	Address Wallington Way	City Lewisville	State TX	Zip 75067
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Babcock Pharmacy LLC. dba Premier Pharmacy		From - To (MM/YY – MM/YY) 09/23-Present	
Business Address 425 Babcock Rd Ste 108A	City San Antonio	State TX	Zip
Phone 210-298-9000	Title Pharmacist in Charge (NV)	Number of Employed Hours 40 per week	
Description of Duties Representation of NV Pharmacist in Charge, Staff Pharmacist			

Business Name VETERANS ADMINISTRATION		From - To (MM/YY – MM/YY) 05/23-Present	
Business Address 4500 S Lancaster Rd	City Dallas	State TX	Zip 75216
Phone 214-742-8387	Title Staff Pharmacist	Number of Employed Hours 40 per week	
Description of Duties Staff Pharmacist			

Business Name TPC Pharmacy		From - To (MM/YY – MM/YY) 11/22-06/23	
Business Address 4200 Buckingham Rd	City Fort Worth	State TX	Zip 76155
Phone 844-387-9090	Title Staff Pharmacist	Number of Employed Hours 40 per week	
Description of Duties Staff Pharmacist			

Business Name Empire Pharmacy Consultants		From - To (MM/YY – MM/YY) 02/16-Present	
Business Address 1150 NW 72nd Ave #755	City Miami	State FL	Zip 33126
Phone 855-374-1029	Title Contract Pharmacist	Number of Employed Hours 40 per week	
Description of Duties Contract Pharmacist			

Business Name BAYLOR REHABILITATION HOSPITAL		From - To (MM/YY – MM/YY) 05/13-0315	
Business Address 909 N. Washington Ave	City Dallas	State TX	Zip 75246
Phone 214-820-9300	Title Staff Pharmacist	Number of Employed Hours 40 Per week	
Description of Duties Staff Pharmacist			

Continue on next page if additional space is needed.

Business Name Davita RX		From - To (MM/YY - MM/YY) 06/07-09/18	
Business Address 1234 Lakeshore Dr		City Coppell	State TX
Phone 972-538-8100	Title Staff Pharmacist	Zip 75019	
Number of Employed Hours 40 per week			
Description of Duties Staff Pharmacist			

Business Name LEWISVILLE MEDICAL CENTER		From - To (MM/YY - MM/YY) 12/09-01/10	
Business Address 500 W Main St		City Lewisville	State TX
Phone 469-370-2000	Title Staff Pharmacist	Zip 75057	
Number of Employed Hours 40 per week			
Description of Duties Staff Pharmacist			

Business Name VETERANS ADMINISTRATION -CMOP		From - To (MM/YY - MM/YY) 12/04-02/06	
Business Address 4500 South Lancaster Road		City Lancaster	State TX
Phone 214-742-8387	Title Staff Pharmacist	Zip 75216	
Number of Employed Hours 40 per week			
Description of Duties Staff Pharmacist			

Business Name COMMUNITY CARE PHARMACY		From - To (MM/YY - MM/YY) 06/03-12-04	
Business Address 2000 Canal St Suite g1-1200		City New Orleans	State LA
Phone 504-758-3718	Title Staff Pharmacist	Zip 70112	
Number of Employed Hours 40 per week			
Description of Duties Staff Pharmacist			

Business Name REGION I/III PHARMACY		From - To (MM/YY - MM/YY) 01/02-12/04	
Business Address 1667 Tchoupitoulas St		City New Orleans	State LA
Phone 504-301-2363	Title Staff Pharmacist	Zip 70130	
Number of Employed Hours 40 per week			
Description of Duties Staff Pharmacist			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Paulette Wells, certify that as the designated representative for
abcock Pharmacy LLC. dba Premier Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PW I am at least 21 years of age;
3. PW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paulette Wells

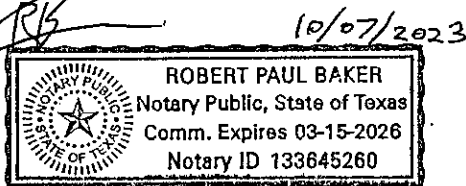
Print Name (First, Last)

Paulette F. Wells

Original Signature (electronic, copies or stamps not accepted)

10-07-23

Date



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paulette Wells

Print Name (First, Last)

Paulette F. Wells

10-07-23

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Paulette Wells, 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 the license, registration, permit, certificate or certification for which I am applying for.

Paulette F. Wells

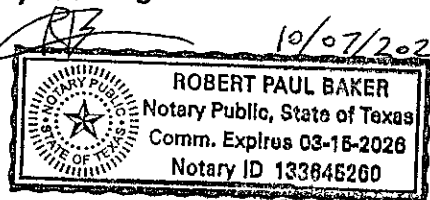
10-07-23

Original Signature

Date

Subscribed and Sworn to before me this 7th day of October 2023

[Signature]
Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Babcock Pharmacy LLC. dba Premier Pharmacy
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
 Physical Address 2425 Babcock Rd Ste 108A
 City San Antonio State TX Zip 78229
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Reynaldo Middle _____ Last Lerma
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Tornillo Dr
 City San Antonio State TX Zip 78258
 Telephone [REDACTED] Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Alice High School		From - To (MM/YY - MM/YY) 08/1985 - 5/1988	
Address 1 Coyote Way	City Alice	State TX	Zip 78332
Diploma/Degree obtained, if any Diploma			
School Name UTSA		From - To (MM/YY - MM/YY)	
Address 1 UTSA Circle	City S.A.	State TX	Zip 78249
Diploma/Degree obtained, if any B.A. psychology			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 06/23 - current	Address [REDACTED] Glendon Dr	City S.A.	State TX	Zip 78160
From - To (MM/YY - MM/YY) 09/2018 - 06/23	Address [REDACTED] Tornillo Dr	City S.A.	State TX	Zip 78258
From - To (MM/YY - MM/YY) 04/2012 - 09/2018	Address [REDACTED] Prospect Hill	City S.A.	State TX	Zip 78258
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY - MM/YY)	
Rehmet Holdings		7/2012 - present	
Business Address	City	State	Zip
100 NE Loop 400 STE 1500	SA	TX	78216
Phone	Title		
210 392 0478	Managing Member		
Description of Duties			
all facets of business ownership			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Reynaldo Lerma

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

10/15/23

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of BEXAR

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 the license, registration, permit, certificate or certification for which I am applying for.

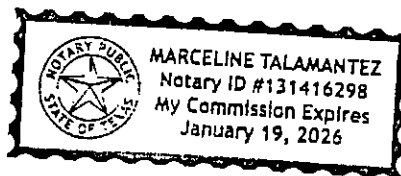
Original Signature

Date

10/15/23

Subscribed and Sworn to before me this 15 day of October 2023

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Babcock Pharmacy LLC. dba Premier Pharmacy
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 2425 Babcock Rd Ste 108A
City San Antonio State TX Zip 78229
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First Guadalupe Middle _____ Last Nunez
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
Mailing Address Garden Ridge Dr
City San Antonio State TX Zip 78266
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Orange Grove High School		From - To (MM/YY - MM/YY) 1991-1994	
Address 701 S Reynolds	City Orange Grove	State TX	Zip 78372
Diploma/Degree obtained, if any H.S. Diploma			
School Name University of Tx - San Antonio		From - To (MM/YY - MM/YY) 1991-2001	
Address 1 UTSA Circle	City San Antonio	State TX	Zip 78249
Diploma/Degree obtained, if any B.S. Kinesiology M.Ed. Exercise Physiology			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) Sep 2004 - Current	Address [Redacted] Garden Ridge Pk	City Garden Ridge TX	State TX	Zip 76244
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Behmet Holdings LLC		From - To (MM/YY - MM/YY) 1995 - Current	
Business Address 166 N Loop 410 Suite 1500		City San Antonio	State TX
Phone 210 618 3423	Title Managing Member		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

[Handwritten Signature]
2237

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Guadalupe Nunez

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

16-14-23
Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of BEXAR

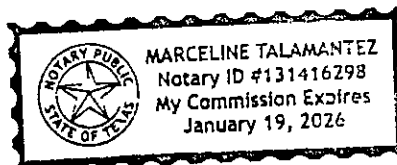
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

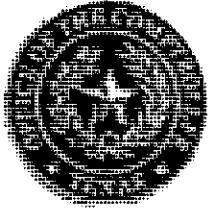
16-16-23
Date

Subscribed and Sworn to before me this 10 day of 16, 2023

[Signature]
Notary Public Signature



(Seal)



Franchise Tax Account Status

As of : 10/05/2023 11:00:44

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

BABCOCK PHARMACY, LLC	
Texas Taxpayer Number	32067185580
Mailing Address	100 NE LOOP 410 STE 1500 SAN ANTONIO, TX 78216-4715
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	05/16/2018
Texas SOS File Number	0803017888
Registered Agent Name	REYNALDO LERMA
Registered Office Street Address	100 NE LOOP 410, STE 1500 SAN ANTONIO, TX 78216

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

KW I am the Pharmacist-in-Charge (PIC) of *PREMIER PHARMACY*, pharmacy license number 32121, and I ☒ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 07/17/2023.

KW I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

KW I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

KW If applicable, the Warning Notice issued contains 0 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

KW I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____



Date: 07/17/2023

Printed Name: *Kelby Wilson*

License No.(if applicable): *64823*

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☒ Nevada ☐ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Whole Gas Technologies llc</u>		
Physical Address: <u>755 E Greg Street Unit 20</u>		
City: <u>Sparks</u> State: <u>NV</u> Zip: <u>89431</u>		
Mailing Address (if different from physical address): <u>N/A</u>		
City: _____ State: _____ Zip: _____		
Telephone: <u>775-376-6017</u> Website: <u>wholegastechologies.com</u>		
Name of Designated Representative (DR): <u>James Donohue</u>		
Licensing Company Email: <u>brenda@wholegastechologies.co</u> DR Email: <u>jdonohue@wholegastechologies.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers ☒ Veterinarians ☒ Others: <u>SNF</u>	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others: _____	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☒ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others: <u>B2B</u>

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A


Original Signature (electronic, copies or stamps not accepted)

23 April 2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:	New start up company		
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:		
Parent Company (if any):		
Corporation Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Email:	
Contact Person Name:		
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:		
Parent Company (if any):		
Corporation/Organization Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Email:	
Contact Person Name:		

Section 6: Partnership

Partnership Name: Whole Gas Technologies		
Mailing Address: 755 E Greg Street Unit 20		
City: Sparks	State: NV	Zip: 89431
Telephone: 775-376-6017	Email: jdonohue@wholegastechologies.com	
Contact Person Name: James Donohue		

Section 7: Sole Owner

Owner's Name:		
Business Name:		
Business Address:		
City:	State:	Zip:
Telephone:	Email:	

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• "Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing "Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

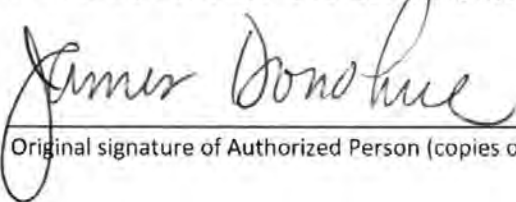
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Whole Gas Technologies LLC

Facility Name

James Donohue

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

4/23/2024

Date

Board Use Only

Date Received: 5/13/24

Amount: 1000-CV-5022

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES DONOHUE

Print Name (First, Last)

James Donohue

Original Signature (electronic, copies or stamps not accepted)

23 April 2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, JAMES DONOHUE, 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 the license, registration, permit, certificate or certification for which I am applying for.

James Donohue

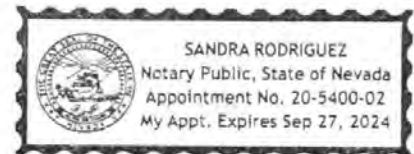
Original Signature

23 April 2024

Date

Subscribed and Sworn to before me this 23 day of April 2024

[Signature]
Notary Public Signature



(Seal)

 An official website of the United States government [Here's how you know](#)



Search FDA.gov

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Drug Establishments Current Registration Site

[New Search](#)

Search Results for *whole gas*



Showing 1 to 1 of 1 entries

Show 50 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
WHOLE GAS TECHNOLOGIES LLC	3030981346	110406866	REPACK	755 E Greg St Ste 20, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2024

Previous 1 Next

Data Current Through: Monday, May 13, 2024

[New Search](#)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Whole Gas Technologies LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since **10/19/2023**, 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 **05/13/2024**.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: **B202405134643345**

You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Whole Gas Technologies LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/19/2023, 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.



Certificate Number: B202405134643344

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 05/13/2024.

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Whole Gas Technologies LLC

Nevada Business Identification # NV20232929868

Expiration Date: 10/31/2024

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.



Certificate Number: B202310194050970

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 10/19/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate of Compliance

Record of FDA Electronic Registration as Drug Manufacturer for

Firm Name	Facility Establishment Identifier	Data Universal Numbering System Number	Business Operations	Address	Expiration Date
WHOLE GAS TECHNOLOGIES LLC	3030981346	110406866	REPACK	755 E Greg St Ste 20, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2024

See <http://www.accessdata.fda.gov/scripts/cder/drls/default.cfm> for the official FDA Electronic Drug Registration database.

This certificate and the FDA Drug Establishment Registration expires 31 December 2024

WHOLE GAS TECHNOLOGIES

List of Partners:

James Donohue	34%
William Tim Grohs	33%
Renato Garcia	33%

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

WHOLE GAS TECHNOLOGIES LLC

Entity Number:

E35691412023-9

Entity Type:

Domestic Limited-Liability Company (86)

Entity Status:

Active

Formation Date:

10/19/2023

NV Business ID:

NV20232929868

Termination Date:

Annual Report Due Date:

10/31/2024

Compliance Hold:

Series LLC:

☒ Restricted LLC: ☐

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:



James Donohue

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

[REDACTED]

Mailing Address:

[REDACTED]

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Managing Member	James Donohue	[REDACTED]	10/19/2023	Active
Managing Member	William Tim Grohs		10/19/2023	Active
Managing Member	Renato Garcia		10/19/2023	Active

Page 1 of 1, records 1 to 3 of 3

[Filing History](#)

[Name History](#)

[Mergers/Conversions](#)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2023

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 Nartker Insurance Solutions, Inc. 1750 Prairie City Rd ste 130 pmb 111 Folsom CA 95630		CONTACT NAME: Jason Alan Nartker PHONE (A/C, No, Ext): (916) 805-9816 E-MAIL ADDRESS: jason@nartkersolutions.com FAX (A/C, No):
INSURED Whole Gas Technologies, LLC 755 Greg Street Unit 20 Sparks NV 89431		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		CPS7911734	12/12/2023	12/12/2024	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 \$ 2,000,000 \$
	☐ AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ 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)

Re: Proof of Insurance

CERTIFICATE HOLDER**CANCELLATION**

745-755 E. Greg Street, LLC

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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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 350-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 6213034602

Application/License No. _____

Whole Gas Technologies, LLC, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is
755 E Greg St Unit 20 Sparks, NV 89431, as
Address of Applicant/Principal

PRINCIPAL, and United States Fire Insurance Company, a
Surety Company

corporation organized under the laws of the state of DE
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
305 MADISON AVENUE, MORRISTOWN, NJ 07960 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 March 21, 2024.
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
26th day of March, 2023.

APPLICANT/PRINCIPAL
Whole Gas Technologies, LLC

SURETY COMPANY
United States Fire Insurance Company

Willa J. Love
Authorized Representative

[Signature]
Surety Company's Representative

Sarah Murtha, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness Stephanie Harvey

Brenda A. Godere
Witness

[Signature]
Witness Jennifer Godere

Countersigned by:

[Signature]

Nevada Resident Agent
Gentry Stewart, NV Non-Resident License No. 3544073



Please see Attached "Acknowledgment by Individual" *YMO*

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

79560

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Gentry Stewart, Kathryn Pryor, Michelle Anne McMahon, Joshua Sanford, Nicholas Turecamo, Sam E. Begun, Melissa J. Stanton, Robyn Salley, Rebecca M. Josephson, Jennifer Godere, Jonathan Gleason, Doritza Mojica, Nicholas Miller, Sarah Murtha, Connor Wolpert, Richard Hackner, Kristopher Pisano

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



State of New Jersey }
County of Morris }

Matthew E. Lubin, President

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 26th day of March 2024

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President

Acknowledgment by Individual

State of

Nevada

County of

WashoeOn this 4 day of April, 20 24. Before me, Monica Orton

Name of Notary Public

the undersigned Notary Public, personally appeared

William Timothy Grohs

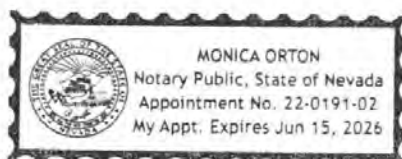
Name of Signer(s)

☐ Proved to me on the oath of _____☐ Personally known to me☒ Proved to me on the basis of satisfactory evidence NVDLDMV0207639184 ex 09/15/2031

(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.



Notary Seal

(Signature of Notary Public)

My commission expires June 15, 2026

Optional: A thumbprint is only needed if state statutes require a thumbprint.

Right Thumbprint
of Signer

Top of thumb here

For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Nevada State Board of Pharmacy Pharmaceuticals Wholesale Surety Bond

Document Date

March 26, 2023

Number of Pages

3

Signer(s) Other Than Named Above

Witnesses: Brenda Arline Grohs and Renato Garcia-Fronzalez

Account Number (if applicable)

NA

F001-00000DSG5350-01

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Whole Gas Technologies LLC MDEG License # (if applicable) _____
 Physical Address 755 E Greg Street Unit 20
 City Sparks State NV Zip 89431
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 775-376-6017 Website www.wholegastechologies.com
 Licensing Company Email brenda@wholegastechologies.com

Section 2: Personal Information

First James Middle Thomas Last Donohue
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or IT [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Reno State NV Zip 89506
 Telephone 775-376-6017 Email [REDACTED]
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Winona State University		From - To (MM/YY - MM/YY) 09/82- 06/85	
Address 175 Mark Street	City Winona	State MN	Zip 55987
Diploma/Degree obtained, if any 122 Credits obtained			
School Name Rochester Community College		From - To (MM/YY - MM/YY) 09-80- 06-82	
Address 851 30th Ave SE	City Rochester	State MN	Zip 55904
Diploma/Degree obtained, if any 60 Credits obtained			
School Name Rochester Lourdes High School		From - To (MM/YY - MM/YY) 08/79- 06/80	
Address 2800 19th St NW, Rochester, MN 55901	City Rochester	State MN	Zip 55901
Diploma/Degree obtained, if any HS Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 10/21- present	Address 	City Reno	State NV	Zip 89506
From - To (MM/YY - MM/YY) 11/2000- 09/21		City Las Vegas	State NV	Zip 89130
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Apria Healthcare		From - To (MM/YY - MM/YY) 05/06-03/2013	
Business Address 7370 Eastgate Rd Ste 140/145	City Henderson	State NV	Zip 89011
Phone	Title General Manager	Number of Employed Hours 13,760	
Description of Duties responsible for all financial, marketing and gas operations, to include filling and transfilling operations. Responsible for over 30,000 oxygen patients in a three state area, to include recalls, adverse occurrences, DOT, and training of staff.			
Business Name Pacific Pulmonary Services		From - To (MM/YY - MM/YY) 2013-2014	
Business Address	City Las Vegas	State NV	Zip
Phone	Title District Sales/District Operations Manager	Number of Employed Hours 2080	
Description of Duties Managed and directed both the sales and operations of a multi-state respiratory company.			
Business Name Altus Hospice		From - To (MM/YY - MM/YY) 2014-2015	
Business Address	City LV	State NV	Zip
Phone	Title Regional Sales Manager/Business Development	Number of Employed Hours 2080	
Description of Duties Responsible for all aspects of start-up Hospice. Sales and marketing.			
Business Name Fundamental Clinical Operation Services		From - To (MM/YY - MM/YY) 2015-2017	
Business Address	City	State	Zip
Phone	Title Regional Director of Business Development	Number of Employed Hours 4060	
Description of Duties Responsible for all aspects of sales/marketing for over 1200 post acute beds in 6 facilities.			
Business Name Canyon Homecare & Hospice/Redrock Pharmacy		From - To (MM/YY - MM/YY) 2017-2019	
Business Address	City	State	Zip
Phone	Title COO	Number of Employed Hours 4160	
Description of Duties Responsible for development of 13k post acute beds and 6k retail pharmacy customers to include forecasting and social media.			
Continue on next page if additional space is needed.			

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Apria Healthcare		From - To (MM/YY – MM/YY) 05/06-03/2013	
Business Address 7370 Eastgate Rd Ste 140/145	City Henderson	State NV	Zip 89011
Phone	Title General Manager	Number of Employed Hours 13,760	

Description of Duties
responsible for all financial, marketing and gas operations, to include filling and transfilling operations. Responsible for over 30,000 oxygen patients in a three state area, to include recalls, adverse occurrences, DOT, and training of staff.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name Pacific Pulmonary Services		From - To (MM/YY - MM/YY) 2013-2014	
Business Address 3089 S Valley View Blvd		City Las Vegas	State NV Zip 89102
Phone	Title District Sales /District Operations Manager		Number of Employed Hours 2080
Description of Duties Managed and directed both the sales and operations of a multi-state respiratory company.			

Business Name Apria Healthcare		From - To (MM/YY - MM/YY) 05/06-3/2013	
Business Address 7370 Eastgate Rd Ste 140/145		City Las Vegas	State NV Zip 89011
Phone	Title General Manager		Number of Employed Hours 13,760
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Business Name Iron Kettle Clothing		From - To (MM/YY - MM/YY) 2014-present	
Business Address		City	State Zip
Phone	Title Owner/Creative Director		Number of Employed Hours
Description of Duties All aspects of running an Embroidery business.			
Business Name Silver State Pediatrics		From - To (MM/YY - MM/YY) 2021-present	
Business Address		City	State Zip
Phone	Title Director of network operations		Number of Employed Hours 4160
Description of Duties Responsible for all aspects of network development for a new 36 bed pediatric SNF			
Business Name Airtec Gases LLC		From - To (MM/YY - MM/YY) 02/21-11-22	
Business Address 1320 Freeport Blvd #114		City Sparks	State Zip NV 89431
Phone	Title Regional Sales		Number of Employed Hours
Description of Duties Responsible for acquiring new sales in medical, dental, veterinarian and surgical centers.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

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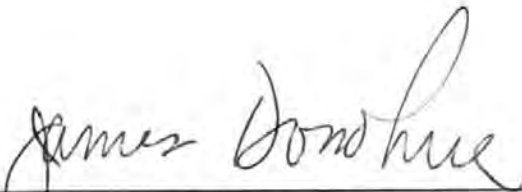
Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, Licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)


 Date

I, James Donohue, certify that as the MDEG Administrator for
Whole Gas Technologies, LLC

that I (initial that you have read and meet the following requirements):

1. jtd Have a high school diploma or its equivalent;
2. jtd Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. jtd Will be employed by 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
4. jtd Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Donohue

Print Name (First, Last)

James Donohue

Original Signature (electronic, copies or stamps not accepted)

28 Feb, 2024

Date

Board Use Only

Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Whole Gas Technologies LLC
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 755 E greg Street Unit 20
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) N/A
City _____ State _____ Zip _____
Telephone 775-376-6017 Website www.wholegastechologies.com
Licensing Company Email brenda@wholegastechologies.com

Section 2: Personal Information

First James Middle Thomas Last Donohue
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Reno State NV Zip 89506
Telephone 775-376-6017 Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Winona State University		From - To (MM/YY - MM/YY) 09/82-6/85	
Address 175 Mark Street	City Winona	State MN	Zip 55987
Diploma/Degree obtained, if any 122 Credits Obtained			
School Name Rochester Community College		From - To (MM/YY - MM/YY) 09/80-06/82	
Address 851 30th Ave SE	City Rochester	State MN	Zip 55904
Diploma/Degree obtained, if any 60 Credits Obtained			
School Name Rochester Lourdes High School		From - To (MM/YY - MM/YY) 08/79-06/80	
Address 2800 19th St. NW	City Rochester	State MN	Zip 55901
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 10/21-present	Address 	City Reno	State NV	Zip 89506
From - To (MM/YY - MM/YY) 11/2000-09/21		City Las Vegas	State NV	Zip 89130
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Silver State Pediatrics		From - To (MM/YY - MM/YY) 2021-present	
Business Address		City Las Vegas	State NV Zip
Phone	Title Director of Network Operations	Number of Employed Hours 4160	
Description of Duties Responsible for all aspects of network development for a new 36 bed pediatric SNF.			
Business Name Airtec Gases LLC		From - To (MM/YY - MM/YY) 02/21-11-22	
Business Address 1320 Freeport Blvd #114		City Sparks	State NV Zip 89431
Phone	Title Regional Sales	Number of Employed Hours 4080	
Description of Duties Responsible for acquiring medical, dental, veterinarian an surgical center accounts.			
Business Name Canyon Homecare and Hospice/Redrock Pharmacy		From - To (MM/YY - MM/YY) 2017-2019	
Business Address		City Las Vegas	State Zip
Phone	Title COO	Number of Employed Hours 4160	
Description of Duties Responsible for development of 13k post-acute beds and 6k retail pharmacy customers.			
Business Name Apria Healthcare		From - To (MM/YY - MM/YY) 5/2006-3-2013	
Business Address		City Henderson	State Zip
Phone	Title General Manager	Number of Employed Hours 13760	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Apria Healthcare		From - To (MM/YY - MM/YY) 05/06-03-2013	
Business Address 7370 Eastgate Rd Ste 140/145		City Henderson	State NV
Phone	Title General Manager	Zip 89011	
		Number of Employed Hours 13,760	
Description of Duties Responsible for all financial, marketing and gas operations, to include filling and transfilling operations. Responsible for over 30,000 oxygen patients in a three state area, to include recalls, adverse occurrences, DOT, and training of staff.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
		Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Airtec Gases LLC		From - To (MM/YY - MM/YY) 02/21-11/22	
Business Address 1320 Freeport Blvd #114		City Sparks	State NV
Phone 775-360-5100	Title Regional Sales	Zip 89431	
Description of Duties Responsible for acquiring new sales in medical, dental, veterinarian and surgical centers.		Number of Employed Hours 2180	
Business Name Silver State Pediatrics		From - To (MM/YY - MM/YY) 2021- present	
Business Address 2496 W Charleston Blvd		City Las Vegas	State nv
Phone 702-310-3720	Title Director of network operations	Zip 89102	
Description of Duties Responsible for all aspects of network development for a new 36 bed pediatric SNF.		Number of Employed Hours 4160	
Business Name Canyon Homecare & Hospice/Redrock Pharmacy		From - To (MM/YY - MM/YY) 2017-2019	
Business Address 400 Shadow Lane Unit 202		City Las Vegas	State NV
Phone 702-868-1400	Title COO	Zip 89106	
Description of Duties Responsible for development of 13k post acute beds and 6 k retail pharmacy customers to include forecasting and social media.		Number of Employed Hours 4160	
Business Name Fundamental Clinical Operations Services		From - To (MM/YY - MM/YY) 2015-2017	
Business Address 2851 North Tenaya Way		City Las Vegas	State NV
Phone 702-233-1731	Title Regional Director of Business Development	Zip 89128	
Description of Duties Responsible for all aspects of salemarketing for over 1200 post acute beds in 6 facilities.		Number of Employed Hours 4060	
Business Name Altus Hospice		From - To (MM/YY - MM/YY) 2014-2015	
Business Address 4465 S Buffalo Dr		City Las Vegas	State NV
Phone	Title Regional Director of Business Development	Zip 89147	
Description of Duties Responsible for all aspects of start-up hospice. Sales and marketing.		Number of Employed Hours 2080	
Continue on next page if additional space is needed.			

Business Name Pacific Pulmonary Services		From - To (MM/YY - MM/YY) 2013-2014	
Business Address 3089 S Valley View Blvd		City Las Vegas	State NV
		Zip 89102	
Phone	Title District sales/District Operations Manager	Number of Employed Hours 2080	
Description of Duties Managed and directed both the sales and operations of a multi-state respiratory company.			

Business Name Apria Healthcare		From - To (MM/YY - MM/YY) 05/06-03/13	
Business Address 7370 Eastgate Rd STE 140/145		City Las Vegas	State NV
		Zip 89011	
Phone	Title General Manager	Number of Employed Hours 13,760	
Description of Duties Responsible for all financial, marketing and gas operations, to include filling and transfilling operations. Responsible for over 30,000 oxygen patients in three state area. To include recalls, adverse occurrences and DOT. Also, training of staff.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
		Zip	
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
		Zip	
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
		Zip	
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, James T. donohue, certify that as the designated representative for
Whole Gas Technologies LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JTD I am at least 21 years of age;
3. JTD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JTD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JTD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JTD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JTD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Donohue

Print Name (First, Last)

James Donohue

Original Signature (electronic, copies or stamps not accepted)

13 May 2021

Date

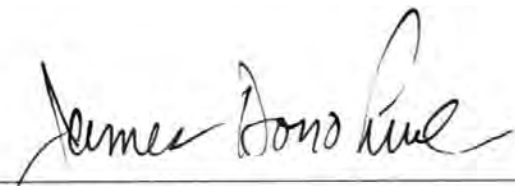
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

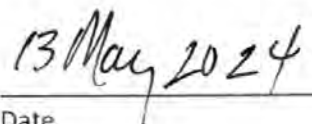
This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A


 Original Signature (electronic, copies or stamps not accepted)


 Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Donohue

Print Name (First, Last)

James Donohue

Original Signature (electronic, copies or stamps not accepted)

13 May 24

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, JAMES DONOHUE, 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 the license, registration, permit, certificate or certification for which I am applying for.

James Donohue

Original Signature

13 May 2024

Date

Subscribed and Sworn to before me this 13th day of May, 2024

Brittney Sanchez

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Whole GasTechnologies LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 755 E Greg Street Unit 20
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) n/a
City _____ State _____ Zip _____
Telephone _____ Website www.wholegastechologies.com
Licensing Company Email brenda@wholegastechologies.com

Section 2: Personal Information

First James Middle Thomas Last Donohue
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Reno State NV Zip 89506
Telephone [REDACTED] Email jdonahue@wholegastechologies.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Rochester Lodes High Schol		From - To (MM/YY - MM/YY) 1979-1980	
Address 2800 19th Street NW	City Rochester	State MN	Zip 55976
Diploma/Degree obtained, if any Diploma			
School Name Rochester Community College		From - To (MM/YY - MM/YY) 1980-1982	
Address	City Rochester	State MN	Zip
Diploma/Degree obtained, if any			
School Name Winona State University		From - To (MM/YY - MM/YY) 1982-1984	
Address	City Winona	State MN	Zip 55987
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
10/2021-current				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
11/2000-10/2021		Las Vegas	NV	89130
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Iron Kettle Embroidery		From - To (MM/YY - MM/YY) 08/2014-present	
Business Address 6101 Iron Kettle	City	State	Zip
Phone	Title		
Description of Duties Embroidery/ Printing Sublimation			

Business Name Red Rock Pharmacy and Home Health		From - To (MM/YY - MM/YY) 2018-2019	
Business Address 450900 E 150th	City Salt Lake City	State UT	Zip 84102
Phone 801-433-9500	Title		
Description of Duties Operations for 6 states of Pharaacy and Home Health			

Business Name Apria Home Healthcare		From - To (MM/YY - MM/YY) 1997-2006	
Business Address 7370 Eastgate Rd #140	City Henderson	State NV	Zip 89011
Phone 702-736-4466	Title		
Description of Duties General Manager and Pharmacy COO			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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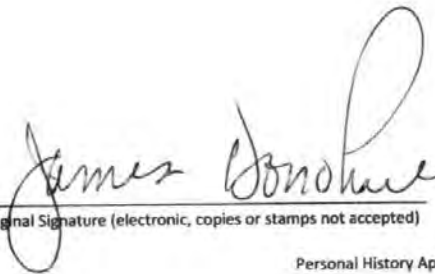
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	Country
Case #		Governing, Licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)


Date

Personal History Application (Applicant's Initials JTD) 6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James T Donohue

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, James T. Donohue, 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 the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 29 day of April 24.

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Whole Gas Technologies LLC
 Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
 Physical Address 755 E Greg Street Unit 20
 City Sparks State NV Zip 89431
 Mailing Address (if different from physical address) N/A
 City _____ State _____ Zip _____
 Telephone 775-376-6017 Website wholegastechologies.com
 Licensing Company Email brenda@wholegastechologies.com

Section 2: Personal Information

First William Middle Tim Last Grohs
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED]
 City Sun Valley State NV Zip 89433
 Telephone [REDACTED] Email tim@wholegastechologies.com
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name LaSalle High School		From - To (MM/YY - MM/YY)	
Address 11999 Fuller Road	City Milwaukie	State OR	Zip 97222
Diploma/Degree obtained, if any			
School Name Clackamas High School		From - To (MM/YY - MM/YY)	
Address 14486 SE 122nd Ave	City Clackamas	State OR	Zip 97015
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
4-1-23 to current	[REDACTED]	Sun Valley	NV	89433
3-31-23 to 3-1-2018	[REDACTED]	Reno	NV	89521
2-28-18 to 4-1-2014	[REDACTED]	Happy Valley	OR	97086
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Airtec Gases LLC		From - To (MM/YY - MM/YY) 2-2018 to 2-2024	
Business Address 1320 Freeport Blvd #114	City Sparks	State NV	Zip 89431
Phone 775-360-5100	Title Sales/Driver		
Description of Duties First 4 years, 100% of operations. Last 2 years, sales and back up driver.			
Business Name Choozfruit LLC		From - To (MM/YY - MM/YY) 5-2013-2-2018	
Business Address 10255 SE 96th Ave	City Happy Valley	State OR	Zip 97086
Phone	Title owner		
Description of Duties Start up of wholesaling fresh fruits and vegetables to convenience stores. College cafeterias, etc.			
Business Name Maurice Sporting Goods		From - To (MM/YY - MM/YY) 10-2011- 5-2013	
Business Address Longley Lane	City Reno	State NV	Zip 89521
Phone Out of business	Title Territory Manager		
Description of Duties Sales and Merchandising to entire state of Oregon, and Northern California.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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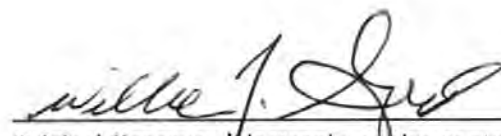
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

4/23/2024
Date

Personal History Application

(Applicant's Initials WTG  6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Tim Grohs

Print Name (First, Last)

William Tim Grohs
Original Signature (electronic, copies or stamps not accepted)

4-23-2024
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, William Tim Grohs, 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 the license, registration, permit, certificate or certification for which I am applying for.

William Tim Grohs
Original Signature

4-23-2024
Date

Subscribed and Sworn to before me this 23 day of April 2024.

[Signature]
Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Whole Gas Technologies LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A
Physical Address 755 E Greg Street Unit 20
City Sparks State NV Zip 89431
Mailing Address (if different from physical address) Same
City _____ State _____ Zip _____
Telephone 775-376-6017 Website wholegastechologies.com
Licensing Company Email brenda@wholegastechologies.com

Section 2: Personal Information

First Renato Middle _____ Last Garcia-Gonzales
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Reno State NV Zip 89506
Telephone _____ Email renato@wholegastechologies.com
Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

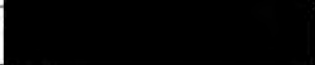
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Sparks High School		From - To (MM/YY – MM/YY)	
Address 820 15th Street	City Sparks	State NV 89431	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 3/10-8/16	Address 	City Reno	State NV	Zip 89506
From - To (MM/YY – MM/YY) 8/16- now	Address 	City Reno	State NV	Zip 89506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Bennet Medical Services LLC		From - To (MM/YY – MM/YY)	
Business Address 5475 Louie Lane Ste A	City Reno	State NV	Zip 89511
Phone 775-329-0799	Title Oxygen Filler		
Description of Duties Complete filling processes of Medical Oxygen filling. Tank maintenance and record keeping			
Business Name Airtec Gases LLC		From - To (MM/YY – MM/YY) 4/201/-2/2024	
Business Address 1320 Freeport Blvd # 114	City Sparks	State NV	Zip 89431
Phone 775-360-5100	Title Oxygen Filler/ Warehouse Manager		
Description of Duties Maintain day to day operation of warehouse, filling and maintenance of tanks, all fill records.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?			✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?			✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)			✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?			✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?			✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?			✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.			✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).			✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest 1/19/2001	Disposition Date 9/19/2001	State NV	City Reno	County Washoe
Case # CR01-0132		Governing, licensing, Arresting Presiding Body/Agency/Court Second Judicial District Court State of Nevada		
Reason/Charge Attempted Burglary				
Plaintiff/Defendant/Claimant/Respondent Defendant			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

I was young, and made a bad choice. I broke into a car and got caught. I have not had ANY trouble since this time.



Original Signature (electronic, copies or stamps not accepted)

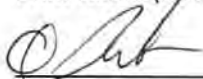
4-23-21

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Renato, Garcia-Gonzales

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/23/24

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of WASHOE

I, RENATO GARCIA GONZALEZ, 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 the license, registration, permit, certificate or certification for which I am applying for.

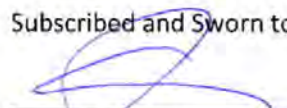


Original Signature

4-23-24

Date

Subscribed and Sworn to before me this 23 day of April 2024.


Notary Public Signature



(Seal)

WHOLE GAS TECHNOLOGIES LLC

LIST OF EMPLOYEES

James T Donohue	Principal-sales
William Tim Grohs	Principal Sales/Procurement
Renato Garcia	Principal Warehouse operations
Brenda Grohs	PT Administrative assistant Exempt

WHOLE GAS TECHNOLOGIES

Dear Mr. Sedar,

I hope this letter finds you well. I am writing on behalf of Whole Gas Technologies, a community oxygen and specialty gas provider that is requesting an Early License Due to financial hardships. Unfortunately, we are currently facing significant financial challenges due to equipment access, rising costs, increased demand, as well as an outpouring of support of numerous medical companies.

With over 75 years of operational and medical experience as an ownership group, we have always strived to maintain the highest standards of patient care, safety, and compliance. However, the financial strain has made it increasingly difficult for us to begin operating without the necessary license. We kindly request your understanding and consideration in granting us an early license to alleviate our financial burden.

Here are some key points supporting our request:

1. **Community Impact:** Whole Gas Technologies plays a vital role in providing essential medical gases for therapies and healthcare services to our community. An early license would allow us to assist our medical community, our patients without interruption. Several doctors have shown great support for our customer service and wish to begin services with our firm.
2. **Patient Care:** Our dedicated team of medical professionals is committed to ensuring the well-being of our patients. An early license would enable us to maintain continuity of care. Physicians have been awaiting our opening and are anxious to order.
3. **Financial Hardships:** We have had no revenue to date, due to not having our license. Our financial situation is dire, and an early license would provide much-needed relief.
4. **Compliance:** We assure you that we will continue to comply with all regulations and uphold the highest standards of pharmacy practice. Our commitment to patient safety remains unwavering.

We kindly request an expedited review of our application for an early license. If additional documentation or information is needed, please let us know, and we will promptly provide it.

Thank you for your attention to this matter. We sincerely hope that the State Board of Pharmacy will consider our situation and grant us the early license we urgently need.

Sincerely,

James Donohue

Tim Grohs

Renado Garcia

James Donohue

Director of Sales- Northern Nevada

Office: 775-376-6017

email: jdonohue@wholegastechologies.com



Quick to Respond, Quick to Resolve

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application Non-Refundable \$1,000 Fee Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Vitti Labs, LLC</u>		
Physical Address: <u>834 W. Kansas Street, Suite C</u>		
City: <u>Liberty</u> State: <u>MO</u> Zip: <u>64068</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: _____ Website: _____		
Name of Designated Representative (DR): <u>Philipp R. Vitti</u>		
Licensing Company Email: _____ DR Email: <u>phil@vittilabs.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☐ *Medical devices, equipment, supplies, gases ☒ Others: <u>HCT/Ps</u>	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?			✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			✓

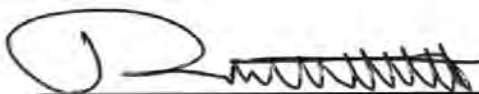
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name:	N/A			
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	
Name:				
Address:	City:	State:	Zip:	

Section 4: Publicly Traded Corporation

State of Incorporation:	N/A		
Parent Company (if any):			
Corporation Name:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Email:		
Contact Person Name:			
Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:	

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:	Missouri		
Parent Company (if any):			
Corporation/Organization Name:	Vitti Labs, LLC		
Mailing Address:	834 W. Kansas Street, Suite C		
City:	State:	Zip:	
Telephone:	Email:		
Contact Person Name:	Philipp R. Vitti		

Section 6: Partnership

Partnership Name:	N/A		
Mailing Address:			
City:	State:	Zip:	
Telephone:	Email:		
Contact Person Name:			

Section 7: Sole Owner

Owner's Name:	N/A		
Business Name:			
Business Address:			
City:	State:	Zip:	
Telephone:	Email:		

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• ^a Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ .	✓	✓	✓	✓
• If providing ^a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

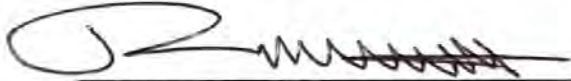
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vitti Labs, LLC

Facility Name

Philipp R. Vitti

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

April 17, 2024

Date

Board Use Only	Date Received: 4/18/24	Amount: \$1000-cc ✓
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HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query

Establishment Details

Establishment Name and Location

Current Status: Registered
Last Annual Registration Year: 2024
FDA Establishment Identifier (FEI): 3015365441
Establishment Name: Vitti Labs LLC
Address: 834 W. Kansas
City: Liberty
State: Missouri
Zip: 64068
Country: UNITED STATES
Phone: 816-222-4583

*Verified
w/ MRCU
11/25/24*

Establishment Functions

Types of HCT/Ps	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute
Amniotic Membrane				☒	☒	☒	☒	☒
Blood Vessel								
Bone								
Cardiac Tissue - non-valved								
Cartilage								
Cornea								
Dura Mater								
Embryo								
Fascia								
Heart Valve								
HPC Apheresis								
HPC Cord Blood								
Ligament								
Nerve Tissue								
Oocyte								
Ovarian Tissue								
Pancreatic Islet Cells - autologous								
Parathyroid								
Pericardium								
Peripheral Blood Mononuclear Cells								
Peritoneal Membrane								
Sclera								
Semen								
Skin								

Tendon								
Testicular Tissue								
Tooth Pulp								
Umbilical Cord Tissue				☒	☒	☒	☒	☒

Establishment HCT/P Listing

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Proprietary Names
Amniotic Membrane	X	NS PURE, OPTI
Blood Vessel		
Bone		
Cardiac Tissue - non-valved		
Cartilage		
Cornea		
Dura Mater		
Embryo		
Fascia		
Heart Valve		
HPC Apheresis		
HPC Cord Blood		
Ligament		
Nerve Tissue		
Oocyte		
Ovarian Tissue		
Pancreatic Islet Cells - autologous		
Parathyroid		
Pericardium		
Peripheral Blood Mononuclear Cells		
Peritoneal Membrane		
Sclera		
Semen		
Skin		
Tendon		
Testicular Tissue		
Tooth Pulp		
Umbilical Cord Tissue	X	EV PURE+, WJ PURE+, VITTI PURE, HYLAJEL, HYLAPURE

HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo					
HPC Apheresis					
HPC Cord Blood					
Oocyte					
Peripheral Blood Mononuclear Cells					
Semen					

Print Date: 04/05/2024

Print This Page

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Back To Query Results Screen

Exit

eHCTERS v02.13.00

Updated 10/13/2023

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FDA / Center for Biologics Evaluation and Research

SECTION 9
REQUIRED RESPONSES AND SUPPORTING DOCUMENTATION

- **All Officers and Directors.**

Philipp R. Vitti	Member, Chief Operating Officer
Miriam G. McKinney	Member, President
Christopher Bartalos, DO	Member, Medical Director

- **All corporation shareholders and their percent ownership.**

Vitti Labs, LLC is not a corporation; thus, there are no shareholders.

Ownership lies in the following members in the following percentages:

Philipp R. Vitti	33.33%
Miriam G. McKinney	33.33%
Christopher Bartalos, DO	33.33%

- **Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.**

Attached.

- **Designated Representative form must be completed by the Designated Representative.**

Attached.

- **Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares.**

Forms attached for the following:

Philipp R. Vitti
Miriam G. McKinney
Christopher Bartalos, DO

- **Copy of DEA certificate if handling controlled substances.**

Vitti Labs, LLC does not handle controlled substances.

- **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**

None.

- **Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**

The state of Missouri does not require registration for tissue banks.

Vitti Labs, LLC is registered in the states of California and Illinois. See copies of registrations submitted with this Application.

Vitti Labs, LLC is regulated by the U.S. Food & Drug registration. See registration provided in response to Section 8.

- **Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957).**

Not Applicable.

- **If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).**

Not Applicable.

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

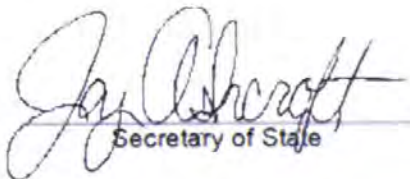
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

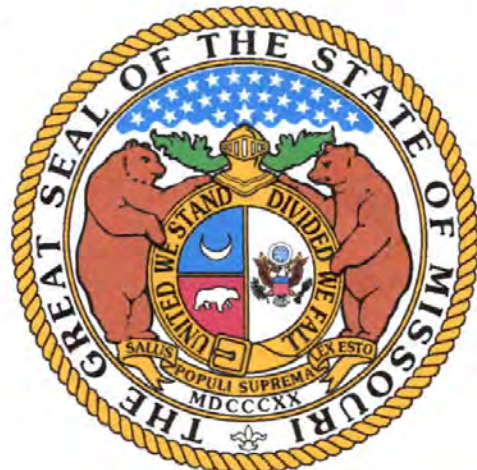
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

VITTI LABS, LLC
LC001677042

was created under the laws of this State on the 18th day of November, 2019, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of April, 2024.


Secretary of State



Certification Number: CERT-04052024-0107



Dear Tissue Bank Director:

Attached below is your tissue bank license.
Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department **not less than 30 days** prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

VITTI LABS
834 W KANSAS ST STE C
ATTN: PHILIPP R. VITTI
LIBERTY MO 64068-2033

FORFEITURE OF LICENSE

A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

- (1) The tissue bank is sold or otherwise transferred.
- (2) The license is surrendered to the state department.

QUESTIONS AND INFORMATION:

If you have any questions, please write to:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Internet Address: www.cdph.ca.gov/LFS

Thank you for your cooperation.

TB 100 TBLIC (8-23)

Tear Here

Tear Here

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

VITTI LABS
834 W KANSAS, STE C
LIBERTY MO 64068

OWNER(S):

CHRISTOPHER R BARTALOS DO
PHILIPP R VITTI
MIRIAM MCKINNEY

DIRECTOR:

CHRISTOPHER R BARTALOS DO

TISSUE BANK ID Number: CTB 00082207

Issuance Date: November 19, 2023

Expiration Date: November 17, 2024

Robert J. Thomas

Robert J. Thomas, Branch Chief
Laboratory Field Services



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Effective Date: **May 1, 2023**

Expires: **May 01, 2024**

Christopher Bartalos - Facility Director
Vitti Labs
834 W Kansas - Ste C
Liberty, MO 64068

Registration Number 2820

State of Illinois
2023
Sperm/Tissue Bank Registration
Vitti Labs

Dear Director:

We are in receipt of your **Registration** with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by *Title 77 Public Health Chapter I: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.*

Sincerely,



Brandon Rakowski
Tissue & Sperm Bank
Program Administrator
Illinois Department of Public Health
Health Care Facilities and Programs
Laboratory Regulations

Annual registration deadline is May 1, and renewal reminders are e-mailed on February of each year.

PROTECTING HEALTH. IMPROVING LIVES

05/01/2023



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Effective Date: **May 1, 2024**

Expires: May 01, 2025

Christopher Bartalos - Facility Director
Vitti Labs
834 W Kansas - Ste C
Liberty, MO 64068

Registration Number 2820

State of Illinois
2024
Sperm/Tissue Bank Registration
Vitti Labs

Dear Director:

We are in receipt of your **Registration** with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by *Title 77 Public Health Chapter I: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.*

Sincerely,



Brandon Rakowski
*Tissue & Sperm Bank
Program Administrator
Illinois Department of Public Health
Health Care Facilities and Programs
Laboratory Regulations*

Annual registration deadline is May 1, and renewal reminders are e-mailed on February of each year.

PROTECTING HEALTH. IMPROVING LIVES

[< BACK TO RESULTS](#)

Vitti Labs

834 W Kansas, Suite C
Liberty, MO 64068
United States

Phone: (816) 200-7959

Fax: 816-817-4477

Website:

<http://www.vittilabs.com>



Accreditation Number: 00341

Accreditation Expires: August 12, 2024

TISSUE BANK ACCREDITED FOR

Distribution

Birth Tissue

Donor Eligibility Assessment

Birth Tissue

Processing

Birth Tissue

Storage

Birth Tissue

GENERATED AT 04/10/2024 12:08pm



**CERTIFICATE OF COMPLIANCE IN
US Good Manufacturing Practices
For Human Cellular Products
per 21 CFR 1271 and 21 CFR 210**

This certificate is awarded to

Vitti Labs, LLC

*For its Manufacturing facility located at
834 W Kansas St, Suite C, Liberty, MO 64068*

VALID TILL 25TH APRIL 2025

Compliance Inspector: Dr. Mukesh Kumar, PhD_RAC

1/3/25
Dr. Mukesh Kumar

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. 100412076

Application/License No. _____

Vitti Labs, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
834 W. Kansas Street, Suite C Liberty, MO 64068, as
Address of Applicant/Principal
PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
corporation organized under the laws of the state of Iowa
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 April 9, 2024.
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.

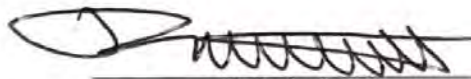
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of April, 2024.

APPLICANT/PRINCIPAL

SURETY

COMPANY


Authorized Representative

Vitti Labs, LLC

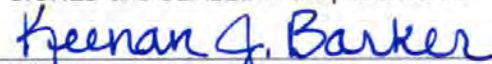
Philipp R. Vitti

Merchants Bonding Company (Mutual)


Surety Company's Representative

Vickie J Nickel, Attorney-in-fact
print name

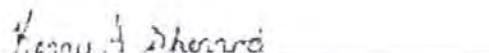
SIGNED and SEALED in the presence of:


Witness

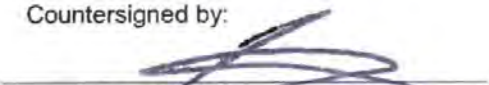

Witness

SIGNED and SEALED in the presence of:


Witness Shawn Byrne


Witness Kerry A. Sherrod

Countersigned by:


Nevada Resident Agent Non-Resident Agent
David Houston Parkhurst

LP 2079 NV (5/21)

Posted February 20, 2020

MERCHANTS
BONDING COMPANY™
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Vickie J Nickel

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments 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.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 9th day of April, 2024



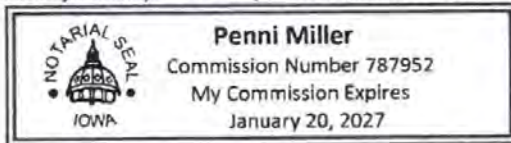
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 9th day of April, 2024, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



(Expiration of notary's commission
does not invalidate this instrument)

[Signature]
Notary Public

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 9th day of April, 2024



William Warner Jr.
Secretary

Schedule K-1
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning **11/08/19**

ending **12/31/19**

Shareholder's Share of Income, Deductions, Credits, etc.
See back of form and separate instructions.

☐ Final K-1

☐ Amended K-1

671119
OMB No. 1545-0123

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C*	
		17	Other information
		V*	STMT
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		

* See attached statement for additional information.

Part I Information About the Corporation

A Corporation's employer identification number
84-3635381

B Corporation's name, address, city, state, and ZIP code
VITTI LABS, LLC

4741 CENTRAL STREET, SUITE 484
KANSAS CITY MO 64112

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

PHILLIP VITTI
4741 CENTRAL # 484

Kansas City MO 64112

F Shareholder's percentage of stock ownership for tax year **100.000000 %**

For IRS Use Only

Schedule K-1
(Form 1120-S)
Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year

☐ Final K-1

☐ Amended K-1

671120
OMB No. 1545-0123

beginning

ending

Shareholder's Share of Income, Deductions, Credits, etc.
See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
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9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
17			Other information
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number

84-3635381

B Corporation's name, address, city, state, and ZIP code

VITTI LABS, LLC

4741 CENTRAL STREET, SUITE 484
KANSAS CITY MO 64112

C IRS Center where corporation filed return

e-file

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

PHILLIP VITTI
4741 CENTRAL

Kansas City MO 64112

F Current year allocation percentage 100.000000 %

G Shareholder's number of shares

Beginning of tax year

End of tax year

H Loans from shareholder

Beginning of tax year

End of tax year

For IRS Use Only

Schedule K-1
(Form 1120-S)
Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or tax year

beginning

ending

Shareholder's Share of Income, Deductions,
Credits, etc.

See separate instructions.

☐ Final K-1
☐ Amended K-1

OMB No. 1545-0123

671121

Part I Information About the Corporation	
A Corporation's employer identification number	84-3635381
B Corporation's name, address, city, state, and ZIP code	VITTI LABS, LLC 834 W. Kansas, Suite C Liberty MO 64068
C IRS Center where corporation filed return	e-file
D Corporation's total number of shares	
Beginning of tax year	100
End of tax year	100

Part II Information About the Shareholder	
E Shareholder's identifying number	
F Shareholder's name, address, city, state, and ZIP code	PHILLIP VITTI 4741 CENTRAL Kansas City MO 64112
G Current year allocation percentage	33.340000 %
H Shareholder's number of shares	
Beginning of tax year	34
End of tax year	34
I Loans from shareholder	
Beginning of tax year	\$ 0
End of tax year	\$ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information
		V*	STMT
11	Section 179 deduction	AC*	STMT
12	Other deductions		
18	☐ More than one activity for at-risk purposes*		
19	☐ More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Schedule K-1
(Form 1120-S)Department of the Treasury
Internal Revenue Service

2022

For calendar year 2022, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

Shareholder's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
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		C*	5
10	Other income (loss)		
		17	Other information
		V*	STMT
11	Section 179 deduction	AC*	STMT
12	Other deductions		
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number

84-3635381

B Corporation's name, address, city, state, and ZIP code

VITTI LABS, LLC

834 W. Kansas, Suite C

Liberty

MO 64068

C IRS Center where corporation filed return

e-file

D Corporation's total number of shares

Beginning of tax year 100

End of tax year 100

Part II Information About the Shareholder

E Shareholder's identifying number

F Shareholder's name, address, city, state, and ZIP code

PHILLIP VITTI

4741 CENTRAL STREET SUITE 484

KANSAS CITY

MO 64112

G Current year allocation percentage 33.340000 %

H Shareholder's number of shares

Beginning of tax year 34

End of tax year 34

I Loans from shareholder

Beginning of tax year \$ 0

End of tax year \$ 0

For IRS Use Only

Schedule K-1
(Form 1120-S)Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

Shareholder's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
		M	
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8a	Net long-term capital gain (loss)		
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		C*	
10	Other income (loss)		
		17	Other information
		V*	STMT
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12	Other deductions	ZZ*	STMT
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19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number

84-3635381

B Corporation's name, address, city, state, and ZIP code

VITTI LABS, LLC

834 W. Kansas, Suite C

Liberty

MO 64068

C IRS Center where corporation filed return

e-file

D Corporation's total number of shares

Beginning of tax year 100

End of tax year 100

Part II Information About the Shareholder

E Shareholder's identifying number

F Shareholder's name, address, city, state, and ZIP code

PHILLIP VITTI

4741 CENTRAL STREET SUITE 484

KANSAS CITY

MO 64112

G Current year allocation percentage 33.340000 %

H Shareholder's number of shares

Beginning of tax year 34

End of tax year 34

I Loans from shareholder

Beginning of tax year \$ 0

End of tax year \$ 0

For IRS Use Only

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vitti Labs, LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 834 W. Kansas Street, Suite C
City Liberty State MO Zip 64068
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 816-200-7959 Website www.vittilabs.com
Licensing Company Email _____

Section 2: Personal Information

First Philipp Middle Ranier Last Vitti
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City Kansas City State MO Zip 64112
Telephone 816-200-7959 Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

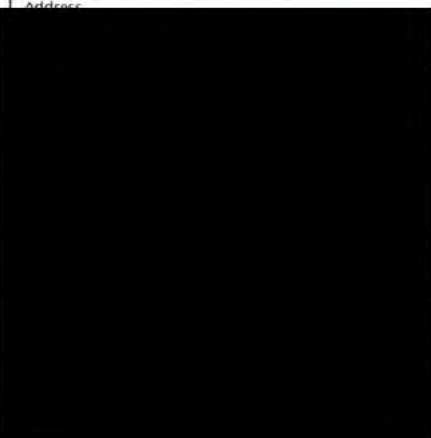
Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UMKD - Department of Chemistry		From - To (MM/YY - MM/YY) 2009-2010	
Address 5100 Rockhill Road	City Kansas City	State MO	Zip 64110
Diploma/Degree obtained, if any			
School Name Le Cordon Bleu Culinary School		From - To (MM/YY - MM/YY) 2003-2005	
Address 1315 Mendota Heights Rd.	City Mendota Heights	State MN	Zip 55120
Diploma/Degree obtained, if any Associates in Culinary Arts			
School Name Lincoln College Preparatory High School		From - To (MM/YY - MM/YY) 2000-2003	
Address 2111 Woodland Avenue	City Kansas City	State MO	Zip 64108
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/22 - Present	Address 	City Kansas City	State MO	Zip 64157
From - To (MM/YY - MM/YY) 09/20 - 09/22		City Liberty	State MO	Zip 64068
From - To (MM/YY - MM/YY) 09/18 - 09/20		City Kansas City	State MO	Zip 64120
From - To (MM/YY - MM/YY) 06/17 - 09/18		City Kansas City	State MO	Zip 64108
From - To (MM/YY - MM/YY) 06/13 - 05/15		City Stamford	State CT	Zip 06902
From - To (MM/YY - MM/YY) 05/15 - 06/16		City Orlando	State FL	Zip 32819
From - To (MM/YY - MM/YY) 01/08 - 06/17		City Kansas City	State MO	Zip 64109
From - To (MM/YY - MM/YY)		City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Vitti Labs, LLC		From - To (MM/YY – MM/YY) 03/2018 - Present	
Business Address 834 W. Kansas St. Ste C		City Liberty	State MO
Phone 816-200-7959	Title Chief Science Officer and Regulatory Affairs Director	Number of Employed Hours 6,000+ hours	
Description of Duties Chief Science Officer (CSO) is responsible for management of all Vitti Labs operations and implementation of the Quality Management System and Vitti Labs SOPM. The CSO provides guidance, and oversight to the organization and its employees; and ensures that the mission and quality policy are carried out in the attainment of goals and overall regulatory compliance.			
Business Name Vitti Corporate, LLC		From - To (MM/YY – MM/YY) 03/22 - Present	
Business Address 4245 N. Central Expy Ste 490		City Dallas	State TX
Phone 1-838-848-8426	Title Owner	Number of Employed Hours	
Description of Duties Not actively involved.			
Business Name Gold Prairie Distribution, LLC		From - To (MM/YY – MM/YY) 03/23 - Present	
Business Address 4741 Central St. Ste 484		City Kansas City	State MO
Phone 1-833-465-3731	Title Owner	Number of Employed Hours	
Description of Duties Not actively involved			
Business Name BVL Clinical Research Institute, LLC		From - To (MM/YY – MM/YY) 05/20 - Present	
Business Address 834 W. Kansas, Suite A and B		City Liberty	State MO
Phone 800-407-9314	Title Owner	Number of Employed Hours	
Description of Duties Not actively involved			
Business Name Vitti International		From - To (MM/YY – MM/YY) 01/05 - 01/20	
Business Address 4741 Central St. Ste 484		City Kansas City	State MO
Phone N/A	Title CEO	Number of Employed Hours	
Description of Duties To build a company that focused on inventing products and developing technologies.			
Continue on next page if additional space is needed.			

Business Name Vitti Biotech, LLC		From - To (MM/YY – MM/YY) 02/24 - Present	
Business Address 840 W. Kansas Street Ste. A and B		City Liberty	State MO
Phone N/A	Title Chief Science Officer	Zip 64068	
Number of Employed Hours			
Description of Duties Lead a team of scientists to discover technologies that can one day be used to help humankind through drug development, medical devices, and general scientific education.			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attachments provided with the Personal History Application for Philipp Vitti.



Original Signature (electronic, copies or stamps not accepted)

April 17, 2024

Date

I, Philipp R. Vitti, certify that as the designated representative for
Vitti Labs, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. P I am at least 21 years of age;
3. P I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. P I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. P I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. P I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. P I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Philipp Vitti

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

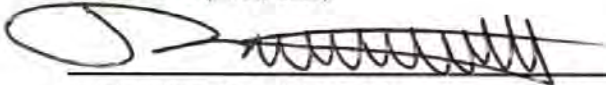
April 17, 2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philipp Vitti

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

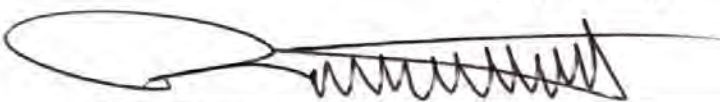
April 17, 2024

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Clay

I, Philipp Vitti, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

04/17/2024

Date

Subscribed and Sworn to before me this 17th day of April

Keenan J. Barker

Notary Public Signature

KEENAN J. BARKER
Commission# 15462993
Notary Public - Notary Seal
STATE OF MISSOURI
Clay County
My Commission Expires: March 12, 2027

(Seal)

From: Phil Vitti <phil@vittilabs.com>
Sent: Wednesday, June 26, 2024 3:11 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: Keenan Barker <keenan@vittilabs.com>
Subject: Re: Nevada Out-of-State Wholesaler Application-Vitti Labs, LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Mrs. Herrera,

Thank you for allowing me to email the Employee list to you for convenience. See below:

Owners

Dr. Christopher Bartalos

Philipp Vitti

Miriam Mckinney

Management

Lora Watson

Logistics

Larry Kaminski

Amber Buckholz

Technician

John Buck

Part time - Intern

Gibson Williams

Please call me anytime for follow up questions.

Sincerely,

Philipp Vitti

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vitti Labs, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 834 W. Kansas Street, Suite C

City Liberty State MO Zip 64068

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Miriam Middle Grace Last McKinney

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X

Mailing Address 834 W. Kansas Street, Suite C

City Liberty State MO Zip 64068

Telephone [REDACTED] Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

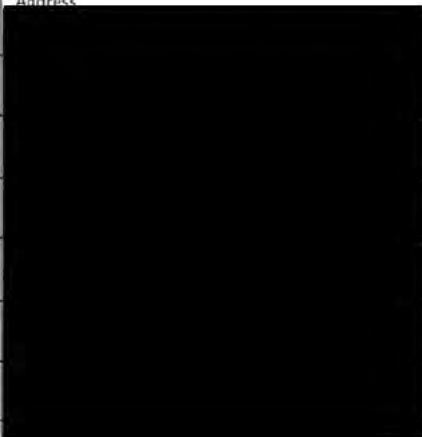
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Homeschooled		From - To (MM/YY - MM/YY) 2002-2009	
Address 6147 Oak St	City Kansas City	State MO	Zip 64112
Diploma/Degree obtained, if any High School			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/22 - Present	Address 	City Kansas City	State MO	Zip 64157
From - To (MM/YY - MM/YY) 09/20 - 09/22		City Liberty	State MO	Zip 64068
From - To (MM/YY - MM/YY) 09/18-09/20		City Kansas City	State MO	Zip 64120
From - To (MM/YY - MM/YY) 06/17 - 09/18		City Kansas City	State MO	Zip 64108
From - To (MM/YY - MM/YY) 02/17 - 06/17		City Kansas City	State MO	Zip 64108
From - To (MM/YY - MM/YY) 02/16 - 02/17		City Kansas City	State MO	Zip 64112
From - To (MM/YY - MM/YY) 02/15 - 02/16		City Kansas City	State MO	Zip 64110
From - To (MM/YY - MM/YY)		City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Vitti Labs		From - To (MM/YY - MM/YY) 11/19-Present	
Business Address 834 W Kansas St. Suite C	City Liberty	State MO	Zip 64068
Phone 816-200-7959	Title President		
Description of Duties Lead, direct, and make high-level decisions that impact the company's finances and operational processes.			
Business Name Miriam Wade Consulting		From - To (MM/YY - MM/YY) 06/17 - 11/19	
Business Address 1829 Madison Ave, B302	City Kansas City	State MO	Zip 64108
Phone 816-876-7715	Title Owner		
Description of Duties Business and brand consulting.			
Business Name FLOC5, Brand Strategy & Design		From - To (MM/YY - MM/YY) 04/16 - 06/17	
Business Address 2100 Central #01E	City Kansas City	State MO	Zip 64108
Phone 816-876-7715	Title Art Director		
Description of Duties Brand design director. Client and project management.			
Business Name Season + Square		From - To (MM/YY - MM/YY) 01/15 - 04/16	
Business Address 6205 Oak St.	City Kansas City	State MO	Zip 64113
Phone 816-876-7715	Title Manager		
Description of Duties Store, brand, and social media manager.			
Business Name Lifestyle & Little Ones		From - To (MM/YY - MM/YY) 01/13 - 01/15	
Business Address	City Kansas City	State MO	Zip 64113
Phone 816-876-7715	Title Owner		
Description of Duties Nutrition and lifestyle consulting for children and families.			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

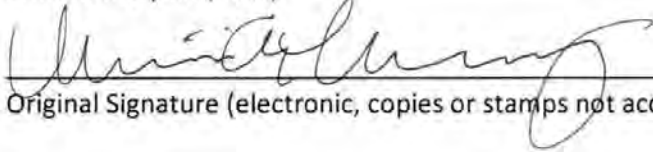
Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Miriam G McKinney

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Clay

I, Miriam McKinney, 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 the license, registration, permit, certificate or certification for which I am applying for.


Original Signature

04/17/2024
Date

Subscribed and Sworn to before me this 17th day of April.

Keenan J. Barker
Notary Public Signature

KEENAN J. BARKER
Commission# 15462993
Notary Public - Notary Seal
STATE OF MISSOURI
Clay County
My Commission Expires: March 12, 2027

(Seal)

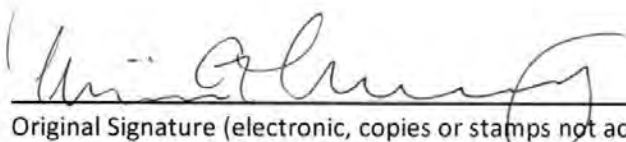
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 10/27/2023	Disposition Date	State MO	City	County Clay
Case # 23CY-CV10892		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Clay County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Vitti Labs, LLC, et al. v. Douglas Rainey, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Pending suit against Distributor for violation of Agreement.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Personal History Application (Applicant's Initials MGM) 6 of 7

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

VITTI CORPORATE, LLC,	)	
	)	
VITTI LABS, LLC,	)	
	)	
And	)	
	)	
BIOXSTEM, LLC,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
DOUGLAS RAINEY,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	Case No.
	)	
AMANDA CONOVER,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	
	)	
ATHLETIC INTEGRATIVE	)	
MEDICINE CORP.	)	
Serve: Douglas Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
PROJECT Y BIOTECH, LLC	)	
Serve: Doug Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
And	)	
	)	
CARDINAL BIOLOGICALS, INC.	)	
Serve: Paul Pfeiffer	)	
821 Progress St.	)	
Cape Girardeau, MO 63703	)	
	)	
Defendants.	)	

PETITION FOR DAMAGES AND EQUITABLE RELIEF

Pursuant to Mo. R. Civ. P. 55.01 and 55.05, plaintiffs Vitti Corporate, LLC, Vitti Labs, LLC, and BioXstem, LLC, set forth the following allegations and claims against defendants Douglas Rainey, Amanda Conover, Athletic Integrative Medicine Corp., Project Y Biotech, LLC, and Cardinal Biologicals, Inc.:

INTRODUCTION

This is a case regarding a complicated bait-and-switch scheme that took significant planning and preparation by the Colluding Defendants to carry out. Defendant Rainey is the ringleader of this complicated scheme, even though his actions violate his non-compete agreement with Plaintiffs Vitti Labs's and BioXstem. The Colluding Defendants pirated Plaintiffs Vitti Labs's and BioXstem's name, likeness, and brand in order to operate the bait-and-switch scheme, causing substantial damage to Plaintiffs and the human cellular tissue industry as a whole. This is due in part to the Colluding Defendants using Defendant Project Y's products as the "switch" in the scheme, even though Defendant Project Y's products use materials from Defendant Cardinal Biologicals that are non-transplantable. Despite their products being non-transplantable, the Colluding Defendants distributed, marketed, and sold the products for transplantable use to physicians and physicians' groups.

PARTIES

1. Plaintiff Vitti Corporate, LLC ("Plaintiff Vitti Corporate") is a Missouri limited liability company with its principal place of business in Kansas City, Jackson County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

2. Plaintiff Vitti Labs, LLC ("Plaintiff Vitti Labs") is a Missouri limited liability company with its principal place of business in Liberty, Clay County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

3. Plaintiff BioXstem, LLC ("Plaintiff BioXstem") is a Nevada limited liability company.

4. Defendant Douglas Rainey ("Defendant Rainey") is an individual, who is a citizen and resident of Arizona. Upon information and belief, he may be served at [REDACTED].

5. Defendant Amanda Conover ("Defendant Conover") is an individual, who is a citizen and resident of Texas. Upon information and belief, she may be served at [REDACTED].

6. Defendant Athletic Integrative Medicine Corp. ("Defendant AIM") is an Arizona for-profit corporation. Defendant AIM can be served through its registered agent, Defendant [REDACTED].

7. Defendant AIM's sole owner is Defendant Rainey, who is Defendant AIM's president and CEO and only director. All actions of Defendant Rainey alleged herein were during and within his scope of work with Defendant AIM.

8. Defendant Conover is a clinical consultant with Defendant AIM. All actions of Defendant Conover alleged herein were during and within her scope of work with Defendant AIM.

9. Defendant Project Y Biotech, LLC ("Defendant Project Y") is a California limited liability company. Defendant Rainey is the owner of Defendant Project Y, who can be served through its registered agent, Defendant Rainey, at [REDACTED] Tucson, Arizona 85750-9691.

10. Defendant Cardinal Biologicals, Inc. ("Defendant Cardinal Biologicals") is a Texas for-profit organization with its principal place of business in Cape Girardeau, Missouri. Defendant Cardinal Biologicals is authorized and is in good standing to do business in the State of Missouri. Defendant Cardinal Biologicals can be served through its registered agent, Paul Pfeiffer, [REDACTED] [REDACTED] Girardeau, Missouri 63703.

JURISDICTION AND VENUE

11. Pursuant to Section 506.500, RSMo 2016, jurisdiction is proper in this Court as the causes of action against Defendants arise out of tortious acts committed within this State of Missouri, including causing damages to Plaintiffs in Missouri. Upon information and belief, jurisdiction is also proper in this Court as the causes of action against Defendants include transactions Defendants made within this State of Missouri.

12. As to Defendant Rainey, he entered a contract entitled "Competence and Understanding Agreement," which causes of action, in part, relate to this agreement. Under the Competence and Understanding Agreement, Defendant Rainey consented to the jurisdiction of Missouri courts.

13. Under Section 508.010, RSMo Supp. 2019, venue is proper in this Court because at least one Plaintiff, Vitti Labs, was first injured in Clay County, Missouri.

GENERAL ALLEGATIONS

14. Plaintiff Vitti Labs is engaged in the business of, among others, providing proprietary Human Cellular Tissue Products, research and development products, Investigational New Drug products, cosmetics, and aesthetic market products suitable for human or non-human markets.

15. Plaintiff Vitti Labs's products are provided to physician directed markets, clinics, hospitals, and aesthetic markets, through medical offices operated by third-party physicians, or physician groups that have agreed to provide such products and services from Plaintiff Vitti Labs.

16. Plaintiff BioXstem is a proprietary marketing services business that offers services that target medical professionals, their staff, and in some cases their affiliates throughout the United States.

17. On or about March 11, 2022, Plaintiff Vitti Corporate entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. A copy of the Preferred Distributor Agreement is attached hereto as Exhibit A.

18. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. A copy of the Competence and Understanding Agreement is attached hereto as Exhibit B.

19. Sometime after Defendant Rainey entered into the Competence and Understanding Agreement, Defendants Rainey, Conover, AIM, and Project Y colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in order to make a financial gain, causing significant financial damage to Plaintiffs Vitti Labs and Vitti Corporate.

20. Specifically, Defendants Rainey, Conover, AIM, and Project Y (hereinafter collectively referred to as the "Colluding Defendants") colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in a multiple staged operation commonly known as a "bait and switch" scheme.

21. The Colluding Defendants used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name on order forms with third-party physicians and physicians' groups.

22. The Colluding Defendants also used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry in order to obtain orders from physicians and physicians' groups.

23. By using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry, the Colluding Defendants were able to meet with physicians and physicians groups that they would otherwise not have met; all under the guise that the Colluding Defendants were selling physicians and physicians' groups Plaintiff Vitti Labs's products, when in reality the Colluding Defendants had no intention of selling Plaintiff Vitti Labs's products but instead selling them competing products.

24. After the order form had been returned to the Colluding Defendants and money paid for the products, the Colluding Defendants contacted the physicians and physicians' groups and informed them that Plaintiff Vitti Labs denied them as clients, even though Plaintiff Vitti Labs was unaware of these clients or new account applications because the Colluding Defendants never informed Plaintiff Vitti Labs of these clients and applications.

25. The Colluding Defendants then informed the physicians and physicians' groups that Defendant Project Y, a competitor of Plaintiff Vitti Labs, would fulfill the order using its products. The above actions by the Colluding Defendants will be referred to hereinafter as the "bait and switch scheme."

26. Defendant Rainey undertook significant planning and preparation in order for the Colluding Defendants to carry out the bait & switch scheme.

27. For instance, Defendant Rainey created a distribution chain in order to provide the Colluding Defendants with products to directly compete with Plaintiffs' Vitti Labs's products. These competing products include EC-Matrix, 22 Bore, ISOX, Trinity 2, and F-Matrix (the "Competing Products").

28. This distribution chain included procuring raw materials, including umbilical cords, from Defendant Cardinal Biologicals, for use in the Competing Products.

29. Notably, all the human biologicals that Defendant Cardinal Biologicals supplies are non-transplantable and would otherwise be discarded as medical waste. Rather than becoming medical waste, Defendant Cardinal Biologicals helps ensure these materials contribute to medical research, the education of future physicians, and other life-changing applications.

30. Even though Defendant Cardinal Biologicals supplies are non-transplantable, Defendant Project Y uses these supplies in their Competing Products with the intent on selling them for transplantable regenerative medical use. Clearly, Defendant Project Y's use of these supplies in this manner creates a significant risk to the public health and safety.

31. The distribution chain also included creating and establishing Defendant Project Y, a tissue distribution bank, and obtaining the necessary licenses for Defendant Project Y.

32. The Colluding Defendants have been using this bait and switch scheme for over a year.

33. The Colluding Defendants' bait and switch scheme is widespread. Upon information and belief, the Colluding Defendants' bait and switch scheme included them contacting Missouri physicians and physicians' groups and obtaining orders from Missouri physicians and physicians' groups who were then subject to the Colluding Defendants' bait and switch scheme.

34. At no time during the Colluding Defendants' use of their bait and switch scheme did Plaintiffs Vitti Labs or BioXstem consent to its name, likeness, and trademark/trade name be used in this scheme.

35. Upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

COUNT I – BREACH OF CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

36. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

37. On or about April 5, 2022, Defendant Rainey entered into the Competence and Understanding Agreement with Plaintiff BioXstem. (Ex. B.)

38. Under Paragraph 10 of the Competence and Understanding Agreement, [REDACTED]

[REDACTED]

[REDACTED] (Ex. B, ¶10.)

39. Paragraph 2.2 of the Competence and Understanding Agreement provides:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(Ex. B, ¶2.2.)

40. Paragraph 7 of the Competence and Understanding Agreement provides:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(Ex. B, ¶7.)

41. Defendant Rainey breached Paragraph 2.2 and Paragraph 7 of the Competence and Understanding Agreement.

42. As to Paragraph 2.2, Defendant Rainey breached Paragraph 2.2 by selling the Competing Products and by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate—all of which were part of the Colluding Defendants' bait and switch scheme.

43. As to Paragraph 7, Defendant Rainey breached Paragraph 7 by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate and by selling the Competing Products.

44. Upon information and belief, Defendant Rainey breached Paragraph 2.2 and Paragraph 7 in other ways that will be learned of during discovery.

45. As a result of Defendant Rainey's breaches of Paragraph 2.2 and Paragraph 7, Plaintiffs Vitti Corporate and BioXstem were damaged and will continue to be damaged by Defendant Rainey's actions.

46. Pursuant to Paragraph 12 of the Competence and Understanding Agreement,

_____. (Ex. B, ¶12.)

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count I, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

**COUNT II – BREACH OF IMPLIED COVENANT OF GOOD FAITH AND
FAIR DEALING**

(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

47. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

48. Under the Competence and Understanding Agreement, [REDACTED]

[REDACTED]

[REDACTED]. (See, Ex. B.)

49. Defendant Rainey, however, evaded the spirit of the Competence and Understanding Agreement by carrying out and continuing to carry out the bait and switch scheme.

50. As a result of Defendant Rainey's breach of implied covenant of good faith and fair dealing, Plaintiffs Vitti Corporate and BioXstem have been damaged and will continue to be damaged.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count II, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

COUNT III – MISAPPROPRIATION OF PLAINTIFFS' TRADEMARK/TRADE NAME
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

51. Plaintiffs Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

52. Section 417.056, RSMo 2016 prohibits the use of Plaintiffs Vitti Labs's and BioXstem's trademark or trade name "in connection with the sale, offering for sale, or advertising of any goods or services on or in connection with which such use is likely to cause confusion or mistake or to deceive as to the source of origin of such goods or services."

53. Section 417.056, RSMo 2016 provides Plaintiffs Vitti Labs and BioXstem with a private cause of action for violation of this statute.

54. The Colluding Defendants violated Section 417.056, RSMo 2016 by using Plaintiffs Vitti Labs's and BioXstem's trademark/trade name (i.e., Plaintiff's name and logo) on the Colluding Defendants' New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Corporate. (See Ex. C.) The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs's products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs's denied their applications. (Ex. C.) The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

55. For example, the Colluding Defendants had [REDACTED] complete a New Account Agreement and Order Form. A copy of the New Account Agreement and Order Form are attached hereto as Exhibit C. [REDACTED] completed the New Account Agreement and ordered Plaintiff Vitti Labs's HylaJel and HylaPure and paid for these products. (Ex. C.) The Colluding Defendants then informed [REDACTED] that Plaintiff Vitti Labs's denied its new account. Afterwards, the Colluding Defendants then sold [REDACTED] the Competing Products, which resulted in sub-optimal results for [REDACTED].

56. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants' use of its trademark/trade name in this manner.

57. Section 417.061, RSMo 2016 allows Plaintiffs Vitti Labs and BioXstem to obtain not only injunctive relief but also monetary damages, including requiring the Colluding Defendants to pay to Plaintiffs Vitti Labs and BioXstem all profits "derived from or damages

suffered by reason of such wrongful” use of Plaintiffs Vitti Labs’s and BioXstem’s trademark/trade name.

58. As a result of the Colluding Defendants’ violation of Section 417.056, RSMo 2016 Plaintiffs Vitti Labs and BioXstem sustained damages and will continue to suffer damages.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count III, for damages in excess of \$25,000, for attorneys’ fees and costs, and for such other relief as this Court deems just and proper.

COUNT IV – MISAPPROPRIATION OF PLAINTIFFS’ NAME AND LIKENESS
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

59. Plaintiff Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

60. Under Missouri law, appropriation of one’s name and likeness occur when a defendant makes use of the name or likeness to pirate plaintiff’s identity for some advantage.

61. The Colluding Defendants pirated Plaintiffs Vitti Labs’s and BioXstem’s name and likeness by using their name and likeness (i.e. their name and logo) on the Colluding Defendants’ New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Labs. The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs’s products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs’s denied their applications. The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

62. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants’ use of their name and likeness in this manner.

63. As a result of the Colluding Defendants' misappropriation of Plaintiff Vitti Labs's and BioXstem's name and likeness, they sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count IV, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT V – TORTIOUS INTERFERENCE WITH A CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against the Colluding Defendants)

64. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

65. On or about March 11, 2022, Plaintiff entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. (*See*, Ex. A.)

66. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. Plaintiff Vitti Corporate is a third-party beneficiary to this agreement. (*See*, Ex. B.)

67. The Colluding Defendants were aware of the "Preferred Distributor Agreement" and "Competence and Understanding Agreement."

68. The Colluding Defendants caused Plaintiff BioXstem to breach one or more of these agreements because of the Colluding Defendants' use of the bait and switch scheme.

69. The Colluding Defendants lacked justification for their actions.

70. As a result of the Colluding Defendants' actions, Plaintiffs Vitti Corporate and BioXstem sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count V, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VI – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant AIM)

71. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

72. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

73. Defendants Rainey and Conover are agents of Defendant AIM.

74. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

75. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant AIM is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant AIM as to Count VI, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VII – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant Project Y)

76. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

77. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

78. Defendants Rainey and Conover are agents of Defendant Project Y.

79. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

80. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant Project Y is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Project Y as to Count VII, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VIII – FRAUDULENT CONCEALMENT
(Plaintiffs Vitti Corporate and Vitti Labs against Defendant Rainey)

81. Plaintiffs Vitti Corporate and Vitti Labs incorporate by reference all preceding paragraphs as if fully set forth herein.

82. Defendant Rainey had a duty to disclose information to Plaintiffs Vitti Corporate and Vitti Labs, including any misrepresentations made to clients and potential clients regarding new client applications and the status of Plaintiff Vitti Labs's products.

83. Defendant Rainey's actions regarding the bait and switch scheme, which actions included making misrepresentations to physicians and physicians' groups regarding Plaintiffs Vitti Corporate and Vitti Labs denying their applications and being unable to fulfill orders, were not within the fair and reasonable reach of Plaintiffs Vitti Corporate and Vitti Labs.

84. Plaintiffs Vitti Corporate and Vitti Labs were unable to discover this concealed information despite exercising reasonable diligence.

85. As a result of Defendant Rainey's fraudulent concealment, Plaintiffs Vitti Corporate and Vitti Labs sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and Vitti Labs, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count VIII, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT IX – TEMPORARY RESTRAINING ORDER AND INJUNCTION
(Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem against Defendants)

86. Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

87. Paragraph 11 of the Competence and Understanding Agreement provides that, ■

_____.

88. Plaintiff Vitti Corporate is entitled to a temporary restraining order against Defendant Rainey under Paragraph 11 of the Competence and Understanding Agreement as

Defendant Rainey has breached the agreement by: (1) engaging directly with one of Plaintiff Vitti Corporate's competitors in fulfilling the ordered products as part of the Colluding Defendants' bait and switch scheme; and (2) representing to physicians and physicians' groups that Plaintiffs Vitti Corporate and Vitti Labs were unable to fulfill orders sold to them and that its competitor's products were equivalent or a substitute for Plaintiff Vitti Labs's products.

89. Not only does the Competence and Understanding Agreement allow for a temporary restraining order, Section 417.061 also allows for injunctive relief, including a restraining order. Section 417.061 does not require the posting of a bond.

90. Under Section 417.061, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem must merely show "[l]ikelihood of injury to business reputation or of dilution of the distinctive quality of a mark registered under sections 417.005 to 417.066, or a mark valid at common law, or a trade name valid at common law, shall be a ground for injunctive relief notwithstanding the absence of competition between the parties or the absence of confusion as to the source of goods or services."

91. Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation has been injured by Defendants in that they have misrepresented to physicians and physicians' groups that Plaintiff Vitti Labs is unable to fulfill orders and/or supply products to the Colluding Defendants to allow them to carry out their bait and switch scheme. Furthermore, upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

92. Aside from the above, Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation will continue to be damaged and gross revenue losses will increase if a temporary restraining order or injunction is not entered against Defendants.

93. Significantly, Defendant Project Y is using non-transplantable supplies from Defendant Cardinal Biologicals, while the other Defendants go about distributing, marketing, and selling Defendant Project Y's products to physicians and physicians' groups for use in transplantable regenerative medicine. Clearly, this creates a serious risk to public health and safety.

WHEREFORE, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem, LLC respectfully request this Court enter a temporary restraining order or, alternatively, an injunction: (a) precluding the Colluding Defendants from contacting physicians or physicians' groups they signed up using their bait and switch scheme; (b) precluding the Colluding Defendants from making any representation regarding whether Plaintiff Vitti Labs's approved or denied physicians and physicians' groups' applications; (c) precluding Defendants from distributing, marketing, or selling Defendant Project Y's products to physicians and physicians' groups as its products are not transplantable and violates Defendant Rainey's non-compete agreement; (d) precluding Defendant Cardinal Biologicals from providing supplies to Defendant Project Y, directly or indirectly, as Defendant Project Y is using Defendant Cardinal Biologicals' supplies to create transplantable products; and (e) precluding the Colluding Defendants from using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trade name/trade mark.

Respectfully Submitted,

/s/ Richard D. Rhyne

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ATTORNEY FOR PLAINTIFF

BIOXSTEM, LLC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 04/12/2024	Disposition Date	State MO	City	County
Case # 4:24-cv-00264	Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court for the Western District of Missouri, Kansas City			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Vitti Labs, LLC, et al. v. Platinum Biologics, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Suit and request for the issuance of a temporary restraining order for false advertising under The Lanham Act, unfair competition, injurious falsehood, defamation, tortious interference with contract, and tortious interference with business expectancy resulting from false statements made on public forums, directly to Vitti's sales representatives and directly to Vitti's customers, with the sole intent to damage the business and reputation of the Vitti companies and products.

The case is pending.

A copy of the Complaint is attached.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Personal History Application

(Applicant's Initials mgm)

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IN THE UNITED STATES DISTRICT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

VITTI LABS, LLC, VITTI CORPORATE,)
LLC, GOLD PRAIRIE DISTRIBUTION,)
LLC)

Plaintiff,)

v.)

THE REGENERATIVE PROJECT, LLC)
d/b/a PLATINUM BIOLOGICS,)
MICHAEL "BEEBEN" RUSSELL)

Defendants.)

Case No.: 4:24-cv-264

JURY TRIAL DEMANDED

VERIFIED COMPLAINT

Plaintiffs Vitti Labs, LLC ("Vitti Labs"), Vitti Corporate, LLC ("Vitti Corporate"), and Gold Prairie Distribution, LLC ("Gold Prairie") (collectively referred to as "Vitti" or "Plaintiffs"), by and through their undersigned counsel, for their Complaint against Defendants The Regenerative Project, LLC d/b/a Platinum Biologics ("Platinum Biologics") and Michael "Beeben" Russell ("Mr. Russell") (collectively, referred to as "Defendants"), hereby state and allege the following:

INTRODUCTION

1. This lawsuit was precipitated by Defendants' deliberate efforts to mislead and misinform the public concerning Vitti's capabilities and capacities as a leading provider of human cellular and tissue-based products ("HCT/Ps"). Rather than compete fairly and honestly, Defendants have chosen to resort to attempting to torch Vitti's reputation. Although Defendants describe themselves as "patient advocates," they are actually competitors to Vitti with the goal of damaging Vitti's reputation in the marketplace.

2. Vitti and Defendants are in the business of developing, manufacturing, distributing, marketing, selling, and/or offering for sale HCT/Ps.

3. Vitti and Defendants are competitors in the HCT/Ps industry. Defendants have struggled to fairly obtain business in the industry and have now resorted to unfair and illegal tactics to obtain business.

4. Vitti works to provide HCT/Ps that have been registered with the Food and Drug Administration (“FDA”) and comply with the FDA requirements for Section 361 HCT/Ps as regulated under 21 C.F.R. § 1271.10(a). Vitti Labs is accredited by the American Association of Tissue Banks (“AATB”) as a 361 HCT/P manufacturer and provides these products for human clinical use to qualified medical professionals. Vitti has invested significant resources and time in developing, manufacturing, patenting, marketing, and selling HCT/Ps and technologies related thereto. It is Vitti’s mission to provide medical providers and professionals with a comprehensive portfolio of bio-ethically manufactured HCT/Ps to support their patients’ quality of life.

5. In contrast to Vitti’s business model and products offered for sale, Defendants market their facility as being “FDA-registered and a multi-state licensed tissue bank providing high-quality natural biologics to clinicians nationwide;” however, Defendants sell HCT/Ps labeled as *research use only* (“RUO”) to medical practitioners for *human clinical use*. Use of RUO products is only appropriate in *in vitro* studies or animal studies. RUO products are *not* suitable for human use.

6. In efforts to divert attention away from Defendants’ own inappropriate conduct, Defendants have concocted a devious scheme to spread false statements, descriptions, and representations regarding Vitti to the public at-large and to Vitti’s Sales Representatives and Customers. These false statements, descriptions, and misrepresentations falsely claim that Vitti is

unreliable, dishonest, not creditable, and are conducting themselves in a nefarious manner, not compliant with applicable laws and regulations. **These statements are wholly false.**

7. As an example of Defendants' devious scheme to mislead and misinform the public, Defendants have posted a video titled "Vitti Labs – Is VittiLabs An Imaginary 361 HCTP Product?" ("Video At-Issue") on LinkedIn, Facebook, and Loom that is accompanied by a written summary and statement, as further discussed below. The false statements, descriptions, and representations contained in the Video At-Issue and accompanying written summary and statement misrepresents the nature, characteristics, and qualities of Vitti's business operations and products.

8. Defendants have also schemed to interfere with Vitti's Sales Representatives and Customers and/or solicit them by contacting them and asserting false statements, descriptions, and representations about Vitti, such as those found in the Video At-Issue and accompanying written summary and statement.

9. Defendants' false statements, descriptions, and representations about Vitti and Defendants' interference with Vitti's Sales Representatives and Customers violate federal and state law and Vitti's rights.

10. Defendants' actions have caused Vitti to unfairly lose sales and profits, and also to suffer damage to its reputation, goodwill, business relationships, and customer confidence. Prior to Defendants' actions, Vitti held a fairly and properly obtained competitive advantage in the marketplace. Now, though, Vitti's business value has suffered in some unquantifiable ways. Vitti's Sales Representatives and Customers have repeatedly inquired about the Video At-Issue and the false statements, descriptions, and representations made therein and have expressed their concern about the quality and certification of HCT/Ps provided by Vitti.

11. Unless enjoined, Defendants' false statements will cause further irreparable damage to Vitti's goodwill, reputation, and market reputation and cause further Sales Representatives and Customers to stop doing business with Vitti.

12. This action is necessary to protect Vitti's sales, reputation, goodwill, business relationships, customer confidence, competitive advantage, and business value. Vitti seeks, among other remedies, injunctive relief (i) enjoining Defendants from making further false statements, descriptions, and representations about Vitti and (ii) ordering the removal of the Video At-Issue and the accompanying written summary and statement from all online platforms and/or forums.

NATURE OF THE ACTION

13. This is a civil action to enjoin and remedy: false advertising under the Lanham Act, 15 U.S.C. § 1125 *et seq.* and Missouri common law unfair business competition, injurious falsehood, defamation, and tortious interference with a contract and a business expectancy.

14. This action arises out of Defendants' false statements, descriptions, and representations regarding Plaintiffs.

PARTIES

15. Plaintiff Vitti Labs, LLC is a Missouri corporation having its principal place of business at 834 W. Kansas St., Suite C, Liberty, Missouri 64068. Vitti Labs is an industry leading developer and manufacturer of human cellular and tissue-based products, HCT/Ps.

16. Plaintiff Vitti Corporate, LLC is a Missouri corporation having its principal place of business at [REDACTED] Kansas City, Missouri 64112. Vitti Corporate is in the business of marketing, selling, and offering for sale HCT/Ps.

17. Plaintiff Gold Prairie Distribution, LLC is a Missouri corporation having its principal place of business at [REDACTED] Liberty, Missouri 64068. Gold Prairie is a distributor of HCT/Ps.

18. Upon information and belief, Defendant The Regenerative Project, LLC d/b/a Platinum Biologics is a Florida corporation having its principal place of business at [REDACTED] [REDACTED] Orlando, Florida 32803. On information and belief, Platinum Biologics is engaged in the business of marketing, buying, selling, and offering for sale HCT/Ps, either on its own or through its agents.

19. Defendant Michael "Beeben" Russell is a Texas resident residing in Aubrey, Texas and/or Dallas, Texas and, at all times relevant herein, was acting as an officer or agent of Platinum Biologics.

JURISDICTION AND VENUE

20. This Court has subject matter jurisdiction over the claims in this Complaint under 28 U.S.C. §§ 1331 & 1332, in that the cause of action involves a question of federal law, and is a civil action between citizens of different states wherein the subject matter in controversy exceeds the sum or value of \$75,000, exclusive of interests or costs.

21. This Court has personal jurisdiction over Defendants because Defendants:

- a. Engage in continuous and systematic business activities within the State of Missouri and this District, such as rendering, offering for sale, and selling products and/or services to Missouri-based customers within Missouri and this District;
- b. Regularly solicit business in Missouri and this District, deriving substantial revenue from interstate commerce, the State of Missouri, and this District;
- c. Have purposely directed substantial activities at the residents of Missouri

and this District, including Vitti, by means of their false statements, descriptions, and representations regarding Vitti, as further described herein, thereby causing injury to Vitti within the State of Missouri and this District;

d. Have committed and directed their willful, tortious conduct described herein at entities and persons located in Missouri and this District, including Vitti, which has caused Vitti to suffer injury in the State of Missouri and this District.

22. Venue is proper in this District under 28 U.S.C. § 1391(b)(2) & (3) because a substantial part of the events giving rise to the claims complained of herein, including Defendants' false statements, descriptions, and representations, are directed at Plaintiffs, which are situated in this District, and Defendants are subject to personal jurisdiction in this District.

FACTUAL ALLEGATIONS

A. BACKGROUND

Vitti's Background

23. Philipp R. Vitti ("Mr. Vitti") founded Plaintiff Vitti Labs in 2019. Mr. Vitti possesses a strong motivation to help others due to his personal journey with medical issues, having been born with a genetic defect known as pectus excavatum.

24. Mr. Vitti has battled this condition all of his life. At the age of five years old, Mr. Vitti underwent his first cardio thoracic surgery, which left him disabled and "sickly" for many years.

25. In his twenties, Mr. Vitti underwent a second surgery, and then developed pulmonary hypertension and had developed fibrotic tissue due to his condition over the years as well as heart complications. These compounding medical issues challenged him every day as there were no cures – just the reality of more surgeries and medical procedures.

26. Realizing very early in life that there was no cure for pectus excavatum or the impact it inflicted on his life, Mr. Vitti knew he had a progressive disease that would eventually leave him in a wheelchair and likely on oxygen, thereby affecting his quality of life and lifespan.

27. Mr. Vitti is a problem solver and innovator – having been referred to as a “serial inventor and entrepreneur.” His personal battle with medical issues, combined with his acumen as a businessman and chemist, enabled Mr. Vitti to have a unique perspective and flow of ideas that led him to research biological materials that could make positive impacts on his disease. His desire to help not just himself but others affected by the disease was a true calling.

28. Mr. Vitti discovered the possibilities existing with birth tissue and founded Vitti Labs. Eventually he built an organization to research and develop products for those impacted by diseases for which there are no cure. He wanted children to enjoy their childhoods and adults to enjoy quality time with their children, and he knew firsthand the difference he could make to improve the quality of life for all people affected by his disease.

29. Mr. Vitti’s research led to the ethical development and manufacture of birth tissue implantable products that can be used commercially, as well as the development of medical drugs currently undergoing human trials with the hope to one day bring them to the market. All of this propels his desire to continue to work to find a cure for pulmonary fibrosis and other respiratory diseases.

30. Vitti Labs has taken great care to ensure that its commercial products available today are human cells, tissues, or cellular or tissue-based products (HCT/Ps) as defined in 21 C.F.R. § 1271.3(d), meet all of the criteria listed in 21 C.F.R. § 1271.10(a), and are therefore regulated solely under section 361 of the Public Health Service (“PHS”) Act, 42 U.S.C. 264.

31. Human cells, tissues, and cellular and tissue-based products (HCT/Ps) are defined by 21 C.F.R. § 1271.3(d).

32. HCT/Ps that meet 21 C.F.R. § 1271.10(a), are known as “361 HCT/Ps” and consist of human cells, tissues, and cellular and tissue-based products intended for implantation, transplantation, infusion or transfer into a human recipient as described in the FDA July 2020 Guidance: “Regulatory Considerations for Human Cells, Tissues, and Cellular and Tissue-Based Products: Minimal Manipulation and Homologous Use.”

33. The FDA regulates a 361 HCT/Ps solely if it meets certain criteria established by the FDA, including the following:

- a. The HCT/P is minimally manipulated;
- b. The HCT/P is intended for homologous use only, as reflected by the labeling, advertising, or other indications of the manufacturer’s objective intent;
- c. The manufacture of the HCT/P does not involve the combination of the cells or tissues with another article, except for water, crystalloids, or a sterilizing, preserving, or storage agent, provided that the addition of water, crystalloids, or the sterilizing, preserving, or storage agent does not raise new clinical safety concerns with respect to the HCT/P; and
- d. Either one of the following:
 - i. The HCT/P does not have a systemic effect and is not dependent upon the metabolic activity of living cells for its primary function; or
 - ii. The HCT/P has a systemic effect or is dependent upon the metabolic activity of living cells for its primary function, and:
 - a) Is for autologous use;

- b) Is for allogeneic use in a first-degree or second-degree blood relative; or
- c) Is for reproductive use.

34. FDA regulations of 361 HCT/Ps must establish registration, and consist of the following: Current Good Tissue Practice (“cGTP”) and establish and maintain a quality program intended to prevent the introduction, transmission, or spread of communicable disease through the manufacture and use of HCT/Ps. This includes donor eligibility (donor screening and testing), storing, processing, packaging, labeling, and distribution processes and procedures that maintain a quality program to monitor facility, environmental controls, equipment, supplies and reagents, recovery, processing and process controls, storage, labeling controls, requirements to receipt, pre-distribution shipment, and distribution, donor eligibility determinations, donor screenings, and donor testing, adverse reaction reporting. Premarket review (licensure, clearance, and approval) by the FDA is not required for 361 HCT/Ps.

35. Vitti Labs is in the business of manufacturing 361 HCT/Ps for commercial use. Vitti Labs is accredited with the American Association of Tissue Banks (AATB), registered with the FDA, and certified under the Current Good Manufacturing Practice (“cGMP”) regulations enforced by the FDA.

36. To become accredited and certified by the AATB, Vitti Labs must undergo stringent examination of their processes and procedures to show they are in compliance with the AATB standards.

37. Vitti Labs’ interaction with the FDA and compliance with its regulations is ongoing. Vitti Labs’ AATB accreditation is in good standing. Since 2021, Vitti Labs has been inspected by the FDA twice and the AATB three times. Accordingly, Vitti Labs is in compliance

to provide 361 HCT/Ps to physicians and other health care providers as a compliant FDA establishment and AATB accredited tissue bank, and Vitti Labs only provides 361 HCT/Ps which have met the qualifications for commercial use in humans. 361 HCT/P products manufactured by Vitti Labs are distributed nationwide.

38. Vitti Corporate is in the business of selling 361 HCT/Ps. Vitti Corporate was established in March 2022. Vitti Corporate is responsible for establishing a sales network to sell Vitti Labs products.

39. Gold Prairie is in the business of being a medical distribution company. Gold Prairie was established in February 2023.

40. Plaintiffs contract and work with one another in order to bring the 361 HCT/Ps that Vitti Labs sells for human use to the market for medical providers and professionals to purchase. Plaintiffs have invested significant resources and time in developing, manufacturing, patenting, marketing, and selling 361 HCT/Ps and technologies related thereto. It is Plaintiffs' mission to provide medical providers and professionals with a comprehensive portfolio of bio-ethically manufactured 361 HCT/Ps to support their patients' quality of life.

41. Plaintiffs pride themselves in the work provided and adhere to five guiding principles:

- a. Believing research is invaluable.
- b. Engaging in peer, physician, and patient collaboration.
- c. Respecting and upholding regulatory guidelines through a proactive culture.
- d. Establishing and following rigorous protocols and procedures to ensure quality and safety.
- e. Proving their processes with above industry standard testing by third-party labs.

Defendants' Profile

42. Platinum Biologics markets, buys, sells, and offers for sale HCT/Ps, either on its own or through its agents. Platinum Biologics considers itself one of Plaintiffs' competitors in the HCT/Ps industry.

43. Through Platinum Biologics' website at URL **Error! Hyperlink reference not valid.**, a true and accurate screenshot is attached hereto as **Exhibit A**. Platinum Biologics markets its facility as being "FDA-registered and a multi-state licensed tissue bank providing high-quality natural biologics to clinicians nationwide."

44. However, Platinum Biologics sells HCT/Ps labeled as research use only (RUO) to medical practitioners for clinical use. Platinum Biologics' products are not registered with the FDA as HCT/Ps nor do they have a biologics drug license. In addition, use of RUO products is only appropriate in *in vitro* studies or animal studies. RUO products are not suitable for human use.

45. Michael "Beeben" Russell is employed by Platinum Biologics as its Chairman of the Executive Board and, at all times relevant herein, was acting as an authorized agent and representative of Platinum Biologics. A true and accurate screenshot of Mr. Russell's LinkedIn profile at URL <https://www.linkedin.com/in/beebeben-russell-64175470/> is attached hereto as **Exhibit B**.

B. THE VIOLATIVE CONDUCT OF PLATINUM BIOLOGICS AND MR. RUSSELL

46. On or around March 13, 2024, Platinum Biologics, acting through Mr. Russell, uploaded a video titled "Vitti Labs – Is VittiLabs An Imaginary 361 HCTP Product?" (Video At-Issue) on the third-party video website platform called Loom at URL <https://www.loom.com/share/af7a84c7c70248e3a96d7f641a5b115d>, a true and accurate screenshot is attached hereto as **Exhibit C**.

47. On or around March 14, 2024, Mr. Russell posted the Video At-Issue on his personal Facebook account at URL <https://www.facebook.com/beehen.russell>, a true and accurate screenshot is attached hereto as **Exhibit D**.

48. On or around March 20, 2024, Mr. Russell posted the Video At-Issue on his LinkedIn account at URL <https://www.linkedin.com/feed/update/urn:li:activity:7174157603713753088/>, a true and accurate screenshot is attached hereto as **Exhibit E**.

49. The Video At-Issue posted on the various online platforms is viewable to anyone who has access to the Internet, including those viewers located in Missouri and this District.

50. Through the Video At-Issue, Mr. Russell makes various false statements, descriptions, and representations about Plaintiffs. These statements, descriptions, and representations suggests to the viewer that Plaintiffs are unreliable, dishonest, not creditable, and are conducting themselves in a nefarious manner.

51. Such false statements, descriptions, and representations that Mr. Russell makes in the Video At-Issue about Plaintiffs include, but are not limited to, the following:

- Equating Plaintiffs to the mob selling drugs “out the back door” of an Italian restaurant;
- Plaintiffs are not licensed to sell their products;
- Plaintiffs do not “have an address” and have “no products, no nothing.”
- Plaintiffs have “got 50 million dollars-worth of research being done, at least. No PhD, no published studies, just poof right?”
- Plaintiffs are “selling supplements out the back door. Seems to be a lot of out the back door...”
- “So understanding this, it’s not a good idea [for Plaintiffs] to basically call themselves a drug manufacturer and then, in the same sentence, tell everyone that [Plaintiffs] are the only 361 tissue company and [Plaintiffs] are the only one in the United States that has this approval or recognition or whatever you want to call it, right, to sell human cell and tissue products while the other side of [Plaintiffs’] mouth, all [Plaintiffs are doing] and saying is [Plaintiffs have] a 100 millions of dollars in poof, magic air research being done in, like what, a 1000 square foot facility that no one has any pictures.”

- “So [Plaintiffs say] they’re the only 361, but yet the FDA gave them a public warning letter saying [Plaintiffs] are not a 361.”
- “And when you look and you see that [Plaintiffs] have split up the company, this is Vitti Labs, LLC. There’s also Vitti Corporate which is Ryan Kuczen. He’s actually put together an outside distributor force and I don’t even think Vitti actually sells the products for Vitti the lab. And you have to wonder why would [Plaintiffs] complicate change of custody so far like that. I mean, you know the obvious answer to that, right? Or at least in my opinion, the answer would be is [Plaintiffs] is “look over here” and not “over here,” or moving liability, or hiding. You know, there is a lot of things that could be said to that but once again, there’s a lot of weird stuff here.”
- “Think about the malpractice, there’s a claim and they go “Oh well [Plaintiffs] have a public warning letter. [Plaintiffs] also, the change of custody where the products ordered from is not “here.” Who’s going to take responsibility? Who has insurance behind that, right?” I would be a little worried because that’s really the problem behind a warning letter and someone just not being honest about their intentions of what they’re actually doing.”

52. Such statements are wholly false and meant to damage Plaintiffs.

53. As noted above, Plaintiffs meet or exceed all regulatory guidelines for the manufacture and sale of their products. There is zero factual basis in equating Plaintiffs with the “mob” selling drugs out the back door of an Italian restaurant or to even insinuate that Plaintiffs are somehow improperly manufacturing and selling products.

54. Vitti has never claimed that it is the “only” registered Section 361 provider as Defendants’ falsely state. As noted herein, it is a registered Section 361 provider, not the only registered Section 361 provider.

55. Similarly, the FDA warning letter did not determine Vitti that it is not a registered Section 361 provider nor are its products unlawfully being sold. The FDA has never given determination that Vitti Labs’ commercial products are not 361 HCT/Ps or taken any action to stop Vitti Labs from selling their products.

56. Plaintiffs have always registered their products with the FDA if required by applicable law. Since receiving the FDA warning letter, Plaintiffs have registered their products

with the FDA pursuant to Section 361 multiple times. The FDA has accepted and renewed the registration of Plaintiffs' products each time.

57. The reasons for separating Vitti Labs, Vitti Corporate, and Gold Prairie are for business operational purposes. Plaintiffs are not attempting to hide liability as the video states. The business organization has no impact on malpractice insurance for either Plaintiffs' or their medical provider clients.

58. Defendants' statements about potential effect on the malpractice insurance for Plaintiffs' customers are meant to plant the seeds of fear in Plaintiffs' customers and to make them believe that business dealings with Plaintiffs may impact their malpractice insurance rates or coverage.

59. Such false statements that the corporate structure somehow nullifies Plaintiffs' malpractice insurance are made to scare Plaintiffs' current and prospective customers and sales representatives with the intention of interfering with the relationship between Plaintiffs and their customers and sales representatives.

60. The Video At-Issue posted on Loom includes a summary that states "Video Disclaimer Below - Credit : Brandon Spencer" (*see* Exhibit C), which is further damaging and inaccurate as the individual Brandon Spencer ("Mr. Spencer") is a sales representative, independently contracted, for Gold Prairie.

61. Such a misrepresentation suggests to the viewer that one of Gold Prairie's sales representatives had assisted in the making of and/or provided information included in the Video At-Issue and that such statements, descriptions, and representations that Mr. Russell makes in the Video At-Issue are truthful and reliable when in fact they are not.

62. Along with posting the Video At-Issue, Mr. Russell includes the following written statement in his posts on Facebook and LinkedIn:

Vitti Labs! Is Vitti Labs an Imaginary 361 HCTP Product? Is Vitti Labs a Drug manufacture?

Lately we've seen some WILD claims coming from Vitti Labs. Who isn't suppose to be selling product, and kind of doesn't anymore.. But they do? What does this mean for you? What does this mean for your malpractice?

These are only my opinions please see the video for full disclaimer.

See Exhibits D and E. This statement also contains false statements, descriptions, and representations about Plaintiffs.

63. As noted above Vitti is fully complies with state and federal laws to sell its products. Defendants assert that “[Vitti] isn’t supposed to be selling product...] falsely claims that a regulatory agency has forced Vitti to stop selling product, which is false.

64. As noted above, Plaintiffs’ corporate structure has no bearing on malpractice insurance for either Plaintiffs or their medical professional customers. Such statements are meant to interfere with Plaintiffs’ relationships with its customers and sales representatives.

65. The statements made by Mr. Russell in the Video At-Issue and accompanying written summary and statement were not his “opinions” but were statements and accusations he purported to be as fact and Mr. Russell made the statements with intent to hurt Plaintiffs.

66. Upon information and belief, in addition to these false statements, Defendants have contacted Plaintiffs’ sales representatives (“Plaintiffs’ Sales Representatives”) and other individuals and entities, including Plaintiffs’ customers and/or potential customers (“Plaintiffs’ Customers”), further asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement.

67. Unfortunately, Mr. Russell's actions are not unique to Plaintiffs as Mr. Russell and Platinum Biologics appear to have a history of tortiously interfering with the business of other companies in the industry and soliciting customers of those companies.

68. On April 18, 2023, Mr. Russell's prior employer Row1 Inc. d/b/a Regenerative Labs ("Regenerative Labs") sued Mr. Russell, Platinum Biologics, Mr. Russell's brother Marcus Russell, and other individuals ("Florida case"). *See Row 1 Inc. v. Michael Russell et al.*, Circuit Court of the First Judicial Circuit in and for Escambia, County, Florida, Case No. 2023 CA 001747, Complaint (Filing #171270150), for breach of contract regarding non-compete and non-solicitation clauses between Regenerative Labs and Mr. Russell. *Id.* Regenerative Labs also sued Platinum Biologics for tortious interference. *Id.* It is alleged that after Mr. Russell and the other named defendant individuals resigned from Regenerative Labs, Mr. Russell and the other individuals formed the competing venture fictitiously named Platinum Biologics, the legal business name being The Regenerative Project, LLC. *Id.* Regenerative Labs further alleges that Mr. Russell, Platinum Biologics, and the other individuals did or attempted to solicit customers and sales representatives of Regenerative Labs. *Id.*

C. IRREPARABLE HARM TO PLAINTIFFS

69. Plaintiffs' Sales Representatives and Customers are located both inside and outside of the state of Missouri and this District.

70. Plaintiffs have contracts and/or valid business relationships with their Sales Representatives and Customers, where Plaintiffs, respectively, (1) engaged and/or expected to engage with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P products from prospective and existing customers and (2) provided and/or expected to provide Plaintiffs' Customers with HCT/P products.

71. Plaintiffs' Sales Representatives and Customers have repeatedly inquired about the Video At-Issue and the false statements, descriptions, and representations made therein, and have expressed their concern about the quality and certification of HCT/Ps provided by Plaintiffs. In one given week, after Defendants' posting of the Video At-Issue, Plaintiffs had at least 5 of their customer accounts inquire about the false statements, descriptions, and representations made by Defendants.

72. By asserting false statements, descriptions, and representations about Plaintiffs to Plaintiffs' Sales Representatives and Customers, such as those found in the Video At-Issue and accompanying written summary and statement, Defendants have intentionally interfered with Plaintiffs' contracts and business relationships with Plaintiffs' Sales Representatives and Customers while having knowledge of said contracts and business relationships.

73. As a result of Defendants' tortious interference with Plaintiffs' contracts and business relationships with Sales Representatives and Customers, some of Plaintiffs' Sales Representatives and Customers have stopped doing further business with Plaintiffs, and Plaintiffs expect that other Sales Representatives and Customers may stop doing further business with Plaintiffs.

74. Defendants' actions have harmed Plaintiffs' reputation in the marketplace, including causing irreparable damage to Plaintiffs' reputation and perception among its customers and sales representatives.

75. Plaintiffs believe they have lost sales as a result of Defendants' posting of the Video At-Issue and accompanying written summary and statement and other conduct of Defendants involving similar false statements, descriptions, and representations regarding Plaintiffs as those found in the Video At-Issue and accompanying written summary and statement.

76. Furthermore, as a result of Defendants' posting of the Video At-Issue and accompanying written summary and statement and other conduct of Defendants involving similar false statements, descriptions, and representations regarding Plaintiffs, Plaintiffs' reputation, goodwill, business relationships, customer confidence, competitive advantage, and business value has suffered in unquantifiable ways that would be impossible to ascertain.

COUNT I
FALSE ADVERTISING UNDER THE LANHAM ACT, 15 U.S.C. § 1125(a)

77. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

78. Defendants' statements, descriptions, and representations about Plaintiffs, such as those made in the Video At-Issue and accompanying written summary and statement, to the public-at-large, Plaintiffs' sales representatives, and Plaintiffs' customers and/or potential customers constitute false or misleading statements regarding Plaintiffs.

79. Defendants' use of false or misleading representations of fact in commercial advertising or promotion or solicitation misrepresents the nature, characteristics, and/or qualities of Plaintiffs' business operations and products.

80. Defendants' use of false or misleading representations of fact has the tendency to deceive a substantial portion of the targeted consumer audience, or actually deceive the target consumers.

81. Defendants' false or misleading representations of fact are material in that they are likely to influence purchasing decisions of the target consumers.

82. Defendants' false or misleading representations of fact concern Plaintiffs' HCT/Ps and/or other products, which are advertised, promoted, sold, and distributed in interstate commerce.

83. Plaintiffs have been and continue to be damaged and injured by Defendants' false or misleading representations of fact through diversion of sales and/or loss of goodwill.

84. Defendants knew that the representations of fact were false or misleading.

85. Defendants' false or misleading representations of fact were made in bad faith and malice or reckless indifference to Plaintiffs' and consumers' interests.

86. Defendants' bad faith, false or misleading representations of fact regarding Plaintiffs and Plaintiffs' business operations and products makes this an exceptional case within the meaning of 15 U.S.C. § 1117.

87. Defendants continue to make false or misleading representations of fact regarding Plaintiffs and Plaintiffs' business operations and products and will continue to do so unless enjoined by this Court as provided by 15 U.S.C. § 1116.

88. Plaintiffs are entitled to damages, including an award of Defendants' profits earned from the sale of HCT/Ps that resulted from Defendants' false statements, descriptions, and representations about Plaintiffs; any damages sustained by Plaintiffs; and the costs of this action pursuant to 15 U.S.C. § 1117.

89. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT II
UNFAIR COMPETITION UNDER MISSOURI COMMON LAW

90. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

91. Defendants' statements, descriptions, and representations about Plaintiffs, such as those made in the Video At-Issue and accompanying written summary and statement, to the public-

at-large, Plaintiffs' sales representatives, and Plaintiffs' customers and/or potential customers constitute misrepresentations regarding Plaintiffs and Plaintiffs' business operations and products.

92. Defendants knew that the representations of fact were false or misleading.

93. Defendants' misrepresentations were calculated to deceive consumers under the ordinary conditions which prevail in the HCT/Ps industry.

94. Defendants' false or misleading representations of fact will have the natural and probable result of deceiving a portion of the target consumer audience.

95. Defendants' false or misleading representations of fact were made in bad faith and malice or reckless indifference to Plaintiffs' and consumers' interests.

96. Plaintiffs have been and continue to be damaged and injured by Defendants' false or misleading representations of fact through diversion of sales and/or loss of goodwill.

97. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT III
INJURIOUS FALSEHOOD UNDER MISSOURI COMMON LAW

98. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

99. Defendants have published false statements, descriptions, and representations about Plaintiffs through the posting of the Video At-Issue and accompanying written summary and statement.

100. Defendants' statements, descriptions, and representations about Plaintiffs are harmful to the interests of Plaintiffs.

101. Defendants intended for the publication of the false statements, descriptions, and representations about Plaintiffs to harm Plaintiffs; or Defendants recognized or should have recognized that the publication of the false statements, descriptions, and representations is likely to result in harm to Plaintiffs.

102. Defendants knew that their statements, descriptions, and representations about Plaintiffs were false, or Defendants had reckless disregard of the truth or falsity of their statements, descriptions, and representations about Plaintiffs.

103. As a result of Defendants' actions, Plaintiffs have suffered pecuniary loss, including diversion of sales and/or loss of goodwill.

104. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT IV
DEFAMATION UNDER MISSOURI COMMON LAW

105. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

106. Defendants have published defamatory statements, descriptions, and representations about Plaintiffs and identified Plaintiffs through the posting of the Video At-Issue and accompanying written summary and statement. Upon information and belief, Defendants have also made similar defamatory statements regarding Plaintiffs and their sales representatives both verbally and textually to Plaintiffs' sales representatives, customers, and/or potential customers.

107. Defendants' defamatory statements, descriptions, and representations about Plaintiffs misrepresent the nature, characteristics, and/or qualities of Plaintiffs' business operations and products.

108. Defendants' defamatory statements, descriptions, and representations about Plaintiffs are false and Defendants knew that their statements, descriptions, and representations about Plaintiffs were false, or Defendants had reckless disregard of the truth or falsity of their statements, descriptions, and representations about Plaintiffs.

109. Plaintiffs have been and continue to be damaged and injured by Defendants' defamatory and false statements, descriptions, and representations about Plaintiffs through diversion of sales and/or loss of goodwill.

110. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT V
TORTIOUS INTERFERENCE WITH CONTRACT
UNDER MISSOURI COMMON LAW

111. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

112. Plaintiffs contract with Plaintiffs' Sales Representatives and Customers, where Plaintiffs, respectively, (1) engaged with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P products from prospective and existing customers and (2) provided Plaintiffs' Customers with HCT/P products.

113. Defendants were aware of Plaintiffs' Sales Representatives and Customers that had contracted with Plaintiffs.

114. Defendants contacted Plaintiffs' Sales Representatives and Customers and asserted false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers.

115. By asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers, Defendants intentionally interfered with Plaintiffs' contract with Plaintiffs' Sales Representatives and Customers.

116. As a result of Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers, Defendants have induced or caused Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs, or Plaintiffs expect Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs.

117. There exists no justification for the actions of Defendants in inducing or causing Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs.

118. But for the conduct of Defendants, Plaintiffs' Sales Representatives and Customers would have continued their existing contractual relationship with Plaintiffs.

119. Plaintiffs have been and continue to be damaged and injured by Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers through diversion of sales and/or loss of goodwill.

120. Defendants' conduct was willful and malicious with the intent to harm Plaintiffs and Defendants' actions were done without justification, entitling Plaintiffs to punitive damages.

COUNT VI
TORTIOUS INTERFERENCE WITH A BUSINESS EXPECTANCY
UNDER MISSOURI COMMON LAW

121. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

122. Plaintiffs maintain business relationships with numerous Plaintiffs' Sales Representatives and Customers where Plaintiffs, respectively, validly expected to (1) engage with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P

products from prospective and existing customers and (2) provide Plaintiffs' Customers with HCT/P products.

123. Defendants were aware of Plaintiffs' Sales Representatives and Customers that have business relationships with Plaintiffs.

124. Defendants contacted Plaintiffs' Sales Representatives and Customers and asserted false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers.

125. By asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers, Defendants intentionally interfered with Plaintiffs' business relationships with Plaintiffs' Sales Representatives and Customers.

126. As a result of Defendants' tortious interference with Plaintiffs' business relationships with Plaintiffs' Sales Representatives and Customers, Defendants have induced or caused Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs, or Plaintiffs expect Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs.

127. There exists no justification for the actions of Defendants in inducing or causing Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs.

128. But for the conduct of Defendants, Plaintiffs' Sales Representatives and Customers would have continued their business relationship with Plaintiffs and Plaintiffs, respectively, would have (1) engaged with Plaintiffs' Sales Representatives so that the Sales Representatives would

solicit orders for HCT/P products from prospective and existing customers and (2) provided Plaintiffs' Customers with HCT/P products.

129. Plaintiffs have been and continue to be damaged and injured by Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers through diversion of sales and/or loss of goodwill.

130. Defendants' conduct was willful and malicious with the intent to harm Plaintiffs and Defendants' actions were done without justification, entitling Plaintiffs to punitive damages.

PRAYER FOR RELIEF

Wherefore, Plaintiffs request that this Court enter judgment in their favor and against Defendants on all claims as follows:

- a) Granting preliminary and permanent injunctive relief immediately enjoining Mr. Russell and Platinum Biologics and its officers, agents, employees, and all persons or entities in active concert or participation with it, from making further false statements, descriptions, and representations about Plaintiffs;
- b) Granting preliminary and permanent injunctive relief immediately ordering the removal of the Video At-Issue and the accompanying written summary and statement from all online platforms and/or forums;
- c) Awarding all damages to Plaintiffs allowable under the law, together with pre-judgment and post-judgment interest thereon;
- d) Finding this case to be an exceptional case pursuant to 35 U.S.C. § 285;
- e) Increasing the amount of damages awarded to Plaintiffs to three times the amount found or assessed by this Court because of the willful and deliberate nature of Defendants' acts, pursuant to 15 U.S.C. § 1117(a);
- f) Awarding to Plaintiffs their reasonable attorneys' fees incurred in this action to the extent allowed by law;
- g) Awarding to Plaintiffs their costs incurred in this action;
- h) For any other relief this Court deems just and proper.

JURY TRIAL DEMAND

Plaintiffs respectfully demand a trial by jury on all claims and issues so triable.

Dated: April 12, 2024.

Respectfully submitted,

POLSINELLI PC

By: Jay E. Heidrick

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*Attorneys for Plaintiffs Vitti Labs, LLC, Vitti
Corporate, LLC, Gold Prairie Distribution, LLC*

**IN THE UNITED STATES DISTRICT
FOR THE WESTERN DISTRICT OF MISSOURI
KANSAS CITY DIVISION (WESTERN DIVISION)**

**VITTI LABS LLC, VITTI CORPORATE,
LLC, GOLD PRAIRIE DISTRIBUTION,
LLC**

Plaintiff,

v.

**THE REGENERATIVE PROJECT, LLC
d/b/a PLATINUM BIOLOGICS,
MICHAEL "BEEBEN" RUSSELL**

Defendants.

Case No.:

VERIFICATION

I, Philipp R. Vitti, make the following declaration under oath:

1. I am an adult citizen over 18 years of age and otherwise competent to make this declaration. This declaration is based upon my personal knowledge.

2. I am the Founder, Co-Owner, and Chief Science Officer of Plaintiffs Vitti Labs LLC ("Vitti Labs") in the above-entitled action.

3. I have read the foregoing VERIFIED COMPLAINT and know the contents thereof; and the same is true of my knowledge, except as those matters which are therein stated upon my information and belief, and as to those matters, I believe it to be true.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing testimony is true and correct to the best of my knowledge and information.

Dated: April 12, 2024



FOUNDER, CO-OWNER, AND CSO OF
VITTI LABS, LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vitti Labs, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 834 W. Kansas Street, Suite C

City Liberty State MO Zip 64068

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Christopher Middle Robert Last Bartalos

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address _____

City Liberty State MO Zip 64068

Telephone _____ Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

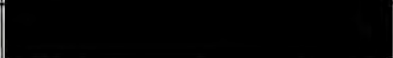
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name Shawnee Mission East High school		From - To (MM/YY – MM/YY) 1986-1991	
Address 7500 Mission road	City Leawood	State KS	Zip 66208
Diploma/Degree obtained, if any high school			
School Name DePauw University		From - To (MM/YY – MM/YY) 1991-1995	
Address 313 S Locust St	City Greencastle	State IN	Zip 46135
Diploma/Degree obtained, if any bachelors degree			
School Name KCUMB		From - To (MM/YY – MM/YY) 1997-2001	
Address 1750 Independence Ave	City Kansas City	State MO	Zip 64106
Diploma/Degree obtained, if any Doctor of Osteopathy			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 2009-2021	Address 	City Kansas City	State MO	Zip 64152
From - To (MM/YY – MM/YY) 2021-present	Address 	City Cameron	State MO	Zip 64429
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Summit GI		From - To (MM/YY – MM/YY) 2009-2022	
Business Address 110 NE Saint Lukes Blvd Suite 501	City Lees Summit	State MO	Zip 64086
Phone 816-554-3838	Title physician		
Description of Duties gastroenterologist, inpatient and outpatient care in the setting of GI			

Business Name Vitti Labs		From - To (MM/YY – MM/YY) 2022-present	
Business Address 834 W Kansas St Suite C	City Liberty	State MO	Zip 64068
Phone 816-200-7959	Title Chief Medical Officer		
Description of Duties Chief Medical Officer. Responsible for infection prevention and chart management			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Bartalos

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

04/10/2024
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Clay

I, Keenan J. Barker, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

04/10/2024
Date

Subscribed and Sworn to before me this 10th day of April.

Keenan J. Barker
Notary Public Signature

KEENAN J. BARKER
Commission# 15462993
Notary Public - Notary Seal
STATE OF MISSOURI
Clay County
My Commission Expires: March 12, 2027

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 10/27/2023	Disposition Date	State MO	City	County Clay
Case # 23CY-CV10892	Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Clay County, Missouri			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Vitti Labs, LLC, et al. v. Douglas Rainey, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Pending suit against Distributor for violation of Agreement.


Original Signature (electronic, copies or stamps not accepted)

04/10/2024
Date

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

VITTI CORPORATE, LLC,	)	
	)	
VITTI LABS, LLC,	)	
	)	
And	)	
	)	
BIOXSTEM, LLC,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
DOUGLAS RAINEY,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	Case No.
	)	
AMANDA CONOVER,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	
	)	
ATHLETIC INTEGRATIVE	)	
MEDICINE CORP.	)	
Serve: Douglas Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
PROJECT Y BIOTECH, LLC	)	
Serve: Doug Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
And	)	
	)	
CARDINAL BIOLOGICALS, INC.	)	
Serve: Paul Pfeiffer	)	
821 Progress St.	)	
Cape Girardeau, MO 63703	)	
	)	
Defendants.	)	

PETITION FOR DAMAGES AND EQUITABLE RELIEF

Pursuant to Mo. R. Civ. P. 55.01 and 55.05, plaintiffs Vitti Corporate, LLC, Vitti Labs, LLC, and BioXstem, LLC, set forth the following allegations and claims against defendants Douglas Rainey, Amanda Conover, Athletic Integrative Medicine Corp., Project Y Biotech, LLC, and Cardinal Biologicals, Inc.:

INTRODUCTION

This is a case regarding a complicated bait-and-switch scheme that took significant planning and preparation by the Colluding Defendants to carry out. Defendant Rainey is the ringleader of this complicated scheme, even though his actions violate his non-compete agreement with Plaintiffs Vitti Labs's and BioXstem. The Colluding Defendants pirated Plaintiffs Vitti Labs's and BioXstem's name, likeness, and brand in order to operate the bait-and-switch scheme, causing substantial damage to Plaintiffs and the human cellular tissue industry as a whole. This is due in part to the Colluding Defendants using Defendant Project Y's products as the "switch" in the scheme, even though Defendant Project Y's products use materials from Defendant Cardinal Biologicals that are non-transplantable. Despite their products being non-transplantable, the Colluding Defendants distributed, marketed, and sold the products for transplantable use to physicians and physicians' groups.

PARTIES

1. Plaintiff Vitti Corporate, LLC ("Plaintiff Vitti Corporate") is a Missouri limited liability company with its principal place of business in Kansas City, Jackson County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

2. Plaintiff Vitti Labs, LLC ("Plaintiff Vitti Labs") is a Missouri limited liability company with its principal place of business in Liberty, Clay County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

3. Plaintiff BioXstem, LLC ("Plaintiff BioXstem") is a Nevada limited liability company.

4. Defendant Douglas Rainey ("Defendant Rainey") is an individual, who is a citizen and resident of Arizona. Upon information and belief, he may be served at [REDACTED].

5. Defendant Amanda Conover ("Defendant Conover") is an individual, who is a citizen and resident of Texas. Upon information and belief, she may be served at [REDACTED].

6. Defendant Athletic Integrative Medicine Corp. ("Defendant AIM") is an Arizona for-profit corporation. Defendant AIM can be served through its registered agent, Defendant Rainey, at 4665 N. Quartz Hill Place, Tucson, Arizona 85750-9691.

7. Defendant AIM's sole owner is Defendant Rainey, who is Defendant AIM's president and CEO and only director. All actions of Defendant Rainey alleged herein were during and within his scope of work with Defendant AIM.

8. Defendant Conover is a clinical consultant with Defendant AIM. All actions of Defendant Conover alleged herein were during and within her scope of work with Defendant AIM.

9. Defendant Project Y Biotech, LLC ("Defendant Project Y") is a California limited liability company. Defendant Rainey is the owner of Defendant Project Y, who can be served through its registered agent, Defendant Rainey, at 4665 N. Quartz Hill Place, Tucson, Arizona 85750-9691.

10. Defendant Cardinal Biologicals, Inc. ("Defendant Cardinal Biologicals") is a Texas for-profit organization with its principal place of business in Cape Girardeau, Missouri. Defendant Cardinal Biologicals is authorized and is in good standing to do business in the State of Missouri. Defendant Cardinal Biologicals can be served through its registered agent, Paul Pfeiffer, at 821 Progress St., Cape Girardeau, Missouri 63703.

JURISDICTION AND VENUE

11. Pursuant to Section 506.500, RSMo 2016, jurisdiction is proper in this Court as the causes of action against Defendants arise out of tortious acts committed within this State of Missouri, including causing damages to Plaintiffs in Missouri. Upon information and belief, jurisdiction is also proper in this Court as the causes of action against Defendants include transactions Defendants made within this State of Missouri.

12. As to Defendant Rainey, he entered a contract entitled "Competence and Understanding Agreement," which causes of action, in part, relate to this agreement. Under the Competence and Understanding Agreement, Defendant Rainey consented to the jurisdiction of Missouri courts.

13. Under Section 508.010, RSMo Supp. 2019, venue is proper in this Court because at least one Plaintiff, Vitti Labs, was first injured in Clay County, Missouri.

GENERAL ALLEGATIONS

14. Plaintiff Vitti Labs is engaged in the business of, among others, providing proprietary Human Cellular Tissue Products, research and development products, Investigational New Drug products, cosmetics, and aesthetic market products suitable for human or non-human markets.

15. Plaintiff Vitti Labs's products are provided to physician directed markets, clinics, hospitals, and aesthetic markets, through medical offices operated by third-party physicians, or physician groups that have agreed to provide such products and services from Plaintiff Vitti Labs.

16. Plaintiff BioXstem is a proprietary marketing services business that offers services that target medical professionals, their staff, and in some cases their affiliates throughout the United States.

17. On or about March 11, 2022, Plaintiff Vitti Corporate entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. A copy of the Preferred Distributor Agreement is attached hereto as Exhibit A.

18. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. A copy of the Competence and Understanding Agreement is attached hereto as Exhibit B.

19. Sometime after Defendant Rainey entered into the Competence and Understanding Agreement, Defendants Rainey, Conover, AIM, and Project Y colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in order to make a financial gain, causing significant financial damage to Plaintiffs Vitti Labs and Vitti Corporate.

20. Specifically, Defendants Rainey, Conover, AIM, and Project Y (hereinafter collectively referred to as the "Colluding Defendants") colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in a multiple staged operation commonly known as a "bait and switch" scheme.

21. The Colluding Defendants used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name on order forms with third-party physicians and physicians' groups.

22. The Colluding Defendants also used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry in order to obtain orders from physicians and physicians' groups.

23. By using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry, the Colluding Defendants were able to meet with physicians and physicians groups that they would otherwise not have met; all under the guise that the Colluding Defendants were selling physicians and physicians' groups Plaintiff Vitti Labs's products, when in reality the Colluding Defendants had no intention of selling Plaintiff Vitti Labs's products but instead selling them competing products.

24. After the order form had been returned to the Colluding Defendants and money paid for the products, the Colluding Defendants contacted the physicians and physicians' groups and informed them that Plaintiff Vitti Labs denied them as clients, even though Plaintiff Vitti Labs was unaware of these clients or new account applications because the Colluding Defendants never informed Plaintiff Vitti Labs of these clients and applications.

25. The Colluding Defendants then informed the physicians and physicians' groups that Defendant Project Y, a competitor of Plaintiff Vitti Labs, would fulfill the order using its products. The above actions by the Colluding Defendants will be referred to hereinafter as the "bait and switch scheme."

26. Defendant Rainey undertook significant planning and preparation in order for the Colluding Defendants to carry out the bait & switch scheme.

27. For instance, Defendant Rainey created a distribution chain in order to provide the Colluding Defendants with products to directly compete with Plaintiffs' Vitti Labs's products. These competing products include EC-Matrix, 22 Bore, ISOX, Trinity 2, and F-Matrix (the "Competing Products").

28. This distribution chain included procuring raw materials, including umbilical cords, from Defendant Cardinal Biologicals, for use in the Competing Products.

29. Notably, all the human biologicals that Defendant Cardinal Biologicals supplies are non-transplantable and would otherwise be discarded as medical waste. Rather than becoming medical waste, Defendant Cardinal Biologicals helps ensure these materials contribute to medical research, the education of future physicians, and other life-changing applications.

30. Even though Defendant Cardinal Biologicals supplies are non-transplantable, Defendant Project Y uses these supplies in their Competing Products with the intent on selling them for transplantable regenerative medical use. Clearly, Defendant Project Y's use of these supplies in this manner creates a significant risk to the public health and safety.

31. The distribution chain also included creating and establishing Defendant Project Y, a tissue distribution bank, and obtaining the necessary licenses for Defendant Project Y.

32. The Colluding Defendants have been using this bait and switch scheme for over a year.

33. The Colluding Defendants' bait and switch scheme is widespread. Upon information and belief, the Colluding Defendants' bait and switch scheme included them contacting Missouri physicians and physicians' groups and obtaining orders from Missouri physicians and physicians' groups who were then subject to the Colluding Defendants' bait and switch scheme.

34. At no time during the Colluding Defendants' use of their bait and switch scheme did Plaintiffs Vitti Labs or BioXstem consent to its name, likeness, and trademark/trade name be used in this scheme.

35. Upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

COUNT I – BREACH OF CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

36. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

37. On or about April 5, 2022, Defendant Rainey entered into the Competence and Understanding Agreement with Plaintiff BioXstem. (Ex. B.)

38. Under Paragraph 10 of the Competence and Understanding Agreement, [REDACTED]

[REDACTED]
 [REDACTED] (Ex. B, ¶10.)

39. Paragraph 2.2 of the Competence and Understanding Agreement provides:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

(Ex. B, ¶2.2.)

40. Paragraph 7 of the Competence and Understanding Agreement provides:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

(Ex. B, ¶7.)

41. Defendant Rainey breached Paragraph 2.2 and Paragraph 7 of the Competence and Understanding Agreement.

42. As to Paragraph 2.2, Defendant Rainey breached Paragraph 2.2 by selling the Competing Products and by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate—all of which were part of the Colluding Defendants' bait and switch scheme.

43. As to Paragraph 7, Defendant Rainey breached Paragraph 7 by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate and by selling the Competing Products.

44. Upon information and belief, Defendant Rainey breached Paragraph 2.2 and Paragraph 7 in other ways that will be learned of during discovery.

45. As a result of Defendant Rainey's breaches of Paragraph 2.2 and Paragraph 7, Plaintiffs Vitti Corporate and BioXstem were damaged and will continue to be damaged by Defendant Rainey's actions.

46. Pursuant to Paragraph 12 of the Competence and Understanding Agreement,

[REDACTED]

[REDACTED]. (Ex. B, ¶12.)

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count I, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

**COUNT II – BREACH OF IMPLIED COVENANT OF GOOD FAITH AND
FAIR DEALING**

(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

47. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

48. Under the Competence and Understanding Agreement, [REDACTED]

[REDACTED]

[REDACTED]. (See, Ex. B.)

49. Defendant Rainey, however, evaded the spirit of the Competence and Understanding Agreement by carrying out and continuing to carry out the bait and switch scheme.

50. As a result of Defendant Rainey's breach of implied covenant of good faith and fair dealing, Plaintiffs Vitti Corporate and BioXstem have been damaged and will continue to be damaged.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count II, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

COUNT III – MISAPPROPRIATION OF PLAINTIFFS' TRADEMARK/TRADE NAME
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

51. Plaintiffs Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

52. Section 417.056, RSMo 2016 prohibits the use of Plaintiffs Vitti Labs's and BioXstem's trademark or trade name "in connection with the sale, offering for sale, or advertising of any goods or services on or in connection with which such use is likely to cause confusion or mistake or to deceive as to the source of origin of such goods or services."

53. Section 417.056, RSMo 2016 provides Plaintiffs Vitti Labs and BioXstem with a private cause of action for violation of this statute.

54. The Colluding Defendants violated Section 417.056, RSMo 2016 by using Plaintiffs Vitti Labs's and BioXstem's trademark/trade name (i.e., Plaintiff's name and logo) on the Colluding Defendants' New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Corporate. (*See* Ex. C.) The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs's products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs's denied their applications. (Ex. C.) The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

55. For example, the Colluding Defendants had [REDACTED] complete a New Account Agreement and Order Form. A copy of the New Account Agreement and Order Form are attached hereto as Exhibit C. [REDACTED] completed the New Account Agreement and ordered Plaintiff Vitti Labs's HylaJel and HylaPure and paid for these products. (Ex. C.) The Colluding Defendants then informed [REDACTED] that Plaintiff Vitti Labs's denied its new account. Afterwards, the Colluding Defendants then sold [REDACTED] the Competing Products, which resulted in sub-optimal results for [REDACTED].

56. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants' use of its trademark/trade name in this manner.

57. Section 417.061, RSMo 2016 allows Plaintiffs Vitti Labs and BioXstem to obtain not only injunctive relief but also monetary damages, including requiring the Colluding Defendants to pay to Plaintiffs Vitti Labs and BioXstem all profits "derived from or damages

suffered by reason of such wrongful” use of Plaintiffs Vitti Labs’s and BioXstem’s trademark/trade name.

58. As a result of the Colluding Defendants’ violation of Section 417.056, RSMo 2016 Plaintiffs Vitti Labs and BioXstem sustained damages and will continue to suffer damages.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count III, for damages in excess of \$25,000, for attorneys’ fees and costs, and for such other relief as this Court deems just and proper.

COUNT IV – MISAPPROPRIATION OF PLAINTIFFS’ NAME AND LIKENESS
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

59. Plaintiff Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

60. Under Missouri law, appropriation of one’s name and likeness occur when a defendant makes use of the name or likeness to pirate plaintiff’s identity for some advantage.

61. The Colluding Defendants pirated Plaintiffs Vitti Labs’s and BioXstem’s name and likeness by using their name and likeness (i.e. their name and logo) on the Colluding Defendants’ New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Labs. The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs’s products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs’s denied their applications. The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

62. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants’ use of their name and likeness in this manner.

63. As a result of the Colluding Defendants' misappropriation of Plaintiff Vitti Labs's and BioXstem's name and likeness, they sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count IV, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT V – TORTIOUS INTERFERENCE WITH A CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against the Colluding Defendants)

64. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

65. On or about March 11, 2022, Plaintiff entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. (*See*, Ex. A.)

66. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. Plaintiff Vitti Corporate is a third-party beneficiary to this agreement. (*See*, Ex. B.)

67. The Colluding Defendants were aware of the "Preferred Distributor Agreement" and "Competence and Understanding Agreement."

68. The Colluding Defendants caused Plaintiff BioXstem to breach one or more of these agreements because of the Colluding Defendants' use of the bait and switch scheme.

69. The Colluding Defendants lacked justification for their actions.

70. As a result of the Colluding Defendants' actions, Plaintiffs Vitti Corporate and BioXstem sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count V, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VI – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant AIM)

71. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

72. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

73. Defendants Rainey and Conover are agents of Defendant AIM.

74. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

75. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant AIM is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant AIM as to Count VI, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VII – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant Project Y)

76. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

77. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

78. Defendants Rainey and Conover are agents of Defendant Project Y.

79. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

80. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant Project Y is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Project Y as to Count VII, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VIII – FRAUDULENT CONCEALMENT
(Plaintiffs Vitti Corporate and Vitti Labs against Defendant Rainey)

81. Plaintiffs Vitti Corporate and Vitti Labs incorporate by reference all preceding paragraphs as if fully set forth herein.

82. Defendant Rainey had a duty to disclose information to Plaintiffs Vitti Corporate and Vitti Labs, including any misrepresentations made to clients and potential clients regarding new client applications and the status of Plaintiff Vitti Labs's products.

Defendant Rainey has breached the agreement by: (1) engaging directly with one of Plaintiff Vitti Corporate's competitors in fulfilling the ordered products as part of the Colluding Defendants' bait and switch scheme; and (2) representing to physicians and physicians' groups that Plaintiffs Vitti Corporate and Vitti Labs were unable to fulfill orders sold to them and that its competitor's products were equivalent or a substitute for Plaintiff Vitti Labs's products.

89. Not only does the Competence and Understanding Agreement allow for a temporary restraining order, Section 417.061 also allows for injunctive relief, including a restraining order. Section 417.061 does not require the posting of a bond.

90. Under Section 417.061, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem must merely show "[l]ikelihood of injury to business reputation or of dilution of the distinctive quality of a mark registered under sections 417.005 to 417.066, or a mark valid at common law, or a trade name valid at common law, shall be a ground for injunctive relief notwithstanding the absence of competition between the parties or the absence of confusion as to the source of goods or services."

91. Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation has been injured by Defendants in that they have misrepresented to physicians and physicians' groups that Plaintiff Vitti Labs is unable to fulfill orders and/or supply products to the Colluding Defendants to allow them to carry out their bait and switch scheme. Furthermore, upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

92. Aside from the above, Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation will continue to be damaged and gross revenue losses will increase if a temporary restraining order or injunction is not entered against Defendants.

93. Significantly, Defendant Project Y is using non-transplantable supplies from Defendant Cardinal Biologicals, while the other Defendants go about distributing, marketing, and selling Defendant Project Y's products to physicians and physicians' groups for use in transplantable regenerative medicine. Clearly, this creates a serious risk to public health and safety.

WHEREFORE, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem, LLC respectfully request this Court enter a temporary restraining order or, alternatively, an injunction: (a) precluding the Colluding Defendants from contacting physicians or physicians' groups they signed up using their bait and switch scheme; (b) precluding the Colluding Defendants from making any representation regarding whether Plaintiff Vitti Labs's approved or denied physicians and physicians' groups' applications; (c) precluding Defendants from distributing, marketing, or selling Defendant Project Y's products to physicians and physicians' groups as its products are not transplantable and violates Defendant Rainey's non-compete agreement; (d) precluding Defendant Cardinal Biologicals from providing supplies to Defendant Project Y, directly or indirectly, as Defendant Project Y is using Defendant Cardinal Biologicals' supplies to create transplantable products; and (e) precluding the Colluding Defendants from using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trade name/trade mark.

Respectfully Submitted,

/s/ Richard D. Rhyne

Richard D. Rhyne MO#23692

Rhyne ADR

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816-931-5775 (fax)

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ATTORNEYS FOR PLAINTIFFS

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VITTI LABS, LLC

/s/ Ward K. Brown

Ward K. Brown MO#35973

Larry D. Harman MO#27120

WITHERS, BRANT, IGOE, &

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wbrown@withersbrant.com

ATTORNEY FOR PLAINTIFF

BIOXSTEM, LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vitti Labs, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 834 W. Kansas Street, Suite C
City Liberty State MO Zip 64068
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First Philipp Middle R Last Vitti
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address 834 W. Kansas Street, Suite C
City Liberty State MO Zip 64068
Telephone [REDACTED] Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

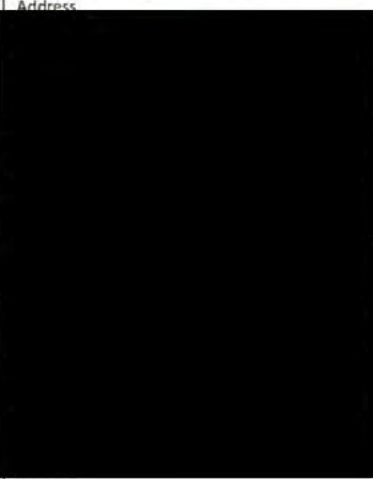
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name UMKC - Department of Chemistry		From - To (MM/YY - MM/YY) 2009 - 2010	
Address 5100 Rockhill Rd.	City Kansas City	State MO	Zip 64110
Diploma/Degree obtained, if any			
School Name Le Cordon Bleu Culinary School		From - To (MM/YY - MM/YY) 2003 - 2005	
Address 1315 Mendota Heights Rd.	City Mendota Heights	State MN	Zip 55120
Diploma/Degree obtained, if any Associates in Culinary Arts			
School Name Lincoln College Preparatory Highschool		From - To (MM/YY - MM/YY) 2000 - 2003	
Address 2111 Woodland Ave	City Kansas City	State MO	Zip 64108
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 09/22 - Present	Address 	City Kansas City	State MO	Zip 64157
From - To (MM/YY - MM/YY) 09/20 - 09/22		City Liberty	State MO	Zip 64068
From - To (MM/YY - MM/YY) 09/18 - 09/20		City Kansas City	State MO	Zip 64120
From - To (MM/YY - MM/YY) 06/17 - 09/18		City Kansas City	State MO	Zip 64108
From - To (MM/YY - MM/YY) 06/13 - 05/15		City Stamford	State CT	Zip 06902
From - To (MM/YY - MM/YY) 05/15 - 06/16		City Melbourne	State FL	Zip 32901
From - To (MM/YY - MM/YY) 03/12 - 06/13		City Orlando	State FL	Zip 32819
From - To (MM/YY - MM/YY) 01/08 - 06/17		City Kansas City	State MO	Zip 64109
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name Vitti Labs, LLC			From - To (MM/YY - MM/YY) 03/2018 - Present	
Business Address 834 W Kansas St Ste C		City Liberty	State MO	Zip 64068
Phone 816-200-7959	Title Chief Science Officer and Regulatory Affairs Director			
Description of Duties Chief Science Officer (CSO) is responsible for management of all Vitti Labs operations and implementation of the Quality Management System and Vitti Labs SOPM. The CSO provides guidance, and oversight to the organization and its employees; and ensures that the mission and quality policy are carried out in the attainment of goals and overall regulatory compliance.				
Business Name Vitti Corporate, LLC			From - To (MM/YY - MM/YY) 03/22 - Present	
Business Address 4245 N Central Expy Ste 490		City Dallas	State TX	Zip 75205
Phone 1-833-848-8426	Title Owner			
Description of Duties Not actively involved				
Business Name Gold Prairie Distribution, LLC			From - To (MM/YY - MM/YY) 03/23 - Present	
Business Address 4741 Central St. Ste 484		City Kansas City	State MO	Zip 64112
Phone 1-833-465-3731	Title Owner			
Description of Duties Not actively involved				
Business Name BVL Clinical Research			From - To (MM/YY - MM/YY) 05/20 - Present	
Business Address 834 W Kansas Ste A and B		City Liberty	State MO	Zip 64068
Phone 800-407-9314	Title Owner			
Description of Duties Not actively involved				
Business Name Vitti International			From - To (MM/YY - MM/YY) 01/05 - 01/20	
Business Address 4741 Central St. Ste 484		City Kansas City	State MO	Zip 64109
Phone N/A	Title CEO			
Description of Duties To build a company that focused on inventing products and developing technologies.				

Continue on next page if additional space is needed.

Business Name Vitti Biotech, LLC		From - To (MM/YY – MM/YY) 02/24 - Present	
Business Address 840 W Kansas St. Ste A and B	City Liberty	State MO	Zip 64068
Phone N/A	Title Chief Science Officer		
Description of Duties Lead a team of scientists to discover technologies that can one day be used to help humankind through drug development, medical devices, and general scientific education.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philippe R. Vitti

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Clay

I, Philippe Vitti, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

04/17/2024

Date

Subscribed and Sworn to before me this 17th day of April.

Keenan J. Barker

Notary Public Signature

KEENAN J. BARKER
Commission# 15462993
Notary Public - Notary Seal
STATE OF MISSOURI
Clay County

My Commission Expires: March 12, 2027

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

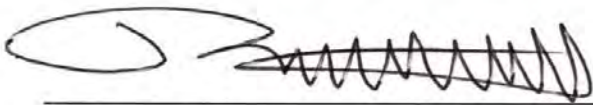
Date of Event/Arrest 04/12/2024	Disposition Date	State MO	City	County
Case # 4:24-cv-00264	Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court for the Western District of Missouri, Kansas City			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Vitti Labs, LLC, et al. v. Platinum Biologics, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Suit and request for the issuance of a temporary restraining order for false advertising under The Lanham Act, unfair competition, injurious falsehood, defamation, tortious interference with contract, and tortious interference with business expectancy resulting from false statements made on public forums, directly to Vitti's sales representatives and directly to Vitti's customers, with the sole intent to damage the business and reputation of the Vitti companies and products.

The case is pending.

A copy of the Complaint is attached.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

**IN THE UNITED STATES DISTRICT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION**

**VITTI LABS, LLC, VITTI CORPORATE,
LLC, GOLD PRAIRIE DISTRIBUTION,
LLC**

Plaintiff,

v.

**THE REGENERATIVE PROJECT, LLC
d/b/a PLATINUM BIOLOGICS,
MICHAEL "BEEBEN" RUSSELL**

Defendants.

Case No.: 4:24-cv-264

JURY TRIAL DEMANDED

VERIFIED COMPLAINT

Plaintiffs Vitti Labs, LLC ("Vitti Labs"), Vitti Corporate, LLC ("Vitti Corporate"), and Gold Prairie Distribution, LLC ("Gold Prairie") (collectively referred to as "Vitti" or "Plaintiffs"), by and through their undersigned counsel, for their Complaint against Defendants The Regenerative Project, LLC d/b/a Platinum Biologics ("Platinum Biologics") and Michael "Beeben" Russell ("Mr. Russell") (collectively, referred to as "Defendants"), hereby state and allege the following:

INTRODUCTION

1. This lawsuit was precipitated by Defendants' deliberate efforts to mislead and misinform the public concerning Vitti's capabilities and capacities as a leading provider of human cellular and tissue-based products ("HCT/Ps"). Rather than compete fairly and honestly, Defendants have chosen to resort to attempting to torch Vitti's reputation. Although Defendants describe themselves as "patient advocates," they are actually competitors to Vitti with the goal of damaging Vitti's reputation in the marketplace.

2. Vitti and Defendants are in the business of developing, manufacturing, distributing, marketing, selling, and/or offering for sale HCT/Ps.

3. Vitti and Defendants are competitors in the HCT/Ps industry. Defendants have struggled to fairly obtain business in the industry and have now resorted to unfair and illegal tactics to obtain business.

4. Vitti works to provide HCT/Ps that have been registered with the Food and Drug Administration ("FDA") and comply with the FDA requirements for Section 361 HCT/Ps as regulated under 21 C.F.R. § 1271.10(a). Vitti Labs is accredited by the American Association of Tissue Banks ("AATB") as a 361 HCT/P manufacturer and provides these products for human clinical use to qualified medical professionals. Vitti has invested significant resources and time in developing, manufacturing, patenting, marketing, and selling HCT/Ps and technologies related thereto. It is Vitti's mission to provide medical providers and professionals with a comprehensive portfolio of bio-ethically manufactured HCT/Ps to support their patients' quality of life.

5. In contrast to Vitti's business model and products offered for sale, Defendants market their facility as being "FDA-registered and a multi-state licensed tissue bank providing high-quality natural biologics to clinicians nationwide;" however, Defendants sell HCT/Ps labeled as *research use only* ("RUO") to medical practitioners for *human clinical use*. Use of RUO products is only appropriate in *in vitro* studies or animal studies. RUO products are *not* suitable for human use.

6. In efforts to divert attention away from Defendants' own inappropriate conduct, Defendants have concocted a devious scheme to spread false statements, descriptions, and representations regarding Vitti to the public at-large and to Vitti's Sales Representatives and Customers. These false statements, descriptions, and misrepresentations falsely claim that Vitti is

unreliable, dishonest, not creditable, and are conducting themselves in a nefarious manner, not compliant with applicable laws and regulations. **These statements are wholly false.**

7. As an example of Defendants' devious scheme to mislead and misinform the public, Defendants have posted a video titled "Vitti Labs – Is VittiLabs An Imaginary 361 HCTP Product?" ("Video At-Issue") on LinkedIn, Facebook, and Loom that is accompanied by a written summary and statement, as further discussed below. The false statements, descriptions, and representations contained in the Video At-Issue and accompanying written summary and statement misrepresents the nature, characteristics, and qualities of Vitti's business operations and products.

8. Defendants have also schemed to interfere with Vitti's Sales Representatives and Customers and/or solicit them by contacting them and asserting false statements, descriptions, and representations about Vitti, such as those found in the Video At-Issue and accompanying written summary and statement.

9. Defendants' false statements, descriptions, and representations about Vitti and Defendants' interference with Vitti's Sales Representatives and Customers violate federal and state law and Vitti's rights.

10. Defendants' actions have caused Vitti to unfairly lose sales and profits, and also to suffer damage to its reputation, goodwill, business relationships, and customer confidence. Prior to Defendants' actions, Vitti held a fairly and properly obtained competitive advantage in the marketplace. Now, though, Vitti's business value has suffered in some unquantifiable ways. Vitti's Sales Representatives and Customers have repeatedly inquired about the Video At-Issue and the false statements, descriptions, and representations made therein and have expressed their concern about the quality and certification of HCT/Ps provided by Vitti.

11. Unless enjoined, Defendants' false statements will cause further irreparable damage to Vitti's goodwill, reputation, and market reputation and cause further Sales Representatives and Customers to stop doing business with Vitti.

12. This action is necessary to protect Vitti's sales, reputation, goodwill, business relationships, customer confidence, competitive advantage, and business value. Vitti seeks, among other remedies, injunctive relief (i) enjoining Defendants from making further false statements, descriptions, and representations about Vitti and (ii) ordering the removal of the Video At-Issue and the accompanying written summary and statement from all online platforms and/or forums.

NATURE OF THE ACTION

13. This is a civil action to enjoin and remedy: false advertising under the Lanham Act, 15 U.S.C. § 1125 *et seq.* and Missouri common law unfair business competition, injurious falsehood, defamation, and tortious interference with a contract and a business expectancy.

14. This action arises out of Defendants' false statements, descriptions, and representations regarding Plaintiffs.

PARTIES

15. Plaintiff Vitti Labs, LLC is a Missouri corporation having its principal place of business at 834 W. Kansas St., Suite C, Liberty, Missouri 64068. Vitti Labs is an industry leading developer and manufacturer of human cellular and tissue-based products, HCT/Ps.

16. Plaintiff Vitti Corporate, LLC is a Missouri corporation having its principal place of business at 4741 Central St., Suite 484, Kansas City, Missouri 64112. Vitti Corporate is in the business of marketing, selling, and offering for sale HCT/Ps.

17. Plaintiff Gold Prairie Distribution, LLC is a Missouri corporation having its principal place of business at 118 Conistor St., Suite B #420, Liberty, Missouri 64068. Gold Prairie is a distributor of HCT/Ps.

18. Upon information and belief, Defendant The Regenerative Project, LLC d/b/a Platinum Biologics is a Florida corporation having its principal place of business at 1516 E. Colonial Dr., Suite 103, Orlando, Florida 32803. On information and belief, Platinum Biologics is engaged in the business of marketing, buying, selling, and offering for sale HCT/Ps, either on its own or through its agents.

19. Defendant Michael "Beeben" Russell is a Texas resident residing in Aubrey, Texas and/or Dallas, Texas and, at all times relevant herein, was acting as an officer or agent of Platinum Biologics.

JURISDICTION AND VENUE

20. This Court has subject matter jurisdiction over the claims in this Complaint under 28 U.S.C. §§ 1331 & 1332, in that the cause of action involves a question of federal law, and is a civil action between citizens of different states wherein the subject matter in controversy exceeds the sum or value of \$75,000, exclusive of interests or costs.

21. This Court has personal jurisdiction over Defendants because Defendants:

a. Engage in continuous and systematic business activities within the State of Missouri and this District, such as rendering, offering for sale, and selling products and/or services to Missouri-based customers within Missouri and this District;

b. Regularly solicit business in Missouri and this District, deriving substantial revenue from interstate commerce, the State of Missouri, and this District;

c. Have purposely directed substantial activities at the residents of Missouri

and this District, including Vitti, by means of their false statements, descriptions, and representations regarding Vitti, as further described herein, thereby causing injury to Vitti within the State of Missouri and this District;

d. Have committed and directed their willful, tortious conduct described herein at entities and persons located in Missouri and this District, including Vitti, which has caused Vitti to suffer injury in the State of Missouri and this District.

22. Venue is proper in this District under 28 U.S.C. § 1391(b)(2) & (3) because a substantial part of the events giving rise to the claims complained of herein, including Defendants' false statements, descriptions, and representations, are directed at Plaintiffs, which are situated in this District, and Defendants are subject to personal jurisdiction in this District.

FACTUAL ALLEGATIONS

A. BACKGROUND

Vitti's Background

23. Philipp R. Vitti ("Mr. Vitti") founded Plaintiff Vitti Labs in 2019. Mr. Vitti possesses a strong motivation to help others due to his personal journey with medical issues, having been born with a genetic defect known as pectus excavatum.

24. Mr. Vitti has battled this condition all of his life. At the age of five years old, Mr. Vitti underwent his first cardio thoracic surgery, which left him disabled and "sickly" for many years.

25. In his twenties, Mr. Vitti underwent a second surgery, and then developed pulmonary hypertension and had developed fibrotic tissue due to his condition over the years as well as heart complications. These compounding medical issues challenged him every day as there were no cures – just the reality of more surgeries and medical procedures.

26. Realizing very early in life that there was no cure for pectus excavatum or the impact it inflicted on his life, Mr. Vitti knew he had a progressive disease that would eventually leave him in a wheelchair and likely on oxygen, thereby affecting his quality of life and lifespan.

27. Mr. Vitti is a problem solver and innovator – having been referred to as a “serial inventor and entrepreneur.” His personal battle with medical issues, combined with his acumen as a businessman and chemist, enabled Mr. Vitti to have a unique perspective and flow of ideas that led him to research biological materials that could make positive impacts on his disease. His desire to help not just himself but others affected by the disease was a true calling.

28. Mr. Vitti discovered the possibilities existing with birth tissue and founded Vitti Labs. Eventually he built an organization to research and develop products for those impacted by diseases for which there are no cure. He wanted children to enjoy their childhoods and adults to enjoy quality time with their children, and he knew firsthand the difference he could make to improve the quality of life for all people affected by his disease.

29. Mr. Vitti’s research led to the ethical development and manufacture of birth tissue implantable products that can be used commercially, as well as the development of medical drugs currently undergoing human trials with the hope to one day bring them to the market. All of this propels his desire to continue to work to find a cure for pulmonary fibrosis and other respiratory diseases.

30. Vitti Labs has taken great care to ensure that its commercial products available today are human cells, tissues, or cellular or tissue-based products (HCT/Ps) as defined in 21 C.F.R. § 1271.3(d), meet all of the criteria listed in 21 C.F.R. § 1271.10(a), and are therefore regulated solely under section 361 of the Public Health Service (“PHS”) Act, 42 U.S.C. 264.

31. Human cells, tissues, and cellular and tissue-based products (HCT/Ps) are defined by 21 C.F.R. § 1271.3(d),

32. HCT/Ps that meet 21 C.F.R. § 1271.10(a), are known as “361 HCT/Ps” and consist of human cells, tissues, and cellular and tissue-based products intended for implantation, transplantation, infusion or transfer into a human recipient as described in the FDA July 2020 Guidance: “Regulatory Considerations for Human Cells, Tissues, and Cellular and Tissue-Based Products: Minimal Manipulation and Homologous Use.”

33. The FDA regulates a 361 HCT/Ps solely if it meets certain criteria established by the FDA, including the following:

- a. The HCT/P is minimally manipulated;
- b. The HCT/P is intended for homologous use only, as reflected by the labeling, advertising, or other indications of the manufacturer’s objective intent;
- c. The manufacture of the HCT/P does not involve the combination of the cells or tissues with another article, except for water, crystalloids, or a sterilizing, preserving, or storage agent, provided that the addition of water, crystalloids, or the sterilizing, preserving, or storage agent does not raise new clinical safety concerns with respect to the HCT/P; and
- d. Either one of the following:
 - i. The HCT/P does not have a systemic effect and is not dependent upon the metabolic activity of living cells for its primary function; or
 - ii. The HCT/P has a systemic effect or is dependent upon the metabolic activity of living cells for its primary function, and:
 - a) Is for autologous use;

- b) Is for allogeneic use in a first-degree or second-degree blood relative; or
- c) Is for reproductive use.

34. FDA regulations of 361 HCT/Ps must establish registration, and consist of the following: Current Good Tissue Practice (“cGTP”) and establish and maintain a quality program intended to prevent the introduction, transmission, or spread of communicable disease through the manufacture and use of HCT/Ps. This includes donor eligibility (donor screening and testing), storing, processing, packaging, labeling, and distribution processes and procedures that maintain a quality program to monitor facility, environmental controls, equipment, supplies and reagents, recovery, processing and process controls, storage, labeling controls, requirements to receipt, pre-distribution shipment, and distribution, donor eligibility determinations, donor screenings, and donor testing, adverse reaction reporting. Premarket review (licensure, clearance, and approval) by the FDA is not required for 361 HCT/Ps.

35. Vitti Labs is in the business of manufacturing 361 HCT/Ps for commercial use. Vitti Labs is accredited with the American Association of Tissue Banks (AATB), registered with the FDA, and certified under the Current Good Manufacturing Practice (“cGMP”) regulations enforced by the FDA.

36. To become accredited and certified by the AATB, Vitti Labs must undergo stringent examination of their processes and procedures to show they are in compliance with the AATB standards.

37. Vitti Labs’ interaction with the FDA and compliance with its regulations is ongoing. Vitti Labs’ AATB accreditation is in good standing. Since 2021, Vitti Labs has been inspected by the FDA twice and the AATB three times. Accordingly, Vitti Labs is in compliance

to provide 361 HCT/Ps to physicians and other health care providers as a compliant FDA establishment and AATB accredited tissue bank, and Vitti Labs only provides 361 HCT/Ps which have met the qualifications for commercial use in humans. 361 HCT/P products manufactured by Vitti Labs are distributed nationwide.

38. Vitti Corporate is in the business of selling 361 HCT/Ps. Vitti Corporate was established in March 2022. Vitti Corporate is responsible for establishing a sales network to sell Vitti Labs products.

39. Gold Prairie is in the business of being a medical distribution company. Gold Prairie was established in February 2023.

40. Plaintiffs contract and work with one another in order to bring the 361 HCT/Ps that Vitti Labs sells for human use to the market for medical providers and professionals to purchase. Plaintiffs have invested significant resources and time in developing, manufacturing, patenting, marketing, and selling 361 HCT/Ps and technologies related thereto. It is Plaintiffs' mission to provide medical providers and professionals with a comprehensive portfolio of bio-ethically manufactured 361 HCT/Ps to support their patients' quality of life.

41. Plaintiffs pride themselves in the work provided and adhere to five guiding principles:

- a. Believing research is invaluable.
- b. Engaging in peer, physician, and patient collaboration.
- c. Respecting and upholding regulatory guidelines through a proactive culture.
- d. Establishing and following rigorous protocols and procedures to ensure quality and safety.
- e. Proving their processes with above industry standard testing by third-party labs.

Defendants' Profile

42. Platinum Biologics markets, buys, sells, and offers for sale HCT/Ps, either on its own or through its agents. Platinum Biologics considers itself one of Plaintiffs' competitors in the HCT/Ps industry.

43. Through Platinum Biologics' website at URL **Error! Hyperlink reference not valid.**, a true and accurate screenshot is attached hereto as **Exhibit A**, Platinum Biologics markets its facility as being "FDA-registered and a multi-state licensed tissue bank providing high-quality natural biologics to clinicians nationwide."

44. However, Platinum Biologics sells HCT/Ps labeled as research use only (RUO) to medical practitioners for clinical use. Platinum Biologics' products are not registered with the FDA as HCT/Ps nor do they have a biologics drug license. In addition, use of RUO products is only appropriate in *in vitro* studies or animal studies. RUO products are not suitable for human use.

45. Michael "Beeben" Russell is employed by Platinum Biologics as its Chairman of the Executive Board and, at all times relevant herein, was acting as an authorized agent and representative of Platinum Biologics. A true and accurate screenshot of Mr. Russell's LinkedIn profile at URL <https://www.linkedin.com/in/beebeben-russell-64175470/> is attached hereto as **Exhibit B**.

B. THE VIOLATIVE CONDUCT OF PLATINUM BIOLOGICS AND MR. RUSSELL

46. On or around March 13, 2024, Platinum Biologics, acting through Mr. Russell, uploaded a video titled "Vitti Labs – Is VittiLabs An Imaginary 361 HCTP Product?" (Video At-Issue) on the third-party video website platform called Loom at URL <https://www.loom.com/share/af7a84c7c70248e3a96d7f641a5b115d>, a true and accurate screenshot is attached hereto as **Exhibit C**.

47. On or around March 14, 2024, Mr. Russell posted the Video At-Issue on his personal Facebook account at URL <https://www.facebook.com/beebeben.russell>, a true and accurate screenshot is attached hereto as **Exhibit D**.

48. On or around March 20, 2024, Mr. Russell posted the Video At-Issue on his LinkedIn account at URL <https://www.linkedin.com/feed/update/urn:li:activity:7174157603713753088/>, a true and accurate screenshot is attached hereto as **Exhibit E**.

49. The Video At-Issue posted on the various online platforms is viewable to anyone who has access to the Internet, including those viewers located in Missouri and this District.

50. Through the Video At-Issue, Mr. Russell makes various false statements, descriptions, and representations about Plaintiffs. These statements, descriptions, and representations suggests to the viewer that Plaintiffs are unreliable, dishonest, not creditable, and are conducting themselves in a nefarious manner.

51. Such false statements, descriptions, and representations that Mr. Russell makes in the Video At-Issue about Plaintiffs include, but are not limited to, the following:

- Equating Plaintiffs to the mob selling drugs “out the back door” of an Italian restaurant;
- Plaintiffs are not licensed to sell their products;
- Plaintiffs do not “have an address” and have “no products, no nothing.”
- Plaintiffs have “got 50 million dollars-worth of research being done, at least. No PhD, no published studies, just poof right?”
- Plaintiffs are “selling supplements out the back door. Seems to be a lot of out the back door...”
- “So understanding this, it’s not a good idea [for Plaintiffs] to basically call themselves a drug manufacturer and then, in the same sentence, tell everyone that [Plaintiffs] are the only 361 tissue company and [Plaintiffs] are the only one in the United States that has this approval or recognition or whatever you want to call it, right, to sell human cell and tissue products while the other side of [Plaintiffs’] mouth, all [Plaintiffs are doing] and saying is [Plaintiffs have] a 100 millions of dollars in poof, magic air research being done in, like what, a 1000 square foot facility that no one has any pictures.”

- “So [Plaintiffs say] they’re the only 361, but yet the FDA gave them a public warning letter saying [Plaintiffs] are not a 361.”
- “And when you look and you see that [Plaintiffs] have split up the company, this is Vitti Labs, LLC. There’s also Vitti Corporate which is Ryan Kuczen. He’s actually put together an outside distributor force and I don’t even think Vitti actually sells the products for Vitti the lab. And you have to wonder why would [Plaintiffs] complicate change of custody so far like that. I mean, you know the obvious answer to that, right? Or at least in my opinion, the answer would be is [Plaintiffs] is “look over here” and not “over here,” or moving liability, or hiding. You know, there is a lot of things that could be said to that but once again, there’s a lot of weird stuff here.”
- “Think about the malpractice, there’s a claim and they go “Oh well [Plaintiffs] have a public warning letter. [Plaintiffs] also, the change of custody where the products ordered from is not “here.” Who’s going to take responsibility? Who has insurance behind that, right?” I would be a little worried because that’s really the problem behind a warning letter and someone just not being honest about their intentions of what they’re actually doing.”

52. Such statements are wholly false and meant to damage Plaintiffs.

53. As noted above, Plaintiffs meet or exceed all regulatory guidelines for the manufacture and sale of their products. There is zero factual basis in equating Plaintiffs with the “mob” selling drugs out the back door of an Italian restaurant or to even insinuate that Plaintiffs are somehow improperly manufacturing and selling products.

54. Vitti has never claimed that it is the “only” registered Section 361 provider as Defendants’ falsely state. As noted herein, it is a registered Section 361 provider, not the only registered Section 361 provider.

55. Similarly, the FDA warning letter did not determine Vitti that it is not a registered Section 361 provider nor are its products unlawfully being sold. The FDA has never given determination that Vitti Labs’ commercial products are not 361 HCT/Ps or taken any action to stop Vitti Labs from selling their products.

56. Plaintiffs have always registered their products with the FDA if required by applicable law. Since receiving the FDA warning letter, Plaintiffs have registered their products

with the FDA pursuant to Section 361 multiple times. The FDA has accepted and renewed the registration of Plaintiffs' products each time.

57. The reasons for separating Vitti Labs, Vitti Corporate, and Gold Prairie are for business operational purposes. Plaintiffs are not attempting to hide liability as the video states. The business organization has no impact on malpractice insurance for either Plaintiffs' or their medical provider clients.

58. Defendants' statements about potential effect on the malpractice insurance for Plaintiffs' customers are meant to plant the seeds of fear in Plaintiffs' customers and to make them believe that business dealings with Plaintiffs may impact their malpractice insurance rates or coverage.

59. Such false statements that the corporate structure somehow nullifies Plaintiffs' malpractice insurance are made to scare Plaintiffs' current and prospective customers and sales representatives with the intention of interfering with the relationship between Plaintiffs and their customers and sales representatives.

60. The Video At-Issue posted on Loom includes a summary that states "Video Disclaimer Below - Credit : Brandon Spencer" (*see* Exhibit C), which is further damaging and inaccurate as the individual Brandon Spencer ("Mr. Spencer") is a sales representative, independently contracted, for Gold Prairie.

61. Such a misrepresentation suggests to the viewer that one of Gold Prairie's sales representatives had assisted in the making of and/or provided information included in the Video At-Issue and that such statements, descriptions, and representations that Mr. Russell makes in the Video At-Issue are truthful and reliable when in fact they are not.

62. Along with posting the Video At-Issue, Mr. Russell includes the following written statement in his posts on Facebook and LinkedIn:

Vitti Labs! Is Vitti Labs an Imaginary 361 HCTP Product? Is Vitti Labs a Drug manufacture?

Lately we've seen some WILD claims coming from Vitti Labs. Who isn't suppose to be selling product, and kind of doesn't anymore. But they do? What does this mean for you? What does this mean for your malpractice?

These are only my opinions please see the video for full disclaimer.

See Exhibits D and E. This statement also contains false statements, descriptions, and representations about Plaintiffs.

63. As noted above Vitti is fully complies with state and federal laws to sell its products. Defendants assert that “[Vitti] isn’t supposed to be selling product...” falsely claims that a regulatory agency has forced Vitti to stop selling product, which is false.

64. As noted above, Plaintiffs’ corporate structure has no bearing on malpractice insurance for either Plaintiffs or their medical professional customers. Such statements are meant to interfere with Plaintiffs’ relationships with its customers and sales representatives.

65. The statements made by Mr. Russell in the Video At-Issue and accompanying written summary and statement were not his “opinions” but were statements and accusations he purported to be as fact and Mr. Russell made the statements with intent to hurt Plaintiffs.

66. Upon information and belief, in addition to these false statements, Defendants have contacted Plaintiffs’ sales representatives (“Plaintiffs’ Sales Representatives”) and other individuals and entities, including Plaintiffs’ customers and/or potential customers (“Plaintiffs’ Customers”), further asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement.

67. Unfortunately, Mr. Russell's actions are not unique to Plaintiffs as Mr. Russell and Platinum Biologics appear to have a history of tortiously interfering with the business of other companies in the industry and soliciting customers of those companies.

68. On April 18, 2023, Mr. Russell's prior employer Rowl Inc. d/b/a Regenerative Labs ("Regenerative Labs") sued Mr. Russell, Platinum Biologics, Mr. Russell's brother Marcus Russell, and other individuals ("Florida case"). *See Row 1 Inc. v. Michael Russell et al.*, Circuit Court of the First Judicial Circuit in and for Escambia, County, Florida, Case No. 2023 CA 001747, Complaint (Filing #171270150), for breach of contract regarding non-compete and non-solicitation clauses between Regenerative Labs and Mr. Russell. *Id.* Regenerative Labs also sued Platinum Biologics for tortious interference. *Id.* It is alleged that after Mr. Russell and the other named defendant individuals resigned from Regenerative Labs, Mr. Russell and the other individuals formed the competing venture fictitiously named Platinum Biologics, the legal business name being The Regenerative Project, LLC. *Id.* Regenerative Labs further alleges that Mr. Russell, Platinum Biologics, and the other individuals did or attempted to solicit customers and sales representatives of Regenerative Labs. *Id.*

C. IRREPARABLE HARM TO PLAINTIFFS

69. Plaintiffs' Sales Representatives and Customers are located both inside and outside of the state of Missouri and this District.

70. Plaintiffs have contracts and/or valid business relationships with their Sales Representatives and Customers, where Plaintiffs, respectively, (1) engaged and/or expected to engage with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P products from prospective and existing customers and (2) provided and/or expected to provide Plaintiffs' Customers with HCT/P products.

71. Plaintiffs' Sales Representatives and Customers have repeatedly inquired about the Video At-Issue and the false statements, descriptions, and representations made therein, and have expressed their concern about the quality and certification of HCT/Ps provided by Plaintiffs. In one given week, after Defendants' posting of the Video At-Issue, Plaintiffs had at least 5 of their customer accounts inquire about the false statements, descriptions, and representations made by Defendants.

72. By asserting false statements, descriptions, and representations about Plaintiffs to Plaintiffs' Sales Representatives and Customers, such as those found in the Video At-Issue and accompanying written summary and statement, Defendants have intentionally interfered with Plaintiffs' contracts and business relationships with Plaintiffs' Sales Representatives and Customers while having knowledge of said contracts and business relationships.

73. As a result of Defendants' tortious interference with Plaintiffs' contracts and business relationships with Sales Representatives and Customers, some of Plaintiffs' Sales Representatives and Customers have stopped doing further business with Plaintiffs, and Plaintiffs expect that other Sales Representatives and Customers may stop doing further business with Plaintiffs.

74. Defendants' actions have harmed Plaintiffs' reputation in the marketplace, including causing irreparable damage to Plaintiffs' reputation and perception among its customers and sales representatives.

75. Plaintiffs believe they have lost sales as a result of Defendants' posting of the Video At-Issue and accompanying written summary and statement and other conduct of Defendants involving similar false statements, descriptions, and representations regarding Plaintiffs as those found in the Video At-Issue and accompanying written summary and statement.

76. Furthermore, as a result of Defendants' posting of the Video At-Issue and accompanying written summary and statement and other conduct of Defendants involving similar false statements, descriptions, and representations regarding Plaintiffs, Plaintiffs' reputation, goodwill, business relationships, customer confidence, competitive advantage, and business value has suffered in unquantifiable ways that would be impossible to ascertain.

COUNT I
FALSE ADVERTISING UNDER THE LANHAM ACT, 15 U.S.C. § 1125(a)

77. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

78. Defendants' statements, descriptions, and representations about Plaintiffs, such as those made in the Video At-Issue and accompanying written summary and statement, to the public-at-large, Plaintiffs' sales representatives, and Plaintiffs' customers and/or potential customers constitute false or misleading statements regarding Plaintiffs.

79. Defendants' use of false or misleading representations of fact in commercial advertising or promotion or solicitation misrepresents the nature, characteristics, and/or qualities of Plaintiffs' business operations and products.

80. Defendants' use of false or misleading representations of fact has the tendency to deceive a substantial portion of the targeted consumer audience, or actually deceive the target consumers.

81. Defendants' false or misleading representations of fact are material in that they are likely to influence purchasing decisions of the target consumers.

82. Defendants' false or misleading representations of fact concern Plaintiffs' HCT/Ps and/or other products, which are advertised, promoted, sold, and distributed in interstate commerce.

83. Plaintiffs have been and continue to be damaged and injured by Defendants' false or misleading representations of fact through diversion of sales and/or loss of goodwill.

84. Defendants knew that the representations of fact were false or misleading.

85. Defendants' false or misleading representations of fact were made in bad faith and malice or reckless indifference to Plaintiffs' and consumers' interests.

86. Defendants' bad faith, false or misleading representations of fact regarding Plaintiffs and Plaintiffs' business operations and products makes this an exceptional case within the meaning of 15 U.S.C. § 1117.

87. Defendants continue to make false or misleading representations of fact regarding Plaintiffs and Plaintiffs' business operations and products and will continue to do so unless enjoined by this Court as provided by 15 U.S.C. § 1116.

88. Plaintiffs are entitled to damages, including an award of Defendants' profits earned from the sale of HCT/Ps that resulted from Defendants' false statements, descriptions, and representations about Plaintiffs; any damages sustained by Plaintiffs; and the costs of this action pursuant to 15 U.S.C. § 1117.

89. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT II
UNFAIR COMPETITION UNDER MISSOURI COMMON LAW

90. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

91. Defendants' statements, descriptions, and representations about Plaintiffs, such as those made in the Video At-Issue and accompanying written summary and statement, to the public-

at-large, Plaintiffs' sales representatives, and Plaintiffs' customers and/or potential customers constitute misrepresentations regarding Plaintiffs and Plaintiffs' business operations and products.

92. Defendants knew that the representations of fact were false or misleading.

93. Defendants' misrepresentations were calculated to deceive consumers under the ordinary conditions which prevail in the HCT/Ps industry.

94. Defendants' false or misleading representations of fact will have the natural and probable result of deceiving a portion of the target consumer audience.

95. Defendants' false or misleading representations of fact were made in bad faith and malice or reckless indifference to Plaintiffs' and consumers' interests.

96. Plaintiffs have been and continue to be damaged and injured by Defendants' false or misleading representations of fact through diversion of sales and/or loss of goodwill.

97. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT III
INJURIOUS FALSEHOOD UNDER MISSOURI COMMON LAW

98. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

99. Defendants have published false statements, descriptions, and representations about Plaintiffs through the posting of the Video At-Issue and accompanying written summary and statement.

100. Defendants' statements, descriptions, and representations about Plaintiffs are harmful to the interests of Plaintiffs.

101. Defendants intended for the publication of the false statements, descriptions, and representations about Plaintiffs to harm Plaintiffs; or Defendants recognized or should have recognized that the publication of the false statements, descriptions, and representations is likely to result in harm to Plaintiffs.

102. Defendants knew that their statements, descriptions, and representations about Plaintiffs were false, or Defendants had reckless disregard of the truth or falsity of their statements, descriptions, and representations about Plaintiffs.

103. As a result of Defendants' actions, Plaintiffs have suffered pecuniary loss, including diversion of sales and/or loss of goodwill.

104. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT IV
DEFAMATION UNDER MISSOURI COMMON LAW

105. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

106. Defendants have published defamatory statements, descriptions, and representations about Plaintiffs and identified Plaintiffs through the posting of the Video At-Issue and accompanying written summary and statement. Upon information and belief, Defendants have also made similar defamatory statements regarding Plaintiffs and their sales representatives both verbally and textually to Plaintiffs' sales representatives, customers, and/or potential customers.

107. Defendants' defamatory statements, descriptions, and representations about Plaintiffs misrepresent the nature, characteristics, and/or qualities of Plaintiffs' business operations and products.

108. Defendants' defamatory statements, descriptions, and representations about Plaintiffs are false and Defendants knew that their statements, descriptions, and representations about Plaintiffs were false, or Defendants had reckless disregard of the truth or falsity of their statements, descriptions, and representations about Plaintiffs.

109. Plaintiffs have been and continue to be damaged and injured by Defendants' defamatory and false statements, descriptions, and representations about Plaintiffs through diversion of sales and/or loss of goodwill.

110. Defendants' conduct was intentional, wanton, and in complete disregard of Plaintiffs' rights in that Defendants knew their statements were false or had reckless disregard for their falsity, entitling Plaintiffs to punitive damages.

COUNT V
TORTIOUS INTERFERENCE WITH CONTRACT
UNDER MISSOURI COMMON LAW

111. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

112. Plaintiffs' contract with Plaintiffs' Sales Representatives and Customers, where Plaintiffs, respectively, (1) engaged with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P products from prospective and existing customers and (2) provided Plaintiffs' Customers with HCT/P products.

113. Defendants were aware of Plaintiffs' Sales Representatives and Customers that had contracted with Plaintiffs.

114. Defendants contacted Plaintiffs' Sales Representatives and Customers and asserted false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers.

115. By asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers, Defendants intentionally interfered with Plaintiffs' contract with Plaintiffs' Sales Representatives and Customers.

116. As a result of Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers, Defendants have induced or caused Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs, or Plaintiffs expect Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs.

117. There exists no justification for the actions of Defendants in inducing or causing Plaintiffs' Sales Representatives and Customers to cancel their contracts with Plaintiffs.

118. But for the conduct of Defendants, Plaintiffs' Sales Representatives and Customers would have continued their existing contractual relationship with Plaintiffs.

119. Plaintiffs have been and continue to be damaged and injured by Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers through diversion of sales and/or loss of goodwill.

120. Defendants' conduct was willful and malicious with the intent to harm Plaintiffs and Defendants' actions were done without justification, entitling Plaintiffs to punitive damages.

COUNT VI
TORTIOUS INTERFERENCE WITH A BUSINESS EXPECTANCY
UNDER MISSOURI COMMON LAW

121. Plaintiffs repeat the allegations in the preceding paragraphs as though fully set forth herein.

122. Plaintiffs maintain business relationships with numerous Plaintiffs' Sales Representatives and Customers where Plaintiffs, respectively, validly expected to (1) engage with Plaintiffs' Sales Representatives so that the Sales Representatives would solicit orders for HCT/P

products from prospective and existing customers and (2) provide Plaintiffs' Customers with HCT/P products.

123. Defendants were aware of Plaintiffs' Sales Representatives and Customers that have business relationships with Plaintiffs.

124. Defendants contacted Plaintiffs' Sales Representatives and Customers and asserted false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers.

125. By asserting false statements, descriptions, and representations about Plaintiffs, such as those found in the Video At-Issue and accompanying written summary and statement, to Plaintiffs' Sales Representatives and Customers, Defendants intentionally interfered with Plaintiffs' business relationships with Plaintiffs' Sales Representatives and Customers.

126. As a result of Defendants' tortious interference with Plaintiffs' business relationships with Plaintiffs' Sales Representatives and Customers, Defendants have induced or caused Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs, or Plaintiffs expect Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs.

127. There exists no justification for the actions of Defendants in inducing or causing Plaintiffs' Sales Representatives and Customers to cease business relationships with Plaintiffs.

128. But for the conduct of Defendants, Plaintiffs' Sales Representatives and Customers would have continued their business relationship with Plaintiffs and Plaintiffs, respectively, would have (1) engaged with Plaintiffs' Sales Representatives so that the Sales Representatives would

solicit orders for HCT/P products from prospective and existing customers and (2) provided Plaintiffs' Customers with HCT/P products.

129. Plaintiffs have been and continue to be damaged and injured by Defendants' tortious interference with Plaintiffs' contracts with Plaintiffs' Sales Representatives and Customers through diversion of sales and/or loss of goodwill.

130. Defendants' conduct was willful and malicious with the intent to harm Plaintiffs and Defendants' actions were done without justification, entitling Plaintiffs to punitive damages.

PRAYER FOR RELIEF

Wherefore, Plaintiffs request that this Court enter judgment in their favor and against Defendants on all claims as follows:

- a) Granting preliminary and permanent injunctive relief immediately enjoining Mr. Russell and Platinum Biologics and its officers, agents, employees, and all persons or entities in active concert or participation with it, from making further false statements, descriptions, and representations about Plaintiffs;
- b) Granting preliminary and permanent injunctive relief immediately ordering the removal of the Video At-Issue and the accompanying written summary and statement from all online platforms and/or forums;
- c) Awarding all damages to Plaintiffs allowable under the law, together with pre-judgment and post-judgment interest thereon;
- d) Finding this case to be an exceptional case pursuant to 35 U.S.C. § 285;
- e) Increasing the amount of damages awarded to Plaintiffs to three times the amount found or assessed by this Court because of the willful and deliberate nature of Defendants' acts, pursuant to 15 U.S.C. § 1117(a);
- f) Awarding to Plaintiffs their reasonable attorneys' fees incurred in this action to the extent allowed by law;
- g) Awarding to Plaintiffs their costs incurred in this action;
- h) For any other relief this Court deems just and proper.

JURY TRIAL DEMAND

Plaintiffs respectfully demand a trial by jury on all claims and issues so triable.

Dated: April 12, 2024.

Respectfully submitted,

POLSINELLI PC

By: Jay E. Heidrick

Jay E. Heidrick (MO #54699)
Eric E. Packel (MO #44632)
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*Attorneys for Plaintiffs Vitti Labs, LLC, Vitti
Corporate, LLC, Gold Prairie Distribution, LLC*

**IN THE UNITED STATES DISTRICT
FOR THE WESTERN DISTRICT OF MISSOURI
KANSAS CITY DIVISION (WESTERN DIVISION)**

**VITTI LABS LLC, VITTI CORPORATE,
LLC, GOLD PRAIRIE DISTRIBUTION,
LLC**

Plaintiff,

v.

**THE REGENERATIVE PROJECT, LLC
d/b/a PLATINUM BIOLOGICS,
MICHAEL "BEEBEN" RUSSELL**

Defendants.

Case No.:

VERIFICATION

I, Philipp R. Vitti, make the following declaration under oath:

1. I am an adult citizen over 18 years of age and otherwise competent to make this declaration. This declaration is based upon my personal knowledge.
2. I am the Founder, Co-Owner, and Chief Science Officer of Plaintiffs Vitti Labs LLC ("Vitti Labs") in the above-entitled action.
3. I have read the foregoing VERIFIED COMPLAINT and know the contents thereof; and the same is true of my knowledge, except as those matters which are therein stated upon my information and belief, and as to those matters, I believe it to be true.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing testimony is true and correct to the best of my knowledge and information.

Dated: April 12, 2024



FOUNDER, CO-OWNER, AND CSO OF
VITTI LABS, LLC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 08/10/2006	Disposition Date	State MN	City	County
Case # 62-CV-16-6618		Governing, licensing, Arresting Presiding Body/Agency/Court District Court, Second Judicial District, State of Minnesota, Ramsey County		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Cung Tran v. Philipp Vitti, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

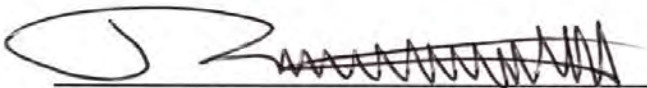
Provide explanation below:

Philipp Vitti was sued in Minnesota on promissory notes allegedly due and owing. Philipp Vitti was never advised of the suit.

Default judgment was entered in Minnesota. Plaintiff register the foreign judgment in Missouri. Philipp Vitti filed a Motion to Set Aside the Judgment, citing multiple errors on the part of Plaintiff. The Court entered an Order granting the judgment, from which Philipp Vitti appealed to the Missouri Court of Appeals, Western District.

Philipp Vitti was successful on Appeal, the Appeal was dismissed and the underlying court ordered to vacate the judgment.

See attached Mandate issued by the Missouri Court of Appeals.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

State of Minnesota
Ramsey County

District Court
Second Judicial District

Court File Number: 62-CV-16-6618

Cung V Tran vs Philipp Ranier Vitti, Taste the
Innovation, LLC

Notice of Entry and Statement of Judgment

Judgment Roll

JUDGMENT DEBTOR

Philipp Ranier Vitti	
Taste the Innovation, LLC	3640 Campbell ST Kansas City, MO 64109

JUDGMENT CREDITOR

Cung V Tran	
-------------	--

The Summons and Complaint in this action, having been served on the Defendant(s), Philipp Ranier Vitti; Taste the Innovation, LLC and more than twenty days have elapsed and no copy of an answer or appearance to the complaint has been served upon Plaintiff's attorney as required by summons.

Now, on motion of Cung V Tran, IT IS HEREBY ADJUDGED that the Plaintiff(s) recover of the Defendant(s), Philipp Ranier Vitti; Taste the Innovation, LLC, the amount of \$481,338.38, said amount to include prejudgment interest and costs and disbursements.

NOTICE OF ENTRY OF JUDGMENT

You are notified that a Judgment in this cause was entered on December 13, 2016 in the office of the Court Administrator of the above court and was docketed on 12/13/2016 at 8:34 AM.

Dated: December 13, 2016

Lynae K. E. Olson
Court Administrator

Charlotte Dixon, Deputy Clerk

By: Charlotte Dixon
Deputy Court Administrator
Ramsey County District Court
15 West Kellogg Boulevard Room 600
St Paul MN 55102
651-266-8253

The Second Judicial District, Court Administration,
State of Minnesota, does hereby certify that
the attached instrument is a true and correct copy
of the official version of the court record.

Dated this 21 day of March 2017

By Julie Wagner, Deputy

Mandate

CIR. CT. 1716-CV07714

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 02/19/2016	Disposition Date 03/17/2016	State MO	City	County Jackson
Case # 1616-CV03939		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. Steven Vockrodt, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

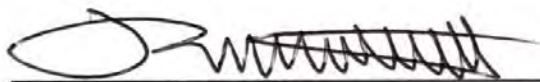
Provide explanation below:

In regard to litigation Philipp Vitti had filed, Steven Vockrodt, a reporter with a local news agency, wrote two articles that were published in both print and online versions, containing untruths regarding Philipp Vitti. Steven Vockrodt had access and means to check sources and information, but did not. Instead he met with one of the Defendants in the underlying case and proceeded to publish the untruths, thereby directly impacting Philipp Vitti's personal and profession life.

Steven Vockrodt, along with all defendants, removed the case to Federal Court.

No further action was taken by the state court.

A copy of the Notice of Removal is attached.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

Personal History Application

(Applicant's Initials



6 of 7

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

PHILIPP VITTI,	)	
	)	Case No.: 1616-CV03939
Plaintiff,	)	
	)	
v.	)	
	)	
STEVEN VOCKRODT, et al.,	)	
	)	
Defendants.	)	
_____	)	

NOTICE OF FILING OF NOTICE OF REMOVAL

Pursuant to 28 U.S.C. §§ 1332 and 1441, Defendants Steven Vockrodt, Scott Wilson, SouthComm Custom Publishing, Inc., SouthComm Communications, Inc., SouthComm, Inc., and KC Communications, LLC, who constitute all actual defendants in this action, by and through counsel, hereby file a copy of their Notice of Removal, attached hereto as **Exhibit A** and incorporated herein by this reference, with the Clerk of the above-captioned Court.

Dated: March 17, 2016.

Respectfully Submitted,

HUSCH BLACKWELL LLP

/s/ Christopher C. Miles
 Benjamin F. Mann, Mo. Bar #26892
 Jeffrey J. Simon, Mo. Bar #35558
 Laura E. Peterson, Mo. Bar #66145
 Christopher C. Miles, Mo. Bar #63654
 4801 Main Street, Suite 1000
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christopher.miles@huschblackwell.com
 Counsel for Defendants Steven Vockrodt, Scott
 Wilson, SouthComm Custom Publishing, Inc.,
 SouthComm Communications, Inc., SouthComm,
 Inc., and KC Communications, LLC

CERTIFICATE OF SERVICE

A true and accurate copy of the foregoing was mailed this 17th day of March, 2016, by first-class U.S. mail, postage pre-paid, to:



By: /s/ Christopher C. Miles
Christopher C. Miles

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 03/17/2016	Disposition Date 02/02/2017	State MO	City	County
Case # 4:16-cv-00236		Governing, licensing, Arresting Presiding Body/Agency/Court United States District Court for the Western District of Missouri, Kansas City		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp R. Vitti v Steven Vockrodt			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

This case was originally filed in state court, then removed to federal court.

In regard to litigation Philipp Vitti had filed, Steven Vockrodt, a reporter with a local news agency wrote two articles that were published in both print and online versions, containing untruths regarding Philipp Vitti. Steven Vockrodt had the means and sources to check sources and information, but did not. Instead he met with one of the Defendants in the underlying case and proceeded to publish the untruths, thereby directly impacting Philipp Vitti's personal and professional life.

The case was settled in favor of Philipp Vitti prior to trial.

A copy of the Stipulated Dismissal is attached.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION**

PHILIPP VITTI,

Plaintiff,

v.

STEVEN VOCKRODT, et al.,

Defendants.

Case No.: 4:16-cv-00236-FJG

STIPULATED DISMISSAL WITH PREJUDICE

Plaintiff Philipp Vitti hereby dismisses this action with prejudice pursuant to Fed. R. Civ. P. 41(a)(1)(ii), with each party to bear its own costs and fees.

Respectfully Submitted,

/s/ James Dean Walker
James Dean Walker Mo. Bar #29778
1656 Washington Street, Suite 130
Kansas City, MO 64108
Telephone: 816.474.8128
Facsimile: 816.474.7411
jwalker@jamesdwalkerlaw.com

Attorney for Plaintiff

/s/ Jeffrey J. Simon
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Telephone: 816.983.8000
Facsimile: 816.983.8080
Jeff.Simon@huschblackwell.com
Michael.Owens@huschblackwell.com

Attorneys for Defendants

CERTIFICATE OF SERVICE

I hereby certify that on January February 2, 2017, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to all counsel of record who are registered with the Court's CM/EFC system.

/s/ Jeffrey J. Simon

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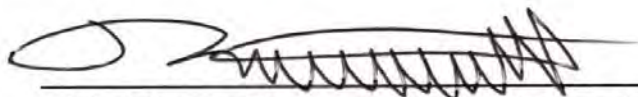
This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 10/13/2021	Disposition Date 05/09/2023	State MO	City	County Jackson
Case # 21P8-PR01537		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Probate Proceeding				
Plaintiff/Defendant/Claimant/Respondent Jeanne Marie Gardner, Deceased			Lawsuit/Arbitration/Bankruptcy Probate	
Name of Business/Industry/Entity				

Provide explanation below:

Philipp Vitti's mother passed unexpectedly and he was appointed administrator of the estate. The estate has now been closed.

See attached Order Discharging Fiduciary.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
 PROBATE DIVISION
 AT KANSAS CITY

In the Estate of) Estate No. 21P8-PR01537
 JEANNE MARIE GARDNER, Deceased.)

ORDER DISCHARGING FIDUCIARY
 (Sec. 473.660, RSMo.)

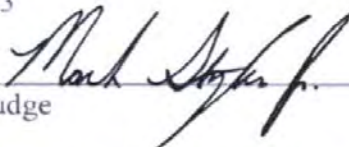
The fiduciary, having filed final settlement of said estate, which was approved by order of this court, by which order said fiduciary was required to pay the balance in his hands to the persons entitled thereto, and as defined by said order, and the fiduciary having filed receipts as follows:

Philipp Vitti
Joshua Hepburn

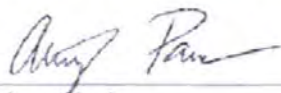
showing that distribution has been made to the said persons of the amounts due them in accordance with said order of distribution; It is, therefore,

ORDERED that said fiduciary and his sureties are hereby discharged and released.

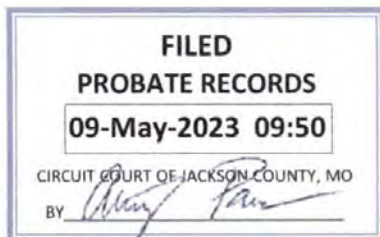
Dated: May 5, 2023


 Judge

I hereby certify that the receipts set out in the above order constitute all of the final receipts of all distributees decreed by the order of this court, and that said receipts were filed with this order.


 Deputy Division Clerk

ATTORNEY: Gretchen M. Gold (#40315), Lathrop GPM LLP
 ADDRESS: 2345 Grand Blvd., Suite 2200, Kansas City, MO 64108
 TELEPHONE: 816-460-5410
 FAX: 816-292-2001
 gretchen.gold@lathropgpm.com



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This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 12/11/2015	Disposition Date 12/28/2015	State MO	City	County
Case # 4:15-cv-00980		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. RSUI Group, Inc., et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

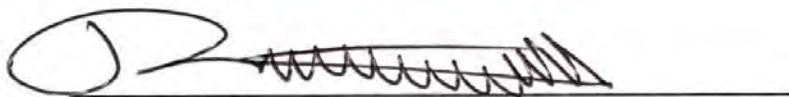
Provide explanation below:

Philipp Vitti had to file a Declaratory Judgment action against the insurance companies involved in the underlying suit in which Philipp Vitti was successful in obtaining a judgment in excess of \$8,000,000. The insurance companies were refusing to pay their insureds damages pursuant to the judgment.

The insurance companies involved removed the case from state court to federal court.

The issues were resolved prior to any trial in the matter and the case dismissed.

See attached Notice of Dismissal.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

**IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION**

Philipp L. Vitti,

Plaintiff,

vs.

504 Tavern, LLC, et al.,

Defendant.

)
)
)
)
)
)
)
)
)
)

Case No. 4:15-cv-00980-ODS

PLAINTIFF'S NOTICE OF DISMISSAL WITHOUT PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a), Plaintiff Philipp Vitti, through his counsel, hereby dismisses this action without prejudice. Although a Court Order is unnecessary because no Answer has been filed by any defendant, Vitti respectfully states the following to explain his Notice of Dismissal:

1. Plaintiff filed a Petition for Declaratory Judgment in the Circuit Court of Jackson County, Missouri on October 20, 2015.
2. However, Plaintiff ultimately did not serve any Summons or Petitions on any of the defendants because he learned that his claim was not yet ripe. *See Farmers Ins. Co. v. Miller*, 926 S.W.2d 104 (Mo. Ct. App. 1996) (tort claimants must first obtain a final judgment before pursuing action against the tortfeasor's insurance company).
3. Defendants RSUI Group, Inc. and Landmark American Insurance Company removed this action to federal court without ever being served with process.
4. Subject matter jurisdiction must be determined as of the date of the Petition and, as such, Vitti's claim may not necessarily ripen when his State Court Judgment becomes final. *See Preston v. Gutierrez*, No. 90-6029-CV-SJ-6, 1993 WL

280819, at *3 (W.D. Mo. July 23, 1993) (noting that ripeness must be determined as of the date of the complaint because “[a] federal court should determine all questions, except mootness, regarding the court’s subject matter jurisdiction as of the date the plaintiff files the complaint.”).

5. Accordingly, Vitti dismisses this action without prejudice and, when his judgment becomes final, he will pursue garnishment in the Circuit Court of Jackson County, Missouri, where this state law dispute rightfully belongs because the parties are non-diverse. *See Kendall v. N. Assur. Co. of Am.*, No. 09-0539-CV-W-GAF, 2009 WL 2632757, at *2 (W.D. Mo. Aug. 25, 2009) (remanding garnishment action to state court because insureds were non-diverse and necessary parties).

WHEREFORE, Plaintiff Philipp L. Vitti respectfully dismisses the above-captioned case without prejudice.

Dated: December 15, 2015

LATHROP & GAGE LLP

By: /s/ Richard D. Rhyne

Richard D. Rhyne (23692)
RRhyne@LathropGage.com
Kate O'Hara Gasper (61198)
KGaspar@LathropGage.com
Kimberly K. Winter (45029)
KWinter@LathropGage.com
2345 Grand Boulevard, Suite 2200
Kansas City, Missouri 64108-2618
Telephone: 816.292.2000
Telecopier: 816.292.2001

Attorneys for Plaintiff
Philipp L. Vitti

CERTIFICATE OF SERVICE

The undersigned, an attorney, hereby certifies that the foregoing was served via electronic mail through the Court's CM/ECF filing system on this 15th day of December 2015 to the following:

Erin R. McClernon
Larry D. Fields
KUTAK ROCK LLP
Two Pershing Square
2300 Main Street, Suite 800
Kansas City, MO 64108-2416
816.960.0090 (Telephone)
816.960.0041 (Facsimile)
Larry.Fields@KutakRock.com
Erin.McClernon@KutakRock.com
Attorneys for Defendants RSUI Group, Inc. and
Landmark American Insurance Company

/s/Richard D. Rhyne
An Attorney for Plaintiff

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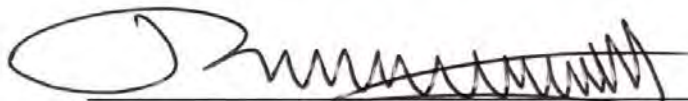
This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 03/24/2022	Disposition Date 02/07/2023	State Mo	City	County Jackson
Case # 21P8-PR01537	Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri			
Reason/Charge Probate				
Plaintiff/Defendant/Claimant/Respondent Jeanne Marie Gardner			Lawsuit/Arbitration/Bankruptcy Probate	
Name of Business/Industry/Entity				

Provide explanation below:

Claim against estate being administered by Philipp Vitti. The claim was resolved.

See attached Satisfaction and Release of Claim.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
PROBATE DIVISION
AT KANSAS CITY

In the Matter of the Estate of)
) Estate No. 21P8-PR01537
Jeanne Marie Gardner, Deceased)

RELEASE OF CLAIM

Received of Philipp Vitti, Personal Representative of the Estate of Jeanne Marie Gardner,
deceased, the following:

Cash \$7,038.28

In full satisfaction of my claim against the Estate of Jeanne Marie Gardner.

Dated: 2/1, 2023.

Mary Pittala

Gretchen M. Gold, MO Bar #40315
Lathrop GPM LLP
2345 Grand Boulevard, Ste. 2200
Kansas City, MO 64108
PH: 816-460-5410 FAX: 816-292-2001
ggold@lathropgpm.com

ATTORNEYS FOR PERSONAL REPRESENTATIVE

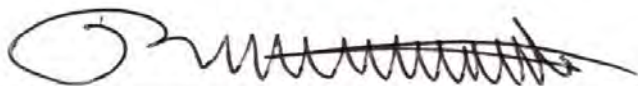
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This is in response to Question # 4-5. Provide all the following where applicable:

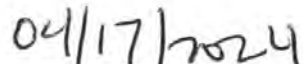
Date of Event/Arrest 10/27/2023	Disposition Date	State MO	City	County Clay
Case # 23CY-CV10892	Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Clay County, Missouri			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Vitti Labs, LLC, et al. v. Douglas Rainey, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Pending suit against Distributor for violation of Agreement.



Original Signature (electronic, copies or stamps not accepted)



Date

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

VITTI CORPORATE, LLC,	)	
	)	
VITTI LABS, LLC,	)	
	)	
And	)	
	)	
BIOXSTEM, LLC,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
DOUGLAS RAINEY,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	Case No.
	)	
AMANDA CONOVER,	)	
Serve at: [REDACTED]	)	
[REDACTED]	)	
	)	
ATHLETIC INTEGRATIVE	)	
MEDICINE CORP.	)	
Serve: Douglas Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
PROJECT Y BIOTECH, LLC	)	
Serve: Doug Rainey	)	
4665 N. Quartz Hill Pl.	)	
Tucson, AZ 65750-9691	)	
	)	
And	)	
	)	
CARDINAL BIOLOGICALS, INC.	)	
Serve: Paul Pfeiffer	)	
821 Progress St.	)	
Cape Girardeau, MO 63703	)	
	)	
Defendants.	)	

PETITION FOR DAMAGES AND EQUITABLE RELIEF

Pursuant to Mo. R. Civ. P. 55.01 and 55.05, plaintiffs Vitti Corporate, LLC, Vitti Labs, LLC, and BioXstem, LLC, set forth the following allegations and claims against defendants Douglas Rainey, Amanda Conover, Athletic Integrative Medicine Corp., Project Y Biotech, LLC, and Cardinal Biologicals, Inc.:

INTRODUCTION

This is a case regarding a complicated bait-and-switch scheme that took significant planning and preparation by the Colluding Defendants to carry out. Defendant Rainey is the ringleader of this complicated scheme, even though his actions violate his non-compete agreement with Plaintiffs Vitti Labs's and BioXstem. The Colluding Defendants pirated Plaintiffs Vitti Labs's and BioXstem's name, likeness, and brand in order to operate the bait-and-switch scheme, causing substantial damage to Plaintiffs and the human cellular tissue industry as a whole. This is due in part to the Colluding Defendants using Defendant Project Y's products as the "switch" in the scheme, even though Defendant Project Y's products use materials from Defendant Cardinal Biologicals that are non-transplantable. Despite their products being non-transplantable, the Colluding Defendants distributed, marketed, and sold the products for transplantable use to physicians and physicians' groups.

PARTIES

1. Plaintiff Vitti Corporate, LLC ("Plaintiff Vitti Corporate") is a Missouri limited liability company with its principal place of business in Kansas City, Jackson County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

2. Plaintiff Vitti Labs, LLC ("Plaintiff Vitti Labs") is a Missouri limited liability company with its principal place of business in Liberty, Clay County, Missouri. It is authorized and in good standing to do business in the State of Missouri.

3. Plaintiff BioXstem, LLC ("Plaintiff BioXstem") is a Nevada limited liability company.

4. Defendant Douglas Rainey ("Defendant Rainey") is an individual, who is a citizen and resident of Arizona. Upon information and belief, he may be served at [REDACTED].

5. Defendant Amanda Conover ("Defendant Conover") is an individual, who is a citizen and resident of Texas. Upon information and belief, she may be served at [REDACTED].

6. Defendant Athletic Integrative Medicine Corp. ("Defendant AIM") is an Arizona for-profit corporation. Defendant AIM can be served through its registered agent, Defendant Rainey, at 4665 N. Quartz Hill Place, Tucson, Arizona 85750-9691.

7. Defendant AIM's sole owner is Defendant Rainey, who is Defendant AIM's president and CEO and only director. All actions of Defendant Rainey alleged herein were during and within his scope of work with Defendant AIM.

8. Defendant Conover is a clinical consultant with Defendant AIM. All actions of Defendant Conover alleged herein were during and within her scope of work with Defendant AIM.

9. Defendant Project Y Biotech, LLC ("Defendant Project Y") is a California limited liability company. Defendant Rainey is the owner of Defendant Project Y, who can be served through its registered agent, Defendant Rainey, at 4665 N. Quartz Hill Place, Tucson, Arizona 85750-9691.

10. Defendant Cardinal Biologicals, Inc. ("Defendant Cardinal Biologicals") is a Texas for-profit organization with its principal place of business in Cape Girardeau, Missouri. Defendant Cardinal Biologicals is authorized and is in good standing to do business in the State of Missouri. Defendant Cardinal Biologicals can be served through its registered agent, Paul Pfeiffer, at 821 Progress St., Cape Girardeau, Missouri 63703.

JURISDICTION AND VENUE

11. Pursuant to Section 506.500, RSMo 2016, jurisdiction is proper in this Court as the causes of action against Defendants arise out of tortious acts committed within this State of Missouri, including causing damages to Plaintiffs in Missouri. Upon information and belief, jurisdiction is also proper in this Court as the causes of action against Defendants include transactions Defendants made within this State of Missouri.

12. As to Defendant Rainey, he entered a contract entitled "Competence and Understanding Agreement," which causes of action, in part, relate to this agreement. Under the Competence and Understanding Agreement, Defendant Rainey consented to the jurisdiction of Missouri courts.

13. Under Section 508.010, RSMo Supp. 2019, venue is proper in this Court because at least one Plaintiff, Vitti Labs, was first injured in Clay County, Missouri.

GENERAL ALLEGATIONS

14. Plaintiff Vitti Labs is engaged in the business of, among others, providing proprietary Human Cellular Tissue Products, research and development products, Investigational New Drug products, cosmetics, and aesthetic market products suitable for human or non-human markets.

15. Plaintiff Vitti Labs's products are provided to physician directed markets, clinics, hospitals, and aesthetic markets, through medical offices operated by third-party physicians, or physician groups that have agreed to provide such products and services from Plaintiff Vitti Labs.

16. Plaintiff BioXstem is a proprietary marketing services business that offers services that target medical professionals, their staff, and in some cases their affiliates throughout the United States.

17. On or about March 11, 2022, Plaintiff Vitti Corporate entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. A copy of the Preferred Distributor Agreement is attached hereto as Exhibit A.

18. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. A copy of the Competence and Understanding Agreement is attached hereto as Exhibit B.

19. Sometime after Defendant Rainey entered into the Competence and Understanding Agreement, Defendants Rainey, Conover, AIM, and Project Y colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in order to make a financial gain, causing significant financial damage to Plaintiffs Vitti Labs and Vitti Corporate.

20. Specifically, Defendants Rainey, Conover, AIM, and Project Y (hereinafter collectively referred to as the "Colluding Defendants") colluded and conspired to misuse Plaintiff Vitti Labs's name, likeness, and trademark/trade name in a multiple staged operation commonly known as a "bait and switch" scheme.

21. The Colluding Defendants used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name on order forms with third-party physicians and physicians' groups.

22. The Colluding Defendants also used Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry in order to obtain orders from physicians and physicians' groups.

23. By using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trademark/trade name and their goodwill and prestige in the industry, the Colluding Defendants were able to meet with physicians and physicians groups that they would otherwise not have met; all under the guise that the Colluding Defendants were selling physicians and physicians' groups Plaintiff Vitti Labs's products, when in reality the Colluding Defendants had no intention of selling Plaintiff Vitti Labs's products but instead selling them competing products.

24. After the order form had been returned to the Colluding Defendants and money paid for the products, the Colluding Defendants contacted the physicians and physicians' groups and informed them that Plaintiff Vitti Labs denied them as clients, even though Plaintiff Vitti Labs was unaware of these clients or new account applications because the Colluding Defendants never informed Plaintiff Vitti Labs of these clients and applications.

25. The Colluding Defendants then informed the physicians and physicians' groups that Defendant Project Y, a competitor of Plaintiff Vitti Labs, would fulfill the order using its products. The above actions by the Colluding Defendants will be referred to hereinafter as the "bait and switch scheme."

26. Defendant Rainey undertook significant planning and preparation in order for the Colluding Defendants to carry out the bait & switch scheme.

27. For instance, Defendant Rainey created a distribution chain in order to provide the Colluding Defendants with products to directly compete with Plaintiffs' Vitti Labs's products. These competing products include EC-Matrix, 22 Bore, ISOX, Trinity 2, and F-Matrix (the "Competing Products").

28. This distribution chain included procuring raw materials, including umbilical cords, from Defendant Cardinal Biologicals, for use in the Competing Products.

29. Notably, all the human biologicals that Defendant Cardinal Biologicals supplies are non-transplantable and would otherwise be discarded as medical waste. Rather than becoming medical waste, Defendant Cardinal Biologicals helps ensure these materials contribute to medical research, the education of future physicians, and other life-changing applications.

30. Even though Defendant Cardinal Biologicals supplies are non-transplantable, Defendant Project Y uses these supplies in their Competing Products with the intent on selling them for transplantable regenerative medical use. Clearly, Defendant Project Y's use of these supplies in this manner creates a significant risk to the public health and safety.

31. The distribution chain also included creating and establishing Defendant Project Y, a tissue distribution bank, and obtaining the necessary licenses for Defendant Project Y.

32. The Colluding Defendants have been using this bait and switch scheme for over a year.

33. The Colluding Defendants' bait and switch scheme is widespread. Upon information and belief, the Colluding Defendants' bait and switch scheme included them contacting Missouri physicians and physicians' groups and obtaining orders from Missouri physicians and physicians' groups who were then subject to the Colluding Defendants' bait and switch scheme.

34. At no time during the Colluding Defendants' use of their bait and switch scheme did Plaintiffs Vitti Labs or BioXstem consent to its name, likeness, and trademark/trade name be used in this scheme.

35. Upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

COUNT I – BREACH OF CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

36. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

37. On or about April 5, 2022, Defendant Rainey entered into the Competence and Understanding Agreement with Plaintiff BioXstem. (Ex. B.)

38. Under Paragraph 10 of the Competence and Understanding Agreement, [REDACTED]

[REDACTED]

[REDACTED] (Ex. B, ¶10.)

39. Paragraph 2.2 of the Competence and Understanding Agreement provides:

[REDACTED]

(Ex. B, ¶2.2.)

40. Paragraph 7 of the Competence and Understanding Agreement provides:

[REDACTED]

(Ex. B, ¶7.)

41. Defendant Rainey breached Paragraph 2.2 and Paragraph 7 of the Competence and Understanding Agreement.

42. As to Paragraph 2.2, Defendant Rainey breached Paragraph 2.2 by selling the Competing Products and by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate—all of which were part of the Colluding Defendants' bait and switch scheme.

43. As to Paragraph 7, Defendant Rainey breached Paragraph 7 by falsely representing that clients and applications were denied by Plaintiffs Vitti Labs and Vitti Corporate and by selling the Competing Products.

44. Upon information and belief, Defendant Rainey breached Paragraph 2.2 and Paragraph 7 in other ways that will be learned of during discovery.

45. As a result of Defendant Rainey's breaches of Paragraph 2.2 and Paragraph 7, Plaintiffs Vitti Corporate and BioXstem were damaged and will continue to be damaged by Defendant Rainey's actions.

46. Pursuant to Paragraph 12 of the Competence and Understanding Agreement,

[REDACTED]

[REDACTED]. (Ex. B, ¶12.)

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count I, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

**COUNT II – BREACH OF IMPLIED COVENANT OF GOOD FAITH AND
FAIR DEALING**

(Plaintiffs Vitti Corporate and BioXstem against Defendant Rainey)

47. Plaintiffs Vitti Corporate and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

48. Under the Competence and Understanding Agreement, [REDACTED]

[REDACTED]

[REDACTED]. (See, Ex. B.)

49. Defendant Rainey, however, evaded the spirit of the Competence and Understanding Agreement by carrying out and continuing to carry out the bait and switch scheme.

50. As a result of Defendant Rainey's breach of implied covenant of good faith and fair dealing, Plaintiffs Vitti Corporate and BioXstem have been damaged and will continue to be damaged.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Rainey as to Count II, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

COUNT III – MISAPPROPRIATION OF PLAINTIFFS' TRADEMARK/TRADE NAME
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

51. Plaintiffs Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

52. Section 417.056, RSMo 2016 prohibits the use of Plaintiffs Vitti Labs's and BioXstem's trademark or trade name "in connection with the sale, offering for sale, or advertising of any goods or services on or in connection with which such use is likely to cause confusion or mistake or to deceive as to the source of origin of such goods or services."

53. Section 417.056, RSMo 2016 provides Plaintiffs Vitti Labs and BioXstem with a private cause of action for violation of this statute.

54. The Colluding Defendants violated Section 417.056, RSMo 2016 by using Plaintiffs Vitti Labs's and BioXstem's trademark/trade name (i.e., Plaintiff's name and logo) on the Colluding Defendants' New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Corporate. (See Ex. C.) The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs's products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs's denied their applications. (Ex. C.) The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

55. For example, the Colluding Defendants had [REDACTED] complete a New Account Agreement and Order Form. A copy of the New Account Agreement and Order Form are attached hereto as Exhibit C. [REDACTED] completed the New Account Agreement and ordered Plaintiff Vitti Labs's HylaJel and HylaPure and paid for these products. (Ex. C.) The Colluding Defendants then informed [REDACTED] that Plaintiff Vitti Labs's denied its new account. Afterwards, the Colluding Defendants then sold [REDACTED] the Competing Products, which resulted in sub-optimal results for [REDACTED].

56. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants' use of its trademark/trade name in this manner.

57. Section 417.061, RSMo 2016 allows Plaintiffs Vitti Labs and BioXstem to obtain not only injunctive relief but also monetary damages, including requiring the Colluding Defendants to pay to Plaintiffs Vitti Labs and BioXstem all profits "derived from or damages

suffered by reason of such wrongful" use of Plaintiffs Vitti Labs's and BioXstem's trademark/trade name.

58. As a result of the Colluding Defendants' violation of Section 417.056, RSMo 2016 Plaintiffs Vitti Labs and BioXstem sustained damages and will continue to suffer damages.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count III, for damages in excess of \$25,000, for attorneys' fees and costs, and for such other relief as this Court deems just and proper.

COUNT IV – MISAPPROPRIATION OF PLAINTIFFS' NAME AND LIKENESS
(Plaintiffs Vitti Labs and BioXstem against the Colluding Defendants)

59. Plaintiff Vitti Labs and BioXstem incorporate by reference all preceding paragraphs as if fully set forth herein.

60. Under Missouri law, appropriation of one's name and likeness occur when a defendant makes use of the name or likeness to pirate plaintiff's identity for some advantage.

61. The Colluding Defendants pirated Plaintiffs Vitti Labs's and BioXstem's name and likeness by using their name and likeness (i.e. their name and logo) on the Colluding Defendants' New Account Agreement forms, which forms contain products offered by Defendant Project Y—a competitor of Plaintiff Vitti Labs. The forms are used to lure new clients into agreeing to order Plaintiff Vitti Labs's products only to have the Colluding Defendants inform the clients that Plaintiff Vitti Labs's denied their applications. The Colluding Defendants then sold the clients the Competing Products as part of their bait and switch scheme.

62. Plaintiffs Vitti Labs and BioXstem did not consent to the Colluding Defendants' use of their name and likeness in this manner.

63. As a result of the Colluding Defendants' misappropriation of Plaintiff Vitti Labs's and BioXstem's name and likeness, they sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Labs, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count IV, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT V – TORTIOUS INTERFERENCE WITH A CONTRACT
(Plaintiffs Vitti Corporate and BioXstem against the Colluding Defendants)

64. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

65. On or about March 11, 2022, Plaintiff entered into an agreement entitled "Preferred Distributor Agreement" with BioXstem, wherein BioXstem agreed to distribute certain of Plaintiff Vitti Labs's products to third-party physicians or physician groups. (*See*, Ex. A.)

66. On or about April 5, 2022, BioXstem entered into the Competence and Understanding Agreement with Defendant Rainey, wherein Defendant Rainey agreed to perform services for BioXstem relating to Plaintiff Vitti Labs's products. Plaintiff Vitti Corporate is a third-party beneficiary to this agreement. (*See*, Ex. B.)

67. The Colluding Defendants were aware of the "Preferred Distributor Agreement" and "Competence and Understanding Agreement."

68. The Colluding Defendants caused Plaintiff BioXstem to breach one or more of these agreements because of the Colluding Defendants' use of the bait and switch scheme.

69. The Colluding Defendants lacked justification for their actions.

70. As a result of the Colluding Defendants' actions, Plaintiffs Vitti Corporate and BioXstem sustained damage and will continue to sustain damage.

WHEREFORE, Plaintiffs Vitti Corporate, LLC and BioXstem, LLC respectfully request this Court enter judgment in its favor and against Defendants Rainey, Conover, AIM, and Project Y as to Count V, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VI – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant AIM)

71. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

72. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

73. Defendants Rainey and Conover are agents of Defendant AIM.

74. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

75. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant AIM is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant AIM as to Count VI, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VII – RESPONDEAT SUPERIOR
(Plaintiffs against Defendant Project Y)

76. Plaintiffs incorporate by reference all preceding paragraphs as if fully set forth herein.

77. Under the doctrine of respondeat superior, a principal may be held liable to a third party for injuries caused by the actions of an agent of the principal acting within the scope of the agency.

78. Defendants Rainey and Conover are agents of Defendant Project Y.

79. Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme.

80. Because Defendants Rainey and Conover were acting within the scope of their agency when they carried out (and continue to carry out) the bait and switch scheme, Defendant Project Y is liable for the actions and omissions of Defendants Rainey and Conover.

WHEREFORE, Plaintiffs Vitti Labs, LLC, Vitti Corporate, LLC, and BioXstem, LLC respectfully request this Court enter judgment in their favor and against Defendant Project Y as to Count VII, for damages in excess of \$25,000, for costs, and for such other relief as this Court deems just and proper.

COUNT VIII – FRAUDULENT CONCEALMENT
(Plaintiffs Vitti Corporate and Vitti Labs against Defendant Rainey)

81. Plaintiffs Vitti Corporate and Vitti Labs incorporate by reference all preceding paragraphs as if fully set forth herein.

82. Defendant Rainey had a duty to disclose information to Plaintiffs Vitti Corporate and Vitti Labs, including any misrepresentations made to clients and potential clients regarding new client applications and the status of Plaintiff Vitti Labs's products.

Defendant Rainey has breached the agreement by: (1) engaging directly with one of Plaintiff Vitti Corporate's competitors in fulfilling the ordered products as part of the Colluding Defendants' bait and switch scheme; and (2) representing to physicians and physicians' groups that Plaintiffs Vitti Corporate and Vitti Labs were unable to fulfill orders sold to them and that its competitor's products were equivalent or a substitute for Plaintiff Vitti Labs's products.

89. Not only does the Competence and Understanding Agreement allow for a temporary restraining order, Section 417.061 also allows for injunctive relief, including a restraining order. Section 417.061 does not require the posting of a bond.

90. Under Section 417.061, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem must merely show "[l]ikelihood of injury to business reputation or of dilution of the distinctive quality of a mark registered under sections 417.005 to 417.066, or a mark valid at common law, or a trade name valid at common law, shall be a ground for injunctive relief notwithstanding the absence of competition between the parties or the absence of confusion as to the source of goods or services."

91. Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation has been injured by Defendants in that they have misrepresented to physicians and physicians' groups that Plaintiff Vitti Labs is unable to fulfill orders and/or supply products to the Colluding Defendants to allow them to carry out their bait and switch scheme. Furthermore, upon information and belief, the Colluding Defendants' bait and switch scheme has resulted in lost gross revenue in excess of \$1,000,000.00.

92. Aside from the above, Plaintiffs Vitti Corporate's, Vitti Labs's, and BioXstem's business reputation will continue to be damaged and gross revenue losses will increase if a temporary restraining order or injunction is not entered against Defendants.

93. Significantly, Defendant Project Y is using non-transplantable supplies from Defendant Cardinal Biologicals, while the other Defendants go about distributing, marketing, and selling Defendant Project Y's products to physicians and physicians' groups for use in transplantable regenerative medicine. Clearly, this creates a serious risk to public health and safety.

WHEREFORE, Plaintiffs Vitti Corporate, Vitti Labs, and BioXstem, LLC respectfully request this Court enter a temporary restraining order or, alternatively, an injunction: (a) precluding the Colluding Defendants from contacting physicians or physicians' groups they signed up using their bait and switch scheme; (b) precluding the Colluding Defendants from making any representation regarding whether Plaintiff Vitti Labs's approved or denied physicians and physicians' groups' applications; (c) precluding Defendants from distributing, marketing, or selling Defendant Project Y's products to physicians and physicians' groups as its products are not transplantable and violates Defendant Rainey's non-compete agreement; (d) precluding Defendant Cardinal Biologicals from providing supplies to Defendant Project Y, directly or indirectly, as Defendant Project Y is using Defendant Cardinal Biologicals' supplies to create transplantable products; and (e) precluding the Colluding Defendants from using Plaintiffs Vitti Labs's and BioXstem's name, likeness, and trade name/trade mark.

Respectfully Submitted,

/s/ Richard D. Rhyne

Richard D. Rhyne MO#23692

Rhyne ADR

2001 Wyandotte Street

Kansas City, MO 64108

816-299-9766

richard@rhyneadr.com

Michael F. Barzee MO#65764

SHAFFER LOMBARDO SHURIN, P.C.

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Kansas City, MO 64108

816-931-0500

816-931-5775 (fax)

mbarzee@sls-law.com

ATTORNEYS FOR PLAINTIFFS

VITTI CORPORATE, LLC

VITTI LABS, LLC

/s/ Ward K. Brown

Ward K. Brown MO#35973

Larry D. Harman MO#27120

WITHERS, BRANT, IGOE, &

MULLENNIX, P.C.

2 South Main

Liberty, MO 64068

816-781-4788

wbrown@withersbrant.com

ATTORNEY FOR PLAINTIFF

BIOXSTEM, LLC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 08/05/2010	Disposition Date 05/03/2012	State MO	City	County Jackson
Case # 1016-CV23780		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Ellis Real Estate Services, LLC v. Philipp Vitti			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

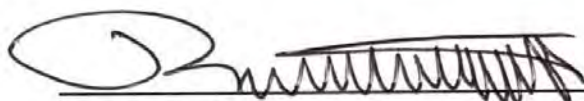
Provide explanation below:

Landlord / Tenant action filed by Plaintiff for rent due in the amount of \$1,955.40.

The last activity on this suit was the issuance of a garnishment to Philipp Vitti. To the best of Philipp's Vitti's knowledge the judgment was satisfied and no further action was taken.

Plaintiff Ellis Real Estate did not file a Satisfaction of Judgment; thus there is no final document available to provide.

A copy of the docket sheet from the case is attached hereto.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

[Click here to Respond to Selected Documents](#)

Sort Date Entries: Descending Ascending

Display Options: All Entries ▼

05/03/2012

Cert of Mail Note of Exempt

1-CMAIN

Garnishment Returned Served

Document ID - 12-GARN-6439; Served To - 504 TAVERN LLC; Server - SALVATORE J. LICATA; Served Date - 01-MAY-12; Served Time - 16:22:00; Service Type - Civil Process Server; Reason Description - Served; Service Text - KENT SHULTZ/ MGR 1-SSGAS

04/12/2012

Execution/Garnishment Issued

This is garnishment 12-GARN-6439 for PHILIPP VITTI; returnable date: 14-MAY-2012; Garnishee: 504 TAVERN LLC

01/09/2012

Garnishment Returned Served

Document ID - 11-GARN-23832; Served To - THE GUSTO LOUNGE; Server - SALVATORE J. LICATA; Served Date - 30-DEC-11; Served Time - 15:02:00; Service Type - Civil Process Server; Reason Description - Served; Service Text - PHIL VITT/OWNER

12/27/2011

Execution/Garnishment Issued

This is garnishment 11-GARN-23832 for PHILIPP VITTI; returnable date: 26-JAN-2012; Garnishee: THE GUSTO LOUNGE

12/17/2010

Garnishment Returned Served

Document ID - 10-GARN-21199; Served To - CVS PHARMACY; Server - NICK A. SPENCER; Served Date - 03-DEC-10; Served Time - 09:52:00; Service Type - Civil Process Server; Reason Description - Served; Service Text - LEFT WITH R. HAYES/ MANAGER

11/29/2010

Execution/Garnishment Issued

This is garnishment 10-GARN-21199 for PHILIPP VITTI; returnable date: 28-FEB-2011; Garnishee: CVS PHARMACY

10/14/2010

Notice of Judgment/Possession

Copy of Judgment hand delivered to all parties appearing in Court or mailed to parties who did not appear.

Default Judgment

Hearing Held

Associated Entries: 09/16/2010 - Court Trial Scheduled

Scheduled For: 10/14/2010; 3:00 PM; JAMES GEORGE SPENCER; Jackson - Kansas City

Judgment Entered

\$1955.40 + costs

09/16/2010

Court Trial Scheduled

Associated Entries: 10/14/2010 - Hearing Held

Scheduled For: 10/14/2010; 3:00 PM; JAMES GEORGE SPENCER; Jackson - Kansas City

Hearing Held

Associated Entries: 09/09/2010 - Court Trial Scheduled

Scheduled For: 09/16/2010; 3:00 PM; STEVEN DANIEL HUDSON; Jackson - Kansas City

Judge Assigned

09/09/2010

Court Trial Scheduled

Associated Entries: 09/16/2010 - Hearing Held

Scheduled For: 09/16/2010; 3:00 PM; STEVEN DANIEL HUDSON; Jackson - Kansas City

Hearing Continued/Rescheduled

Hearing Held

Plaintiff appears by attorney, Fisher. Defendant appears in person, case is set for trial on 9/16/10 at 3:00 p.m.

Associated Entries: 08/09/2010 - Hearing Scheduled

Scheduled For: 09/09/2010; 1:30 PM; JACK N PEACE; Jackson - Kansas City

Judge Assigned

09/07/2010

Summons Personally Served

Document ID - 10-SMLT-6645; Served To - VITTI, PHILIPP; Server - ; Served Date - 05-SEP-10; Served Time - 00:00:00; Service Type - Special Process Server; Reason Description - Served

08/09/2010

Summons Issued-Landlord/Tenant

Document ID: 10-SMLT-6645, for VITTI, PHILIPP.

Hearing Scheduled

Associated Entries: 09/09/2010 - Hearing Held +

Scheduled For: 09/09/2010; 1:30 PM; JACK N PEACE; Jackson - Kansas City

Order - Special Process Server

08/05/2010

Motion Special Process Server

Pet Filed in Associate Ct

Judge Assigned

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

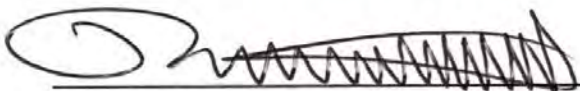
Date of Event/Arrest 02/25/2014	Disposition Date 07/14/2015	State MO	City	County Jackson
Case # 1416-CV04877		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. Donald Saxton, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Philipp Vitti relied upon legal advice from Donald Saxton to his detriment. He then filed a malpractice suit against attorney Donald Saxton and his law firm. Donald Saxton violated several Rules of Professional Conduct in advising Philipp Vitti, and Donald Saxton knew he was in violation of the Rules and had put himself in a conflict of interest position.

The issues in the suit were resolved prior to trial and the case was dismissed.

See attached Orders granting Motion to Dismiss.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP R. VITTI,

Plaintiff,

vs.

DONALD P SAXTON,

Defendant.

CASE NO: 1416-CV04877
DIVISION 11

**ORDER GRANTING MOTION TO DISMISS WITHOUT PREJUDICE
COUNTERCLAIMS AND THIRD PARTY CLAIMS**

On this 14th day of July 2015, the Court considers Defendants' Motion to Dismiss Without Prejudice Counterclaims and Third Party Claims, filed July 13, 2015. Being duly advised in the premises, the Court hereby **GRANTS** Defendants' Motion to Dismiss Without Prejudice Counterclaims and Third Party Claims.

It is so ordered.

July 14, 2015

Date



W BRENT POWELL, Judge

This is to certify that a copy of the foregoing was automatically forwarded to the attorneys of record through the Court's eFiling system on July 14, 2015.

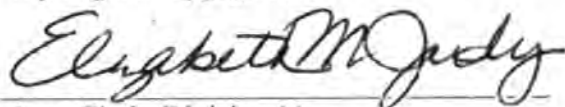
JAMES DEAN WALKER, Attorney for Plaintiff, 1656 WASHINGTON ST, SUITE 130, KANSAS CITY, MO 64108 (816) 474-7411, jwalker@jamesdwalkerlaw.com

PETER J CHUNG, Attorney for Defendant, 208 WEST 19TH ST., KANSAS CITY, MO 64108

JUSTIN DOUGLAS FOWLER, Attorney for Defendant, HORN AYLWARD & BANDY LLC, 2600 GRAND, SUITE 1100, KANSAS CITY, MO 64108(816) 421-0899, jfowler@hab-law.com

TIMOTHY M AYLWARD, Attorney for Defendant, 2600 GRAND, SUITE 1100, KANSAS CITY, MO 64108 (816) 421-0899, taylward@hab-law.com

RICHARD DALY RHYNE, Attorney for Plaintiff, LATHROP & GAGE LLP, 2345 GRAND BOULEVARD, SUITE 2200, KANSAS CITY, MO 64108-2001 (816) 292-2001, rhyne@lathropgage.com



Law Clerk, Division 11

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP VITTI,	)	
	)	
Plaintiff,	)	
	)	Case No. 1416-cv04877
vs.	)	Division No. 11
	)	
DON P. SAXTON and SAXTON LAW FIRM,	)	
	)	
Defendants.	)	
	)	
	)	
	)	

DISMISSAL WITHOUT PREJUDICE

Plaintiff Philipp Vitti, by and through his undersigned counsel of record, hereby dismisses
this cause of action without prejudice.

Dated: July 14, 2015

By: /s/ Richard D. Rhyne
Richard D. Rhyne (23692)
Lathrop & Gage LLP
RRhyne@LathropGage.com
2345 Grand Boulevard, Suite 2200
Kansas City, Missouri 64108-2618
Telephone: 816.292.2000
Telecopier: 816.292.2001

and

James D. Walker
James Dean Walker Law
jwalker@jamesdwalkerlaw.com
1656 Washington, Suite 130
Kansas City, MO 64108

Attorneys for Plaintiff Philipp Vitti

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing was electronically filed with the Court this 14th day of July, 2015, which is designed to a notice of electronic filing to the following counsel of record:

Timothy M. Aylward
Justin D. Fowler
Horn, Aylward & Bandy, LLC
2600 Grand Boulevard, Suite 1100
Kansas City, MO 64108
(816) 421-0700
(816) 421-0899 FAX
taylaward@hab-law.com
jfowler@hab-law.com

Peter F. Chung
Benton Lloyd and Chung LLP
208 W. 19th Street
Kansas City, MO 64108
peter@blcfirm.com

Attorneys for Defendants

/s/ Richard D. Rhyne

Richard D. Rhyne

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 12/05/2014	Disposition Date 09/22/2015	State MO	City	County Jackson
Case # 1416-CV28139		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri, Associate Division		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent CACH, LLC v Philipp Vitti			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Petition on Account related to credit card. Philipp Vitti was never served with this case and had no knowledge of its existence at the time. The matter was dismissed by the Court for failure to prosecute.

See attached Judgment of Dismissal.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY, MISSOURI

CACH LLC,

Plaintiff,

vs.

PHILLIP VITTI,

Defendant(s).

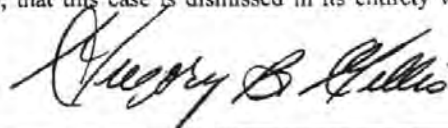
)
)
) Case No: 1416-CV28139
) Division 27
)
)
)

**JUDGMENT OF DISMISSAL WITHOUT PREJUDICE PURSUANT
TO 16TH CIRCUIT RULE 37.4.1**

UPON FULL CONSIDERATION, and being fully advised in the premises, the Court, on its own motion, dismisses the above-captioned case for failure to prosecute pursuant to 16th Circuit Rule 37.4.1.

WHEREFORE, IT IS ORDERED, that this case is dismissed in its entirety without prejudice, at Plaintiff's cost.

SEPTEMBER 22, 2015
DATE


JUDGE GREGORY B. GILLIS
Division 27

Certificate of Service

This is to certify that a copy of the foregoing was hand delivered/faxed/mailed and/or sent through the eFiling system to the following on 22nd day of September, 2015.

JOHN ELVERT, LAW OFFICE OF JOHN C BONEWICZ, 350 N ORLEANS ST, STE 300,
CHICAGO, IL 60654

Judicial Administrative Assistant/Law Clerk

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 10/27/2013	Disposition Date 12/07/2015	State MO	City	County Jackson
Case # 1416-CV04955		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. 504 Tavern, LLC dba Gusto, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Suit filed by Philipp Vitti to enforce partnership agreement with additional claims for wrongful eviction, injurious falsehood, slander and libel. After two years of litigation, Philipp Vitti was successful on all claims and received a judgment against defendants for approximately \$8,000,000.

A copy of the Judgment and Order that was issued is attached.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Personal History Application

(Applicant's Initials



6 of 7

JUDGMENT AND ORDERS

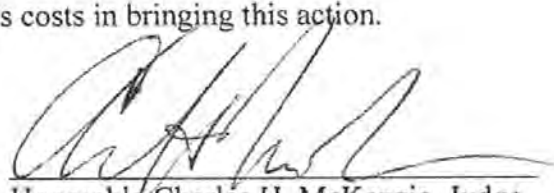
IT IS HEREBY ORDERED, ADJUDGED, AND DECREED:

- a. Plaintiff Philipp Vitti and Defendant Sergio Acosta operated Gusto as partners, with Vitti being entitled to 80% of Gusto's profits and Acosta being entitled to 20% of Gusto's profits;
- b. The Management Agreement between 504 Tavern LLC and Plaintiff Vitti is void;
- c. For the claims of wrongful eviction and injurious falsehood, judgment is entered in favor of Plaintiff Philipp Vitti and against Defendants 504 Tavern LLC, 504 Westport LLC, and Donald Saxton in the amount of \$4,802,363.31, plus post judgment interest. Additionally, for the claim of wrongful eviction, judgment is entered in favor of Plaintiff Philipp Vitti and against Defendants 504 Tavern LLC, 504 Westport LLC, and Donald Saxton in the amount of \$250,000.00, plus post judgment interest, for physical and mental suffering resulting from the wrongful eviction;
- d. For the claim of slander made in 2012, judgment is entered in favor of Plaintiff Philipp Vitti and against Defendants 504 Tavern LLC, 504 Westport LLC, and Donald Saxton in the amount of \$1,000,000.00, plus post judgment interest ;
- e. For the claims of slander and libel made in 2014, judgment is entered in favor of Plaintiff Philipp Vitti and against Defendants 504 Tavern LLC, 504 Westport LLC, and Donald Saxton in the amount of \$2,000,000.00, plus post judgment interest; and
- f. Plaintiff Philipp Vitti is entitled to his costs in bringing this action.

IT IS SO ORDERED.

Date

Dec. 7, 2015


Honorable Charles H. McKenzie, Judge

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 10/20/2015	Disposition Date 12/11/2015	State MO	City	County Jackson
Case # 1516-CV22335		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. 504 Tavern, LLC dba Gusto, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Philipp Vitti had to file a Declaratory Judgment action against the insurance companies involved in the underlying suit in which Philipp Vitti was successful in obtaining a judgment in excess of \$8,000,000. The insurance companies were refusing to pay their insureds damages pursuant to the judgment.

The insurance companies involved removed the case to Federal Court.

No additional action was taken by the state court.

A copy of the Notice of Removal is attached.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP VITTI,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Case No. 1516-CV22335
	)	
504 TAVERN, LLC d/b/a GUSTO, et al.	)	
	)	
Defendants.	)	

CONSENT TO REMOVAL

Scottsdale Insurance Company, a Co-Defendant in the above-entitled action, by its attorneys, joins in the Notice of Removal filed in this matter by Defendants RSUI Group Inc. and Landmark American Insurance Company, and further consents to removal of the above-entitled action to this Court as if Scottsdale Insurance Company had executed the aforementioned notice as a joint removing party.

Respectfully submitted,

WALDECK & PATTERSON, P.A.

By: /s/ Meagan L. Patterson

John M. Waldeck, MO #47570
 Meagan L. Patterson, MO #58234
 5000 W. 95th Street, Suite 350
 Prairie Village, KS 66207
 Ph: (913) 749-0300 / Fax: (913) 749-0301
 e-mail: johnw@waldeckpatterson.com
 e-mail: meaganp@waldeckpatterson.com

Linda Wendell Hsu
(Admitted Pro Hac Vice)
(California SBN 162971)
Elizabeth Trittipo
(Admitted Pro Hac Vice)
(California SBN 215622)
SELMAN BREITMAN LLP
33 New Montgomery, Sixth Floor
San Francisco, CA 94105-4537
Ph: (415) 979-0400/ Fax: (415) 979-2099
e-mail: lhsu@selmanlaw.com
e-mail: etrittipo@selmanlaw.com

**ATTORNEYS FOR DEFENDANT
SCOTTSDALE INSURANCE
COMPANY**

CERTIFICATE OF SERVICE

I certify that on December 11, 2015, I electronically filed the foregoing document with the Clerk of the Court using the Missouri E-Filing system, which sent notice of electronic filing to the following:

Richard D. Rhyne, MO #23692
Lathrop & Gage, LLP
2345 Grand Blvd., Suite 2200
Kansas City, MO 64108-2618
Ph: 816-292-2000
Fax: 816-292-2001
e-mail: rrhyne@lathropGage.com

James D. Walker
1656 Washington, Suite 130
Kansas City, MO 64108
e-mail: jwalker@jamesdwalkerlaw.com
ATTORNEYS FOR DEFENDANT PHILIPP VITTI

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Kansas City, MO 64108
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Direct: 816-502-4829
Fax: 816-960-0041
e-mail: erin.mcclernon@kutakrock.com
e-mail: larry.fields@kutakrock.com
ATTORNEYS FOR DEFENDANTS
RSUI GROUP INC. and
LANDMARK AMERICAN INSURANCE COMPANY

/s/ Meagan L. Patterson
ATTORNEYS FOR DEFENDANT
SCOTTSDALE INSURANCE COMPANY

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 01/19/2016	Disposition Date 06/20/2017	State MO	City	County Jackson
Case # 1616-CV01170		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. Scottsdale Insurance Co.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

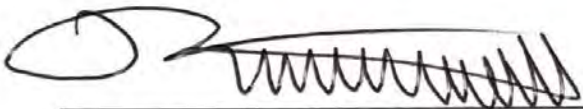
Provide explanation below:

Philipp Vitti was forced to file suit against Scottsdale Insurance in relation to the underlying suit in which Philipp Vitti was successful in obtaining a judgment in excess of \$8,000,000. Scottsdale Insurance refused to pay their insureds damages pursuant to the judgment.

The case was removed to federal court but remanded back to state court.

The parties were able to reach resolution of the matter without a trial, with each side filing Voluntary Dismissals with Prejudice.

Copies of the Voluntary Dismissals are attached hereto.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024

Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP VITTI,

Plaintiff,

vs.

SCOTTSDALE INSURANCE COMPANY,
et al.,

Defendants.

Case No. 1616-CV01170

Division No: 6

PLAINTIFF PHILIPP VITTI'S VOLUNTARY DISMISSAL

Plaintiff Philipp Vitti ("Vitti"), pursuant to Rule 67.02 of the Missouri Rules of Civil Procedure, hereby dismisses the operative First Amended Petition against Defendants Scottsdale Insurance Company and Landmark American Insurance Company (together the "Insurer Defendants"), and 504 Tavern, LLC d/b/a Gusto, 504 Westport, LLC, Donald P. Saxton, David Saxton, and Shawn Nelson (collectively the "504 Defendants"), in the above-entitled cause, with prejudice. All parties are to bear their own costs.

Respectfully submitted,

LATHROP & GAGE LLP

By: /s/ Richard D. Rhyne

Richard D. Rhyne (23692)

RRhyne@LathropGage.com

Kate O'Hara Gasper (61198)

KGasper@LathropGage.com

Kimberly K. Winter (45029)

KWinter@LathropGage.com

Chandler E. Carr (68836)

CCarr@LathropGage.com

2345 Grand Boulevard, Suite 2200

Kansas City, Missouri 64108-2618

Telephone: 816.292.2000

Telecopier: 816.292.2001

and

James D. Walker
1656 Washington, Suite 130
Kansas City, MO 64108
jwalker@jamesdwalkerlaw.com

Attorneys for Plaintiff Philipp Vitti

CERTIFICATE OF SERVICE

I hereby certify that on April 4, 2017, I electronically filed the foregoing with the Clerk of the Circuit Court using the Missouri Electronic Filing System which sent notification of such filing to all parties of record in this case.

/s/ Richard D. Rhyne
An Attorney for Philipp Vitti

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP VITTI,

Plaintiff,

v.

SCOTTSDALE INSURANCE
COMPANY, et al.,

Defendants.

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Case No.: 1616-CV01170

Division: 6

VOLUNTARY DISMISSAL WITH PREJUDICE

COME NOW, Defendants and Cross-Claim Plaintiffs, Donald Saxton, David Saxton, 504 Tavern, LLC and 504 Westport, LLC (collectively the "504 Defendants") and pursuant to Mo. R. Civ. P. 67.02(a) and 67.04, hereby dismiss with prejudice their cross-claims against Defendant Scottsdale Insurance Company.

Respectfully submitted,

PRESLEY & PRESLEY LLC

/s/ Kirk R. Presley

Kirk R. Presley MO# 31185

Matthew A. McCoy MO# 68240

4801 Main Street, Suite 375

Kansas City, MO 64112

Phone: (816) 931-4611

Fax: (816) 931-4646

Email: kirk@presleyandpresley.com

matthew@presleyandpresley.com

**ATTORNEYS FOR DEFENDANTS AND
CROSS-CLAIM PLAINTIFFS DONALD
SAXTON, DAVID SAXTON, 504 WESTPORT,
LLC AND 504 TAVERN, LLC**

CERTIFICATE OF SERVICE

I hereby certify that on this 23rd day of May, 2017, a true and correct copy of the foregoing was served via ECF upon all counsel of record.

/s/ Kirk R. Presley
Kirk R. Presley

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 03/14/2016	Disposition Date 11/04/2016	State MO	City	County Jackson
Case # 1616-CV06218		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Donald Saxton, et al. v. Philipp Vitti			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Plaintiffs filed a Declaratory Judgment action regarding an underlying judgment for in excess of \$8,000,000 against the Plaintiffs. Plaintiffs sought guidance on the terms of the Settlement Agreement as to their rights and responsibilities thereunder.

Plaintiffs filed two Motions for Judgment on the Pleadings, the second of which was granted.

Defendant Philipp Vitti filed a Motion to Dismiss, which was denied.

Defendant Philipp Vitti appealed the Court's Order that granted Plaintiffs' Motion for Judgment on the Pleadings.

See attached regarding Case No. WD80299, wherein the Court of Appeals ruled in favor of Defendant Philipp Vitti on his Motion to Dismiss the Appeal.

See Joint Stipulation for Dismissal with Prejudice ultimately filed in regard to this case.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE MISSOURI COURT OF APPEALS
WESTERN DISTRICT

DONALD SAXTON, ET AL., RESPONDENTS,

vs.

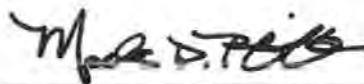
WD80299

PHILIPP VITTI, APPELLANT.

ORDER

NOW ON THIS DAY, the Court considers Appellant's motion to dismiss and, being fully advised in the premises, said motion is sustained and the appeal is ordered dismissed.

Dated this 10th day of July, 2017.



MARK D. PFEIFFER
CHIEF JUDGE

cc:

MATTHEW ALLEN MCCOY
KIRK ROWAN PRESLEY
JAMES DEAN WALKER
CHANDLER EVAN CARR

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

DONALD SAXTON, et al.,	)	
	)	1616-CV06218
Plaintiffs,	)	
	)	
v.	)	Case No.: 1616-CV06218
	)	Division: 18
PHILIPP VITTI,	)	
	)	
Defendant.	)	

JOINT STIPULATION FOR DISMISSAL WITH PREJUDICE

COME NOW, the parties, by and through counsel of record, and pursuant to Mo. R. Civ. P. 67.02(a) and 67.04, hereby dismiss with prejudice their claims and counterclaims. All parties to bear their own costs.

Respectfully submitted,

PRESLEY & PRESLEY, LLC

/s/ Kirk R. Presley

Kirk R. Presley MO# 31185
Matthew A. McCoy MO# 68240
4801 Main Street, Suite 375
Kansas City, MO 64112
Phone: (816) 931-4611
Fax: (816) 931-4646
Email: kirk@presleyandpresley.com
matthew@presleyandpresley.com
Attorneys for the 504 Plaintiffs

LATHROP & GAGE, LLP

/s/ Chandler Carr

Chandler Carr MO #68836
2345 Grand Blvd., Suite 2200
Kansas City, MO 64108
Phone: (816) 292-2000
Fax: (816) 292-2001
Email: ccarr@lathropgage.com

James D. Walker
1656 Washington, Suite 130
Kansas City, MO 64108
jwalker@jamesdwalkerlaw.com
Attorneys for Defendant Vitti

CERTIFICATE OF SERVICE

I certify that on this 10th day of July, 2017, I electronically filed the above and foregoing with the Court which sent notice of electronic filing to all counsel of record.

/s/ Kirk R. Presley
Attorney for Plaintiffs

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 12/09/2016	Disposition Date 07/10/2017	State MO	City	County
Case # WD80299		Governing, licensing, Arresting Presiding Body/Agency/Court Missouri Court of Appeals, Western District at Kansas City, Missouri		
Reason/Charge Appeal on Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti, Appellant v. Donald Saxton, et al., Respondents			Lawsuit/Arbitration/Bankruptcy Appeal	
Name of Business/Industry/Entity				

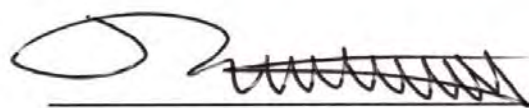
Provide explanation below:

Plaintiffs and Defendant Philipp Vitti ("Vitti") were adverse parties in prior litigation, Case No. 1416-CV04955 (Philipp Vitti v. 504 Tavern, LLC et al.). The parties entered into a settlement agreement in that action, pursuant to which Vitti would not execute against the personal assets of the Plaintiffs but would instead pursue insurance proceeds, and the Plaintiffs would not present a defense at trial. On December 7, 2015, after bench trial, judgment was entered in favor of Vitti and against the Plaintiffs for \$8,052,363.31.

Vitti then initiated a statutory garnishment lawsuit against the Plaintiffs' insurance companies, Case No. 1616-CV01170 (Philipp Vitti v. Scottsdale Insurance Company et al.). Thereafter, the Plaintiffs brought this declaratory judgment action to defeat Vitti's bad faith claims in the statutory garnishment action. Vitti's bad faith claims are necessary to satisfy the judgment, as the applicable policies identified in the settlement agreement do not have sufficient limits to cover Vitti's damages under the judgment. The Plaintiffs, who have not paid the judgment, have nevertheless brought their own bad faith claims in the statutory garnishment action, requesting recovery for the underlying judgment entered against them.

Appellant Philipp Vitti filed a motion to dismiss and was successful in having the Appeal dismissed.

A copy of the Order dismissing the Appeal is attached.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE MISSOURI COURT OF APPEALS
WESTERN DISTRICT

DONALD SAXTON, ET AL., RESPONDENTS,

vs.

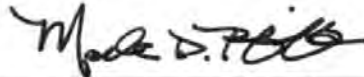
WD80299

PHILIPP VITTI, APPELLANT.

ORDER

NOW ON THIS DAY, the Court considers Appellant's motion to dismiss and, being fully advised in the premises, said motion is sustained and the appeal is ordered dismissed.

Dated this 10th day of July, 2017.



MARK D. PFEIFFER
CHIEF JUDGE

cc: MATTHEW ALLEN MCCOY
KIRK ROWAN PRESLEY
JAMES DEAN WALKER
CHANDLER EVAN CARR

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

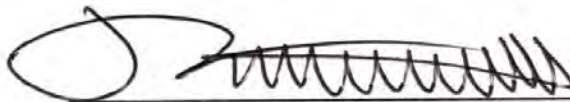
Date of Event/Arrest 06/18/2019	Disposition Date 03/13/2020	State MO	City	County Jackson
Case # 1916-CV17166	Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. Michael Toon			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Philipp Vitti bought stock in a company and made loan to the company's owner. Defendant refused to issue the stock or make payment on the loan.

The issue was resolved and Philipp Vitti dismissed the case.

See attached Order on Dismissal.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP R. VITTI,

Plaintiff,

v.

MICHAEL TOON,

Defendant.

Case No: 1916-CV17166

Division: 1

FILED
DIVISION 1

13-Mar-2020 16:43

CIRCUIT COURT OF JACKSON COUNTY, MO

BY

Quinn L. Furr

Judgment and
ORDER of Dismissal

The Court now ORDERS that the above-captioned case be dismissed without prejudice per Plaintiff's Notice of Dismissal filed March 9, 2020.

IT IS SO ORDERED.

3/13/20

DATE

Sandra C. Markiff

HONORABLE SANDRA C. MARKIFF

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

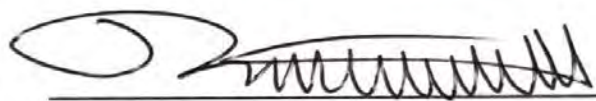
This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 02/02/2017	Disposition Date 3/16/2017	State MO	City	County Jackson
Case # 1716-CV02873		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent PAK Investment Holding v. Taste the Innovation LLC, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Registration of a Foreign Judgment unknown to Philipp Vitti related to an entity he had formed in Minneapolis many years prior. The original judgment was dated in 2007 and flawed in error. Philipp Vitti filed a Motion to Set Aside the Foreign Judgment. Philipp Vitti's Motion was granted and subsequently Plaintiff's attorney voluntarily withdrew the Registration of Foreign Judgment action.

See attached Order granting Motion to Set Aside the Foreign Judgment and Memorandum to Clerk withdrawing the filing.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PAK INVESTMENT HOLDINGS INC.,

Plaintiff,

v.

TASTE THE INNOVATION LLC,

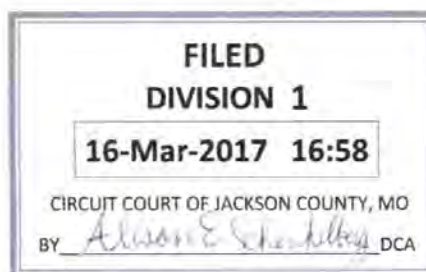
And

PHILIPP RANIER VITTI,

Defendants.

Case No. 1716-CV02873

Division No. 1



ORDER

NOW ON THIS 16 day of March, 2017, the Court takes up and considers Plaintiff Philipp Vitti's Motion to Set Aside PAK Investment Holding Inc.'s Petition for Registration of Foreign Judgment. The court enters the following after being fully advised in all the premises and pleadings;

This Court hereby grants Movants' Motion to Set Aside. Where a judgment of a sister state is void for lack of jurisdiction under the state law of the rendering court or under the federal law of due process, pursuant to Missouri law, Missouri courts are not obligated to give full faith and credit to the foreign judgment. Minnesota law requires that, in order to confer the Minnesota court with jurisdiction, the procedural rules for service by publication must be strictly complied with. PAK Investment Holdings Inc. did not comply with Minnesota Rule of Civil Procedure 4.04(a) and, as a result, the default judgment entered on January 5, 2007 was void for lack of personal jurisdiction.

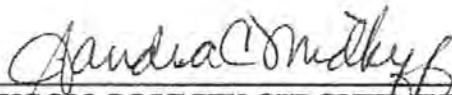
Specifically, PAK did not comply with Minnesota Rule 4.04(a) by failing to submit an affidavit attesting to the jurisdictional elements of Rule 4.04(a), including

Philipp Vitti's intent in leaving Minnesota, and publishing notice without filing said affidavit before publication. The Court also finds that the Findings and Order For Judgment entered by the Minnesota District Court on December 15, 2006 did not make the necessary factual findings as to whether Vitti was a resident individual domiciliary who left the state with the intent to defraud creditors or avoid service of process and, therefore, the Minnesota court did not have jurisdiction to render the default judgment.

Finally, the Court finds that PAK did not make a diligent effort to serve Vitti personally. PAK's failure to make a diligent effort violated Vitti's constitutional Due Process rights and Minnesota law. As a result, the Minnesota default judgment entered on January 5, 2007 was void for lack of personal jurisdiction on Vitti. As such, pursuant to Missouri law, Missouri courts are not obligated to give full faith and credit to the foreign judgment.

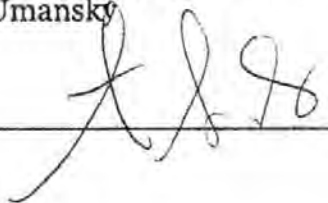
IT IS, THEREFORE, ORDERED that Plaintiff's Petition for Registration of Foreign Judgment is denied and set aside and final judgment is entered in favor of Defendant, Philipp Vitti.

Dated: 3/16/17


JACKSON COUNTY CIRCUIT JUDGE

I hereby certify that copies of the foregoing were duly mailed/e-filed this 3/16/17 to:

Richard Rhyne/ James Walker Jr.
Jay Umansky


Judicial Law Clerk

IN THE 16TH CIRCUIT COURT OF JACKSON COUNTY
CIRCUIT JUDGE DIVISION
STATE OF MISSOURI

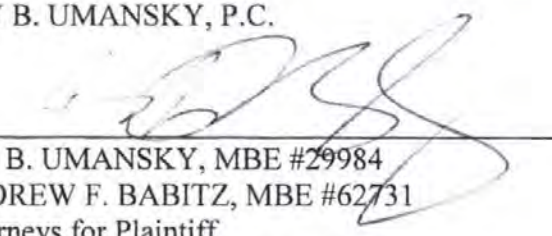
PAK INVESTMENT HOLDINGS INC,	)	
Plaintiff,	)	Case #: 1716-CV02873
	)	
vs.	)	Division #: 1
	)	
TASTE THE INNOVATION LLC,	)	
and	)	
PHILIPP RANIER VITTI,	)	
Defendants.	)	

MEMORANDUM FOR CLERK

COMES NOW Plaintiff, by and through counsel, and hereby withdraws its Registration of Foreign Judgment, without prejudice.

THE LAW OFFICES OF
JAY B. UMANSKY, P.C.

By


JAY B. UMANSKY, MBE #29984
ANDREW F. BABITZ, MBE #62731
Attorneys for Plaintiff
12460 Olive Boulevard, Suite 118
St. Louis, Missouri 63141
(314) 628-1177 Ext. 101; (314) 628-9733 FAX
jumansky@stllaw.net; ababitz@stllaw.net
File Code: 137666

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing was mailed via the United States Mail, postage prepaid, on the 16 day of march, 2017 to:

James D. Walker, Esq.
1656 Washington, Ste. 130
Kansas City MO 64108

Richard D. Rhyne, Esq.
2345 Grand Blvd., Ste. 2200
Kansas City MO 64108

HT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

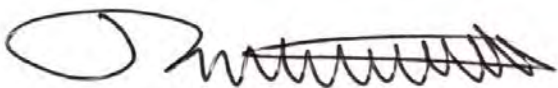
Date of Event/Arrest 07/28/2017	Disposition Date 5/14/2018	State MO	City	County
Case # WD80963		Governing, licensing, Arresting Presiding Body/Agency/Court Missouri Court of Appeals, Western District, Kansas City		
Reason/Charge Appeal - Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Cung Tran, Respondent v. Philipp Vitti, Appellant			Lawsuit/Arbitration/Bankruptcy Appeal	
Name of Business/Industry/Entity				

Provide explanation below:

Suit arising out of an affidavit of foreign judgment filed by Respondent, pursuant to the Missouri Uniform Enforcement of Foreign Judgments Law, seeking recognition and enforcement of a renewed Minnesota default judgment originally obtained via service by publication. Appellant appeals from a Judgment and Order denying the Motion to Set Aside the registration of the foreign judgment. Mo. Rev. Stat. § 510.760.11 ("An appeal may be taken by either party from judgment or order sustaining or setting aside a registration...."); see also Mo. R. Civ. P. § 74.14.

Philipp Vitti was successful on Appeal, the Appeal was dismissed and the underlying court ordered to vacate the judgment.

See attached Mandate issued by the Missouri Court of Appeals.



Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

Mandate

CIR. CT. 1716-CV07714

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

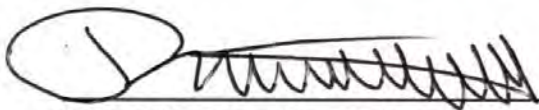
Date of Event/Arrest 02/21/2017	Disposition Date 09/19/2019	State MO	City	County Jackson
Case # 1716-CV04835		Governing, licensing, Arresting Presiding Body/Agency/Court Circuit Court of Jackson County, Missouri		
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Leawood Family Care v Philipp Vitti			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Petition on Account in the amount of \$467.60.

Philipp Vitti was unaware of this case, as service was made at a prior address and never provided to Philipp Vitti. Upon realization of the suit, Philipp Vitti quickly resolved the case.

See attached Notice of Dismissal.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

IN THE CIRCUIT COURT OF JACKSON COUNTY, MO
ASSOCIATES CIRCUIT DIVISION

Leawood Family Care, P.A.

Case No. 1716-CV04835
Court No. 27

Plaintiff,

v.

Philipp Vitti

Defendant (s).

NOTICE OF DISMISSAL WITH PREJUDICE

NOW ON THIS 11th day of April, 2017, the above-captioned matter comes on for consideration by the Court. Plaintiff hereby dismisses the above captioned matter with prejudice.

Submitted by:
SIMPSON, LOGBACK, LYNCH, NORRIS, P.A.

/S/ Todd A. Norris #39723

Todd A. Norris MO #39723
Commerce Plaza II
7400 W 110th Street, Suite 600
Overland Park, Kansas 66210
(913) 342-3613
(913) 342-0348/FAX

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4-5. Provide all the following where applicable:

Date of Event/Arrest 02/05/2016	Disposition Date 03/29/2016	State MO	City	County
Case # 4:16-cv-00202	Governing, licensing, Arresting Presiding Body/Agency/Court US District Court, Western District of Missouri, Kansas City			
Reason/Charge Civil Suit				
Plaintiff/Defendant/Claimant/Respondent Philipp Vitti v. Landmark American Insurance Company, et al.			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity				

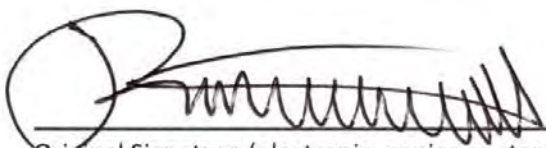
Provide explanation below:

Philipp Vitti was forced to file suit against Scottdale Insurance in relation to the underlying suit in which Philipp Vitti was successful in obtaining a judgment in excess of \$8,000,000. Scottdale Insurance refused to pay their insureds damages pursuant to the judgment.

The case was removed to federal court and very quickly remanded back to state court.

The parties were able to reach resolution of the matter without the need for a trial, with each side filing Voluntary Dismissals with Prejudice.

Copies of the Voluntary Dismissals are attached hereto.


Original Signature (electronic, copies or stamps not accepted)

04/17/2024
Date

**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY**

PHILIPP VITTI,

Plaintiff,

vs.

**SCOTTSDALE INSURANCE COMPANY,
et al.,**

Defendants.

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)
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)
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Case No. 1616-CV01170

Division No: 6

PLAINTIFF PHILIPP VITTI'S VOLUNTARY DISMISSAL

Plaintiff Philipp Vitti ("Vitti"), pursuant to Rule 67.02 of the Missouri Rules of Civil Procedure, hereby dismisses the operative First Amended Petition against Defendants Scottsdale Insurance Company and Landmark American Insurance Company (together the "Insurer Defendants"), and 504 Tavern, LLC d/b/a Gusto, 504 Westport, LLC, Donald P. Saxton, David Saxton, and Shawn Nelson (collectively the "504 Defendants"), in the above-entitled cause, with prejudice. All parties are to bear their own costs.

Respectfully submitted,

LATHROP & GAGE LLP

By: /s/ Richard D. Rhyne

Richard D. Rhyne (23692)

RRhyne@LathropGage.com

Kate O'Hara Gasper (61198)

KGasper@LathropGage.com

Kimberly K. Winter (45029)

KWinter@LathropGage.com

Chandler E. Carr (68836)

CCarr@LathropGage.com

2345 Grand Boulevard, Suite 2200

Kansas City, Missouri 64108-2618

Telephone: 816.292.2000

Telecopier: 816.292.2001

and

James D. Walker
1656 Washington, Suite 130
Kansas City, MO 64108
jwalker@jamesdwalkerlaw.com

Attorneys for Plaintiff Philipp Vitti

CERTIFICATE OF SERVICE

I hereby certify that on April 4, 2017, I electronically filed the foregoing with the Clerk of the Circuit Court using the Missouri Electronic Filing System which sent notification of such filing to all parties of record in this case.

/s/ Richard D. Rhyne
An Attorney for Philipp Vitti

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY

PHILIPP VITTI,

Plaintiff,

v.

**SCOTTSDALE INSURANCE
COMPANY, et al.,**

Defendants.

Case No.: 1616-CV01170

Division: 6

VOLUNTARY DISMISSAL WITH PREJUDICE

COME NOW, Defendants and Cross-Claim Plaintiffs, Donald Saxton, David Saxton, 504 Tavern, LLC and 504 Westport, LLC (collectively the “504 Defendants”) and pursuant to Mo. R. Civ. P. 67.02(a) and 67.04, hereby dismiss with prejudice their cross-claims against Defendant Scottsdale Insurance Company.

Respectfully submitted,

PRESLEY & PRESLEY LLC

/s/ Kirk R. Presley

Kirk R. Presley MO# 31185

Matthew A. McCoy MO# 68240

4801 Main Street, Suite 375

Kansas City, MO 64112

Phone: (816) 931-4611

Fax: (816) 931-4646

Email: kirk@presleyandpresley.com

matthew@presleyandpresley.com

**ATTORNEYS FOR DEFENDANTS AND
CROSS-CLAIM PLAINTIFFS DONALD
SAXTON, DAVID SAXTON, 504 WESTPORT,
LLC AND 504 TAVERN, LLC**

CERTIFICATE OF SERVICE

I hereby certify that on this 23rd day of May, 2017, a true and correct copy of the foregoing was served via ECF upon all counsel of record.

/s/ Kirk R. Presley
Kirk R. Presley

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable \$1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☒ Nevada ☐ Out-of-State
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Section 1: General Information		
Facility Name: <u>Geryon Holdings, LLC D/B/A DESS-USA</u>		
Physical Address: <u>10765 Double R Blvd., Suite 200</u>		
City: <u>Reno</u> State: <u>NV</u> Zip: <u>89521</u>		
Mailing Address (if different from physical address): _____		
City: _____ State: _____ Zip: _____		
Telephone: <u>855-337-7872</u> Website: <u>www.dess-usa.com</u>		
Name of Designated Representative (DR): <u>Curtis Darin Lockaby</u>		
Licensing Company Email: <u>[REDACTED]@gmail.com</u> DR Email: <u>[REDACTED]@gmail.com</u> <i>SP</i> <u>darin.lockaby@dess-usa.com</u>		
Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	☐ Dangerous Drugs ☐ Controlled Substances ☒ *Medical devices, equipment, supplies, gases ☐ Others:	☒ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company		Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?			☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?			☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?			☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?			☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 6/5/2023	Disposition Date 6/5/2023	State NV	City Reno	County Washoe
Case # 23-153-N		Governing, licensing, Arresting Presiding Body/Agency/Court Nevada Board of Pharmacy		
Reason/Charge Unlicensed furnishing of prescription medical devices				
Plaintiff/Defendant/Claimant/Respondent State of Nevada Board of Pharmacy			Lawsuit/Arbitration/Bankruptcy Cease and Desist Order and Fine	
Name of Business/Industry/Entity Geryon Holdings, LLC D/B/A DESS AND DESS USA				

Provide explanation below:

Company was ignorant of need to obtain Nevada Board of Pharmacy license for its wholesaler (distribution) activities. The Board issue a cease and desist and fine order on June 5, 2023. The company paid the fine, and is now submitting this application to come into compliance with state law.

Original Signature (electronic, copies or stamps not accepted)

Date



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

June 5, 2023

Via Certified Mail and Email

DESS-USA
10765 Double R. Blvd., Suite 200
Reno, Nevada 89521

Attn: Jonas Grant, Esq.
jonas@jonasmgrant.com

**CEASE-AND-DESIST and CITATION-AND-FINE ORDER: Case No. 23-153-N,
Unlicensed Furnishing of Prescription Medical Devices**

Dear Mr. Grant:

This letter responds to your letter dated June 1, 2023, in which you confirm that you represent Geryon Holdings, LLC, a Delaware limited-liability company doing business as DESS-USA (DESS). The Nevada State Board of Pharmacy (Board) has determined that DESS is engaged in the business of furnishing prescription medical devices in Nevada without having secured a license as required by Nevada Revised Statutes (NRS) 639.233. Pursuant to NRS 639.233, any manufacturer or seller of prescription medical devices must secure a Nevada license if it receives, stores, or ships such products within or into Nevada.

Under Nevada law, the term "drug" is defined to include "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans." *See* NRS 639.007. The terms "manufacturer" and "wholesaler" are defined at NRS 639.009 and NRS 639.016, respectively. The term "medical products provider" is defined at Nevada Administrative Code (NAC) 639.6936. Nevada licensure is required of any person, *including* a manufacturer, wholesaler, or medical products provider, who sells or ships drugs or medical devices "that are restricted by federal law to sale by or on the order of a physician to any person located within this State." *See* NRS 639.233(1) and (2); NAC 639.6942.

As suggested by your own letter, DESS is engaged in the business of selling "devices" as that term is defined at 21 U.S.C. § 321(h). To serve their intended purpose, these devices must be surgically implanted or affixed by a qualified medical practitioner such as a dentist or oral surgeon. Accordingly, the devices are "prescription devices" within the meaning of 21 CFR § 801.109. Federal regulations define these prescription devices more precisely as "endosseous dental implants," *see* 21 CFR § 872.3640, "endosseous dental implant accessories," *see* 21 CFR § 872.3980, and/or "endosseous dental implant abutments," *see* 21 CFR §§ 872.3630.

Because these devices are not safe to use for their intended purpose except under the supervision of a qualified medical practitioner, they must bear a label indicating that they are prescription-only devices. *See* 21 CFR § 109(b). Please consider the following:

- On or about April 27, 2023, Board Inspector Mui Lee visited the DESS facility, located at 10765 Double R. Blvd., Suite 200, in Reno, Nevada. There, she observed what appeared to be an inventory of endosseous dental components bearing “Rx only” labels.
- Employees Kim Ki and Joes Frey advised Ms. Lee that DESS sells such products from its location in Reno, Nevada.
- On or about May 15, 2023, during a conversation with Board Investigator Monica Segedy, Chief Executive Officer Robert Tobys confirmed the same.
- DESS maintains a website where it describes its devices as “FDA approved” dental “implant systems.”

Given the above evidence, the Board rejects your contention that DESS devices are not restricted by federal law to sale by or on the order of a physician. The labeling on the devices directly rebuts this position. Even if DESS chooses to sell its devices directly to patients—as opposed to dentists and oral surgeons—it must secure a license pursuant to NRS 639.233. In short, it is immaterial whether DESS sells its devices at retail or at wholesale. Either way, DESS sells devices that are restricted by federal law to sale by or on the order of a physician.

Accordingly, the Board hereby orders DESS to immediately **CEASE and DESIST** furnishing to persons in Nevada any devices that are restricted by federal law to sale by or on the order of a physician. This includes, without limitation, all devices described in 21 CFR Part 872. Further, this notice shall serve as a **CITATION** pursuant to NRS 639.2895(2) for the unlicensed furnishing of medical devices to persons in Nevada. Pursuant to NRS 639.2895(3), the Board has assessed an **administrative fine** against DESS in the amount of **Five Thousand and 00/100 Dollars (\$5,000.00)**.

If your client does not intend to contest the above fine, please instruct your client to pay the 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.

Your client may appeal this citation by submitting to the Board, at the Reno address listed above, a written request for a public hearing. You must submit any such request not later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Additionally, please be aware that issuance of the foregoing letter does not preclude the filing of an administrative disciplinary complaint, a civil suit, or criminal charges, if deemed appropriate based upon evidence not currently available to the Board’s investigative staff. If you have any questions, please do not

hesitate to contact me by telephone at 775-850-1440, ext. 124, or *via* email at zunino@pharmacy.nv.gov.

Sincerely,

/s/ Gregory L. Zunino

Gregory L. Zunino

Nevada State Board of Pharmacy

Senior General Counsel

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sensis Invest, S.L., a Spanish sociedad limitada (limited liability company) (sole supplier)
Address: CL DE LA MOGODA 75-99 City: Barcelona State: Spain Zip: 08210
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____
Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any): Sensis Invest USA, Inc., a Delaware corporation
Corporation/Organization Name: Geryon Holdings, LLC
Mailing Address: 10765 Double R Blvd., Suite 200
City: Reno State: NV Zip: 89521
Telephone: 855-337-7872 Email: [REDACTED]
Contact Person Name: Curtis Darin Lockaby

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
• Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	✓	✓	✓	✓
• Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at: http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Geryon Holdings, LLC D/B/A DESS-USA

Facility Name

Curtis Darin Lockaby

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

4/24/24

Date

Board Use Only

Date Received: 4/25/24

Amount: \$1000 check 1014

Geryon Holdings, LLC D/B/A DESS-USA

Attachment to Nevada State Board of Pharmacy Wholesaler Application

SECTION 9

List of all Directors and Officers

As a limited liability company, the company has no directors, but it has the following officers:

Darin Lockaby

Roger Terrats Bes

List of All Shareholders

Solely owned by Sensis Invest USA, Inc. a Delaware corporation

Sensis Invest USA, Inc. is in turn solely owned by Sensis Invest, S.L., a Spanish limited liability company

Sensis Invest, S.L.'s owners are as follows:

Miura Fund III F.C.R.	55.0207%	This is a fund which there isn't any owner with more than 10% shares
Taira Partners SCR, S.A.	11.1229%	This is a fund which there isn't any owner with more than 10% shares
Golden Leaf Investments, S.L.	14.4208%	Owned by Roger Terrats Bes
Monesmat, S.L	14.4208%	Owned by Ramon Terrats Bes
1418 Investments, S.L.	14.4208%	Owned by Jordi Terrats Bes
HEALTHCARE CONSULTANTS BERGLUND AB	0.5941%	

List of All Employees

Darin Lockaby – President

Camryn Crist – Order Fulfillment

Carl DeCius – Controller

Gregory Harris – Customer Relations

Ki Kim – Technical Support

Jenelle Eaton – Customer Service Manager

Joel Frey – Operations Manager

Alexis Clewett – Customer Service

Mercedes Fernandez – Customer Service

Mackenzie Schneider – Order Fulfillment

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GERYON HOLDINGS, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GERYON HOLDINGS, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2022.

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



7022120 8300

SR# 20234255798

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204849068

Date: 12-18-23

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Geryon Holdings, LLC

Nevada Business Identification # NV20232720265

Expiration Date: 03/31/2025

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.



Certificate Number: B202403114454465

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 03/11/2024.

FRANCISCO V. AGUILAR
Secretary of State



Scott Kipper, Commissioner of Insurance

Resident Producer

Casualty, Property

BREANNA BOATRIGHT

50 W LIBERTY ST STE 920

RENO, NV 89501-1949

is authorized to transact business as described above

License No: 3609758

Issue Date: 11-17-2020

Expiration Date: 11-30-2026

Generated by Sircon 309921573

Nevada Division of Insurance

THIS IS TO CERTIFY THAT



BREANNA BOATRIGHT

50 W LIBERTY ST STE 920, RENO, NV 89501-1949

LICENSE NUMBER: 3609758

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Resident Producer

Casualty, Property

Issue Date: 11-17-2020

Expiration Date: 11-30-2026

Generated by Sircon 309921573



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2023

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 InterWest Insurance Services, LLC PO Box 8110 CHICO CA 95927	CONTACT NAME: Julie Parker PHONE (A/C, No, Ext): 5304912803 FAX (A/C, No): 5304912803 E-MAIL ADDRESS: jparker@iwins.com
INSURED Geryon Holdings LLC Sensis Invest USA, Inc. 10765 Double R Blvd Ste 200 Reno NV 89521	INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Co Ltd INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
License#: 0B01094 GERYHOL-01	NAIC # 11000

COVERAGES

CERTIFICATE NUMBER: 1227801235

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	Y	57SBABO5012	7/24/2023	7/24/2024	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 \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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	57WECAR8V5M	3/28/2023	3/28/2024	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)

This certificate is intended to provide evidence of the coverage in place on the date of issuance. It in no way amends, alters, or endorses that coverage.

CERTIFICATE HOLDER**CANCELLATION**

Geryon Ventures LLC
Sensis Invest USA, Inc.
10765 Double R Blvd.
Suite 200
Reno NV 89521

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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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. 100370859

Application/License No. _____

Geryon Holdings LLC dba DESS-USA, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
10765 Double R Blvd, Suite 200 Reno, NV 89521, as
Address of Applicant/Principal
PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
corporation organized under the laws of the state of Iowa
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 March 1, 2024,
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
1st day of March, 2024.

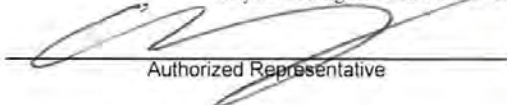
APPLICANT/PRINCIPAL

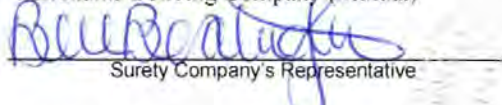
SURETY

COMPANY

Geryon Holdings LLC dba DESS-USA

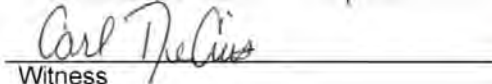
Merchants Bonding Company (Mutual)


Authorized Representative


Surety Company's Representative

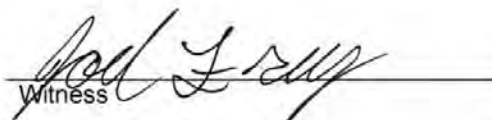
Breanna Boatright, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

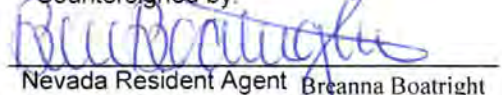
SIGNED and SEALED in the presence of:


Witness


Witness

Witness

Countersigned by:


Nevada Resident Agent Breanna Boatright

LP 2079 NV (5/21)

Posted February 20, 2020
2550

ACKNOWLEDGMENT

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 Nevada
County of Washoe

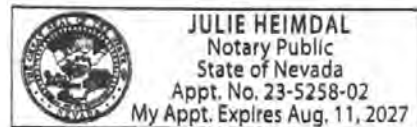
On March 1, 2024 before me, Julie Heimdahl, Notary Public
(insert name and title of the officer)

personally appeared Breanna Boatright,
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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



MERCHANTS
BONDING COMPANY™
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Breanna Boatright

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments 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.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 1st day of March, 2024



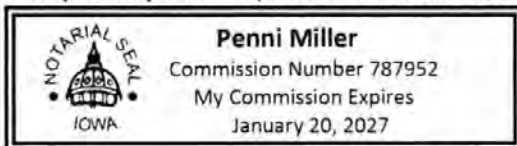
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 1st day of March, 2024, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



(Expiration of notary's commission
does not invalidate this instrument)

Penni Miller
Notary Public

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 1st day of March, 2024.



William Warner Jr.
Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Medical Products Provider and Wholesaler –
Medical Devices, Equipment and Gases (MDEG) Administrator Application**

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Geryon Holdings, LLC D/B/A DESS-USA MDEG License # (if applicable) N/A
Physical Address 10765 Double R Blvd., Suite 200
City Reno State NV Zip 89521
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 855-337-7872 Website www.dess-usa.com
Licensing Company Email darin.lockaby@dess-usa.com

Section 2: Personal Information

First Curtis Middle Darin Last Lockaby
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
Mailing Address [REDACTED]
City New Smyrna Beach State FL Zip 32169
Telephone [REDACTED] Email [REDACTED]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of North Georgia		From - To (MM/YY - MM/YY) 08/87 - 06/91	
Address 82 College Circle	City Dahlonega	State GA	Zip 30597
Diploma/Degree obtained, if any BBA - Accounting			
School Name Troup County High School		From - To (MM/YY - MM/YY) 08/84 - 06/87	
Address 1920 Hamilton Rd	City Lagrange	State GA	Zip 30241
Diploma/Degree obtained, if any HS Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/21 - present	Address 	City New Smyrna Beach	State FL	Zip 32169
From - To (MM/YY - MM/YY) 02/20 - 04/21		City Orlando	State FL	Zip 32825
From - To (MM/YY - MM/YY) 12/99 - 02/20		City Orlando	State FL	Zip 32828
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name Geryon Holdings, LLC D/B/A DESS-USA		From - To (MM/YY – MM/YY) 09/23 - Present	
Business Address 10765 Double R Blvd, Ste 200	City Reno	State NV	Zip 89521
Phone 855-337-7872	Title President	Number of Employed Hours 440	

Description of Duties
Responsible for overall business. Commercial, operations, IT, HR, and all other aspects of the day to day operations.

Business Name Kulzer North America		From - To (MM/YY – MM/YY) 02/22 - 09/23	
Business Address 4315 S Lafayette Blvd	City South Bend	State IN	Zip 46614
Phone 574-291-0661	Title VP Sales	Number of Employed Hours 3200	

Description of Duties
Responsible for commercial sales team and activities for North America for \$85M in dental consumables

Business Name DentsplySirona		From - To (MM/YY – MM/YY) 4/10 - 2/22	
Business Address 13320-B Ballantyne Corporate Place	City Charlotte	State NC	Zip 28277
Phone 704-587-0453	Title Director of Sales	Number of Employed Hours 22780	

Description of Duties
Responsible for commercial sales of dental consumables and equipment for \$200M

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. **A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Curtis Darin Lockaby, certify that as the MDEG Administrator for
Geryon Holdings, LLC D/B/A DESS-USA

that I (initial that you have read and meet the following requirements):

1. CTL Have a high school diploma or its equivalent;
2. CTL Have
 - a. At least 1,500 hours of verifiable work experience relating to the products provided by 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;
3. CTL Will be employed by 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
4. CTL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lockaby, Curtis

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

11/15/23

Date

Board Use Only

Date Received: 11/25/24

**Geryon Holdings, LLC D/B/A DESS-USA
Attachment to Nevada State Board of Pharmacy
Designated Representative Application**

I am the Chief Executive Officer of Geryon Holdings, LLC.

I reside in Florida, but commute to work in Reno, Nevada for work, and am actively involved in and aware of the actual daily operations of the wholesaler, Geryon Holdings, LLC; am employed full time in a managerial-level position; and am physically present on site when I am not traveling on company business visiting customers, on vacation, or on sick leave.

I do not serve as the designated representative for any other Nevada pharmacy or wholesaler.

Respectfully submitted,



Curtis Darin Lockaby

4/27/24

Date Signed

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler Geryon Holdings, LLC D/B/A DESS-USAPharmacy/Wholesaler License # (if applicable) N/APhysical Address 10765 Double R Blvd., Suite 200City RenoState NVZip 89521

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 855-337-7872Website www.dess-usa.comLicensing Company Email darin.lockaby@dess-usa.com**Section 2: Personal Information**First CurtisMiddle DarinLast Lockaby

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED]

City New Smyrna BeachState FLZip 32169

Telephone [REDACTED]

Email [REDACTED]

Are you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of North Georgia		From - To (MM/YY - MM/YY) 08/87 - 06/91	
Address 82 College Circle	City Dahlonega	State GA	Zip 30597
Diploma/Degree obtained, if any BBA - Accounting			
School Name Troup County High School		From - To (MM/YY - MM/YY) 08/84 - 06/87	
Address 1920 Hamilton Rd	City Lagrange	State GA	Zip 30241
Diploma/Degree obtained, if any HS Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 04/21 - present	Address 	City New Smyrna Beach	State FL	Zip 32169
From - To (MM/YY - MM/YY) 02/20 - 04/21		City Orlando	State FL	Zip 32825
From - To (MM/YY - MM/YY) 12/99 - 02/20		City Orlando	State FL	Zip 32828
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Geryon Holdings, LLC D/B/A DESS-USA		From - To (MM/YY – MM/YY) 9/23 - Present	
Business Address 10765 Double R Blvd, Ste 200	City Reno	State NV	Zip 89521
Phone 855-337-7872	Title President	Number of Employed Hours 440	

Description of Duties

Responsible for overall business. Commercial, operations, IT, HR, and all other aspects of the day to day operations.

Business Name Kulzer North America		From - To (MM/YY – MM/YY) 2/22 - 9/23	
Business Address 4315 S Lafayette Blvd	City South Bend	State IN	Zip 46614
Phone 574-291-0661	Title VP Sales	Number of Employed Hours 3200	

Description of Duties

Responsible for commercial sales team and activities for North America for \$85M in dental consumables.

Business Name DentsplySirona		From - To (MM/YY – MM/YY) 4/10 - 2/22	
Business Address 13320-B Ballantyne Corporate Place	City Charlotte	State NC	Zip 28277
Phone 704-587-0453	Title Director of Sales	Number of Employed Hours 22780	

Description of Duties

Responsible for commercial sales of dental consumables and equipment for \$200M

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
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Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)


Date

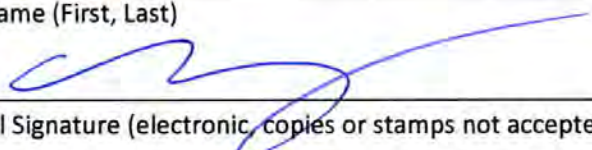
I, Curtis Darin Lockaby, certify that as the designated representative for
Geryon Holdings, LLC D/B/A DESS-USA

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CDL I am at least 21 years of age;
3. CDL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CDL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CDL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CDL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CDL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lockaby, Curtis

Print Name (First, Last)


Original Signature (electronic, copies or stamps not accepted)

11/15/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Curtis D. Lockby
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

11/15/23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

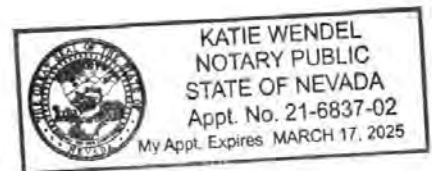
I, Curtis D. Lockby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

11/15/23
Date

Subscribed and Sworn to before me this 15th day of November.

Katie Wendel
Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Geryon Holdings, LLC D/B/A DESS
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 10765 Double R Blvd., Suite 200
City Reno State NV Zip 89521
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 855-337-7872 Website www.dess-usa.com
Licensing Company Email _____@gmail.com

Section 2: Personal Information

First Curtis Middle Darin Last Lockaby
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
Mailing Address _____
City New Smyrna Beach State FL Zip 32169
Telephone _____ Email _____
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

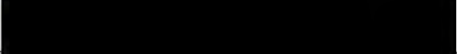
Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name <i>University of North Georgia</i>		From - To (MM/YY - MM/YY) <i>9/87 - 5/91</i>	
Address	City <i>Dahlonega</i>	State <i>GA</i>	Zip
Diploma/Degree obtained, if any <i>BBA - Accounting</i>			
School Name <i>Troup County High School</i>		From - To (MM/YY - MM/YY) <i>9/83 - 5/87</i>	
Address	City <i>LaGrange</i>	State <i>GA</i>	Zip <i>30241</i>
Diploma/Degree obtained, if any <i>HS Diploma</i>			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) <i>4/21 - present</i>	Address 	City <i>New Smyrna Beach</i>	State <i>FL</i>	Zip <i>32169</i>
From - To (MM/YY - MM/YY) <i>2/19 - 5/21</i>		City <i>Orlando</i>	State <i>FL</i>	Zip <i>32825</i>
From - To (MM/YY - MM/YY) <i>12/97 - 2/19</i>		City <i>Orlando</i>	State <i>FL</i>	Zip <i>32828</i>
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name <i>Kulzer North America</i>		From - To (MM/YY - MM/YY) <i>2/22 - 9/23</i>	
Business Address <i>4315 S Lafayette Blvd</i>		City <i>South Bend</i>	State <i>IN</i>
Phone <i>574-291-0661</i>	Title <i>Vice President Sales</i>		
Description of Duties <i>Manage sales force for North America</i>			

Business Name <i>Dentsply Sirona</i>		From - To (MM/YY - MM/YY) <i>4/10 - 2/22</i>	
Business Address <i>13320-B Bullantyne Corporate Place</i>		City <i>Charlotte</i>	State <i>NC</i>
Phone <i>704-587-0453</i>	Title <i>Director of Sales</i>		
Description of Duties <i>Led sales team for Southeast USA</i>			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Curtis D. Lockby
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

9/21/23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

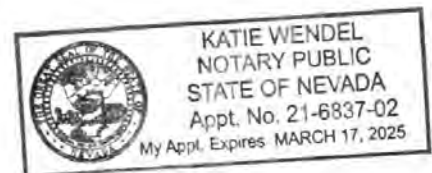
I, Curtis D. Lockby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

9/21/23
Date

Subscribed and Sworn to before me this 21st day of September

Katie Wendel
Notary Public Signature



(Seal)

N31666

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Geryon Holdings, LLC D/B/A DESS
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____
Physical Address 10765 Double R Blvd., Suite 200
City Reno State NV Zip 89521
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 855-337-7872 Website www.dess-usa.com
Licensing Company Email darin.lockaby@dess-usa.com

Section 2: Personal Information

First Roger Middle _____ Last Terrats Bes
Alias(es, nicknames, name changes, etc.) _____
Date of Birth _____ SSN or ITIN None-foreign Sex ☒ M ☐ F ☐ X
Mailing Address _____
City Barcelona State SPAIN Zip 08006
Telephone _____ Email _____
Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓



Personal History Application (Applicant's Initials RT) 1 of 7

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Universitat Politécnica de Catalunya		(09/97-06/00)		
Address	City	State	Zip	
Carrer de Jordi Girona, 31	Barcelona	Spain	08034	
Diploma/Degree obtained, if any				
Electronic Master Engineering				
School Name		From - To (MM/YY - MM/YY)		
Universitat Ramon Llull, Escola La Salle		(09/91-06/97)		
Address	City	State	Zip	
C. dels Quatre Camins, 60	Barcelona	Spain	08022	
Diploma/Degree obtained, if any				
Telecom Engineering				
School Name		From - To (MM/YY - MM/YY)		
Jesuïtes de Sarrià (Escola Sant Ignasi)		(09/87-06/91)		
Address	City	State	Zip	
Carrasco i Formiguera 32	Barcelona	Spain	08017	
Diploma/Degree obtained, if any				
BUP i COU				
School Name		From - To (MM/YY - MM/YY)		
Sant Antoni Maria Claret		(09/79-06/87)		
Address	City	State	Zip	
Sant Antoni Maria Clare 49	Barcelona	Spain	08025	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
(10/21 - 11/23)		Barcelona	Spain	08006
From - To (MM/YY - MM/YY)	Address	City	State	Zip
(10/13 - 09/21)		Barcelona	Spain	08024
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Terrats Medical, S.L.		From - To (MM/YY - MM/YY) (01/09-11/23)	
Business Address Mogoda 75-99		City Barbera del Valles	State Spain
Phone +34935646006	Title Chief Executive Officer		
Description of Duties As CEO, he is the highest ranking of company so he's maximum responsible of strategic direction of company, interacting with leadership executives and with the board and the rest of shareholders.			
Business Name Sensis Invest, S.L.		From - To (MM/YY - MM/YY) (10/20-11/23)	
Business Address Mogoda 75-99		City Barbera del Valles	State Spain
Phone +34935646006	Title Chief Executive Officer		
Description of Duties As CEO, he is the highest ranking of company so he's maximum responsible of strategic direction of company, interacting with leadership executives and with the board and the rest of shareholders.			
Business Name Sensis Invest USA Inc		From - To (MM/YY - MM/YY) (10/22 - 11/23)	
Business Address 10765 Double R Blvd., Suite 200		City Reno	State NV
Phone 855-337-7872	Title Chief Executive Officer		
Description of Duties Sensis Invest USA Inc is a holding company created for Geryon acquisition purposes. As CEO, he is responsible for all aspects of its operation.			
Business Name Geryon Holdings, LLC		From - To (MM/YY - MM/YY) (06/23 - 11/23)	
Business Address 10765 Double R Blvd., Suite 200		City Reno	State NV
Phone 855-337-7872	Title Chief Executive Officer		
Description of Duties As CEO, he is the highest ranking of company so he's maximum responsible of strategic direction of company, interacting with leadership executives and with the board and the rest of shareholders.			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

12/12/2023
Date

Yo, RAMÓN GARCÍA-TORRENT CARBALLO, Notario del Ilustre Colegio Notarial de Catalunya, con residencia en Barcelona, DOY FE: Que, por haber sido puesta a mi presencia, reputo como legítima y auténtica la firma y rúbrica que antecede de Don Roger Terrats Bes, titular del DNI número 38.130.894-E. -----

Anotado en mi Libro Indicador del año 2023 (sección segunda) Asiento: 1804 Barcelona, a 13 de diciembre de dos mil veintitrés. -----

I, RAMÓN GARCÍA-TORRENT CARBALLO, Public Notary of Barcelona, Kingdom of Spain, hereby certify the presentation of the present document, having signed in front of me Mr. Roger Terrats Bes, holder of Spanish identity card number 38.130.894-E. -----

Noted down under number 1804 of my register book of the present year. - Barcelona, 13th of December of 2023. -----









I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roger Terrats-Bes

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

12/12/2023

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, ROGER TERRATS-BES, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

12/12/2023

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)



HJ0101559

01/2023

El presente folio es el agregado al documento en el que figura la firma de Don Ramón García-Torrent Carballo, Notario de Barcelona, Colegio Notarial de Cataluña, en legitimación de firma de don Roger Terrats Bes, en documento en relación a TERRATS MEDICAL, S.L., libro indicador 1804, de 13 de diciembre de 2023.

APOSTILLE	
(Convention de La Haye du 5 octobre 1961)	
1. País:	ESPAÑA
Country / Pays :	
El presente documento público	
This public document / Le présent acte public	
2. ha sido firmado por	Don Ramón García-Torrent Carballo
has been signed by	
a été signé par	
3. quien actúa en calidad de	NOTARIO
acting in the capacity of	
agissant en qualité de	
4. y está revestido del sello / timbre de	la Notaría
bears the seal / stamp of	
est revêtu du sceau / timbre de	
Certificado	
Certified / Attesté	
5. en	Barcelona
at / à	
6. el día	13/12/2023
the / le	
7. por	Don Javier Martínez Lehmann, Notario Delegado del Decano del Colegio Notarial de Cataluña
by / par	
8. bajo el número	N5301/2023/067477
No	
sous no	
9. Sello / timbre:	
Seal / stamp:	
Sceau / timbre:	
10. Firma:	
Signature:	
Signature :	
Javier Martínez Lehmann, Delegado del Decano	

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.

Esta Apostilla no certifica el contenido del documento para el cual se expidió.

[No es válido el uso de esta Apostilla en España]

[Esta Apostilla se puede verificar en la dirección siguiente: <https://eregister.justicia.es/>]

Código de verificación de la Apostilla: NA:r0j+-Jrkn-RR1e-oBgy

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

[This Apostille is not valid for use anywhere within Spain]

[To verify the issuance of this Apostille, see <https://eregister.justicia.es/>]

Verification Code of the Apostille: NA:r0j+-Jrkn-RR1e-oBgy

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

[L'utilisation de cette Apostille n'est pas valable en / au Espagne.]

[Cette Apostille peut être vérifiée à l'adresse suivante <https://eregister.justicia.es/>]

Codé de vérification de l'Apostille: NA:r0j+-Jrkn-RR1e-oBgy

N32951

4

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site Geryon Holdings, LLC D/B/A DESS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10765 Double R Blvd., Suite 200City RenoState NVZip 89521

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 855-337-7872Website www.dess-usa.comLicensing Company Email [REDACTED]@gmail.com**Section 2: Personal Information**First Ramon

Middle _____

Last Terrats Bes

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [REDACTED]SSN or ITIN None-foreign

Sex

☒ M☐ F☐ XMailing Address [REDACTED]City Sant Quirze del VallesState SPAINZip 08192Telephone [REDACTED]Email [REDACTED]

Are you a citizen of the United States?

☐ Yes☒ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Personal History Application

(Applicant's Initials RTB)

1 of 7

HOJA

1/4



2584

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name JESUÏTES EI CLOT		From - To (MM/YY - MM/YY) 09/95 - 06/99	
Address Carrer València, 680	City Barcelona	State Spain	Zip 08207
Diploma/Degree obtained, if any FP2 INDUSTRIAL MECHANIC			
School Name C.P.VILLAR		From - To (MM/YY - MM/YY) (09/93 - 06/95)	
Address Carrer de Sant Salvador, 29	City Barcelona	State Spain	Zip 08212
Diploma/Degree obtained, if any FP1 ELECTRONIC			
School Name EI Patufet		From - To (MM/YY - MM/YY) (09/91- 07/93)	
Address Carrer de Bruniquer, 25	City Barcelona	State Spain	Zip 08012
Diploma/Degree obtained, if any CES			
School Name COL-LEGI CLARET BARCELONA		From - To (MM/YY - MM/YY) (09/85 - 07/91)	
Address Sant Antoni Maria Claret 49	City Barcelona	State Spain	Zip 08025
Diploma/Degree obtained, if any EGB			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) (12/19 - 12/23)	Address [REDACTED]	City Sant Quirze Del Valles	State Spain	Zip 08192
From - To (MM/YY - MM/YY) (09/04 - 12/19)	Address [REDACTED]	City Sant Quirze Del Valles	State Spain	Zip 08192
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Terrats Medical, S.L.		From - To (MM/YY - MM/YY) 12/21 - 12/23	
Business Address Mogoda 75-99	City Barbera del Valles	State Spain	Zip 08210
Phone +34935646006	Title Project Officer		

Description of Duties
Executive position that manages the planning and detail special projects. Manage the proper development of products and services. Design projects and follows up the planning established and agreed with the CTO.

Business Name Terrats Medical, S.L.		From - To (MM/YY - MM/YY) 10/13 - 12/21	
Business Address Mogoda 75-99	City Barbera del Valles	State Spain	Zip 08210
Phone +34935646006	Title Chief Technical Officer		

Description of Duties
Management position led by the Dtp. Engineering and technical strategy within the company. Develop policies and procedures and use technologies to improve products and services to external customers.

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Continue on next page if additional space is needed.



Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

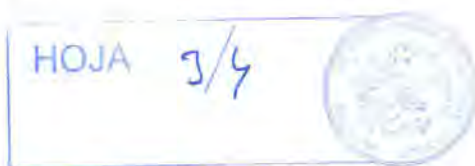
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Personal History Application

(Applicant's Initials RTB)

6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RAMON TERRATS BES

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

Date

28/12/2023

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, RAMON TERRATS BES, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]
Original Signature

Date

28/12/2023

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Personal History Application (Applicant's Initials RTB) 7 of 7

HOJA 4/4

2590

Yo, RAMÓN GARCÍA-TORRENT CARBALLO, Notario del Ilustre Colegio Notarial de Catalunya, con residencia en Barcelona, DOY FE: Que, por haber sido puesta a mi presencia, reputo como legítima y auténtica la firma y rúbrica que antecede de Don Ramon Terrats Bes, titular del DNI número 36.531.220-K. -----

Anotado en mi Libro Indicador del año 2023 (sección segunda) Asiento: 1889 Barcelona, a 28 de diciembre de dos mil veintitrés. -----

I, RAMÓN GARCÍA-TORRENT CARBALLO, Public Notary of Barcelona, Kingdom of Spain, hereby certify the presentation of the present document, having signed in front of me Mr. Ramon Terrats Bes, holder of Spanish identity card number 36.531.220-K. -----

Noted down under number 1889 of my register book of the present year. - Barcelona, 28th of December of 2023. -----



FE PÚBLICA NOTARIAL

NIHIL PRIUS FIDE

2021

[Handwritten signature in blue ink]



01/2023



HJ0128836

El presente folio es el agregado al documento en el que figura la firma de Don Ramón García-Torrent Carballo, Notario de Barcelona, Colegio Notarial de Cataluña, en legitimación de firma de don Ramon Terrats Bes, en documento de solicitud de historial personal, a nombre de GERYON HOLDINGS, LLC, libro indicador 1889, de 28 de diciembre de 2023.

APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. País: ESPAÑA Country / Pays :	
El presente documento público This public document / Le présent acte public	
2. ha sido firmado por Don Ramón García-Torrent Carballo has been signed by a été signé par	
3. quien actúa en calidad de NOTARIO acting in the capacity of agissant en qualité de	
4. y está revestido del sello / timbre de la Notaría bears the seal / stamp of est revêtu du sceau / timbre de	
Certificado Certified / Attesté	
5. en Barcelona at / à	6. el día 29/12/2023 the / le
7. por Don José Marqueño Ellacuría, Censor Primero del Colegio Notarial de Cataluña by / par	
8. bajo el número N5301/2023/070497 No sous no	
9. Sello / timbre: Seal / stamp: Sceau / timbre: 	10. Firma: Signature: Signature :

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.

Esta Apostilla no certifica el contenido del documento para el cual se expidió.

[No es válido el uso de esta Apostilla en España]

[Esta Apostilla se puede verificar en la dirección siguiente: <https://eregister.justicia.es/>]

Código de verificación de la Apostilla: NA:XYa7-GWWr-npTE-Nhqh

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

[This Apostille is not valid for use anywhere within Spain]

[To verify the issuance of this Apostille, see <https://eregister.justicia.es/>]

Verification Code of the Apostille: NA:XYa7-GWWr-npTE-Nhqh

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

[L'utilisation de cette Apostille n'est pas valable en / au Espagne.]

[Cette Apostille peut être vérifiée à l'adresse suivante <https://eregister.justicia.es/>]

Code de vérification de l'Apostille: NA:XYa7-GWWr-npTE-Nhqh

N32951

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler InformationName of Pharmacy/MDEG/Wholesaler/Dispensing Site Geryon Holdings, LLC D/B/A DESS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10765 Double R Blvd., Suite 200City RenoState NVZip 89521

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 855-337-7872Website www.dess-usa.comLicensing Company Email _____@gmail.com**Section 2: Personal Information**First Jordi

Middle _____

Last Terrats Bes

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN None-foreignSex ☒ M ☐ F ☐ X

Mailing Address _____

City BarcelonaState SPAINZip 08022

Telephone _____

Email _____

Are you a citizen of the United States? ☐ Yes ☒ No**Section 3: Military Service (NRS 622.120)**

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes

No

✓

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

✓

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

✓

Personal History Application (Applicant's Initials JTB)

1 of 7

HOJA

1/4



2593

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
Escola Tècnica Professional del Clot		(07/94 - 09/95)		
Address	City	State	Zip	
València, 680	Barcelona	Spain	08027	
Diploma/Degree obtained, if any				
FP-II Industrial Mechanics				
School Name		From - To (MM/YY - MM/YY)		
Escola Tècnica Professional del Clot		(07/92 - 09/94)		
Address	City	State	Zip	
València, 680	Barcelona	Spain	08027	
Diploma/Degree obtained, if any				
FP-II Industrial Electronics				
School Name		From - To (MM/YY - MM/YY)		
Escola Sant Ignasi		(09/90 - 07/92)		
Address	City	State	Zip	
Carrasco i Formiguera, 32	Barcelona	Spain	08017	
Diploma/Degree obtained, if any				
CES				
School Name		From - To (MM/YY - MM/YY)		
COL-LEGI CLARET BARCELONA		(09/82 - 07/90)		
Address	City	State	Zip	
Sant Antoni Maria Claret 49	Barcelona	Spain	08025	
Diploma/Degree obtained, if any				
EGB				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
(12/20 - 12/23)		Barcelona	Spain	08041
From - To (MM/YY - MM/YY)	Address	City	State	Zip
(01/112 - 11/20)		Barcelona	Spain	08026
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip



Personal History Application (Applicant's Initials JTB) 2 of 7

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Terrats Medical, S.L.		From - To (MM/YY – MM/YY) 01/95-12/23	
Business Address Mogoda 75-99	City Barbera del Valles	State Spain	Zip 08210
Phone +34935646006	Title Chief Production Officer		

Description of Duties
The CPO is a strategic leader, visionary, team supervisor, and an advocate of an organization's product. In charge of the creation and definition of products/service, liaising closely with R+D department to turn technology into products.

Business Name -		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		

Description of Duties

Continue on next page if additional space is needed.

Personal History Application (Applicant's Initials JTB) 3 of 7



Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		✓
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓



Personal History Application (Applicant's Initials JTB) 5 of 7

HOJA 3/4



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

28-12-2023
Date (12/28/2023)

Personal History Application (Applicant's Initials JTB) 6 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jordi Terrats Bay

Print Name (First, Last)

[Signature]

Original Signature (electronic, copies or stamps not accepted)

28-12-2023

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Jordi Terrats Bay, 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 the license, registration, permit, certificate or certification for which I am applying for.

[Signature]

Original Signature

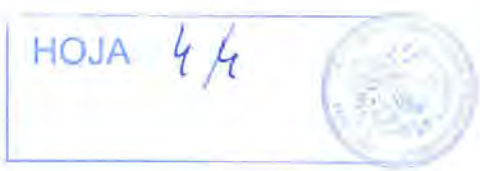
28-12-2023

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)



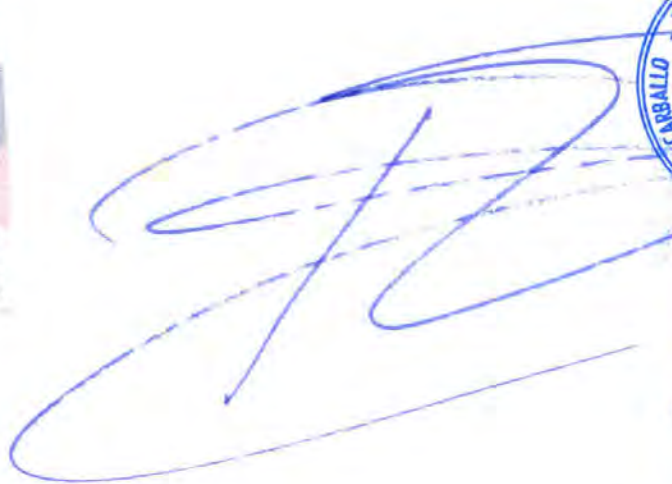
Yo, RAMÓN GARCÍA-TORRENT CARBALLO, Notario del Ilustre Colegio Notarial de Catalunya, con residencia en Barcelona, DOY FE: Que, por haber sido puesta a mi presencia, reputo como legítima y auténtica la firma y rúbrica que antecede de Don Jordi Terrats Bes, titular del DNI número 36.531.221-E. -----

Anotado en mi Libro Indicador del año 2023 (sección segunda) Asiento: 1891 Barcelona, a 28 de diciembre de dos mil veintitrés. -----

I, RAMÓN GARCÍA-TORRENT CARBALLO, Public Notary of Barcelona, Kingdom of Spain, hereby certify the presentation of the present document, having signed in front of me Mr. Jordi Terrats Bes, holder of Spanish identity card number 36.531.221-E. -----

Noted down under number 1891 of my register book of the present year. - Barcelona, 28th of December of 2023. -----




EUROPA
NIHIL PRIUS FIDE
NOTARIO





HJ0128835

01/2023

El presente folio es el agregado al documento en el que figura la firma de Don Ramón García-Torrent Carballo, Notario de Barcelona, Colegio Notarial de Cataluña, en legitimación de firma de don Jordi Terrats Bes, en documento de solicitud de historial personal, a nombre de GERYON HOLDINGS, LLC, libro indicador 1891, de 28 de diciembre de 2023.

APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. País: ESPAÑA Country / Pays :	
El presente documento público This public document / Le présent acte public	
2. ha sido firmado por Don Ramón García-Torrent Carballo has been signed by a été signé par	
3. quien actúa en calidad de NOTARIO acting in the capacity of agissant en qualité de	
4. y está revestido del sello / timbre de la Notaría bears the seal / stamp of est revêtu du sceau / timbre de	
Certificado Certified / Attesté	
5. en Barcelona at / à	6. el día 29/12/2023 the / le
7. por Don José Marqueño Ellacuría, Censor Primero del Colegio Notarial de Cataluña by / par	
8. bajo el número N5301/2023/070498 No sous no	
9. Sello / timbre: Seal / stamp: Sceau / timbre:	10. Firma: Signature: Signature :



José Marqueño Ellacuría, Censor Primero

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.

Esta Apostilla no certifica el contenido del documento para el cual se expidió.

[No es válido el uso de esta Apostilla en España]

[Esta Apostilla se puede verificar en la dirección siguiente: <https://eregister.justicia.es/>]

Código de verificación de la Apostilla: NA:UTtx-BTbR-/76M-UL+8

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

[This Apostille is not valid for use anywhere within Spain]

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Verification Code of the Apostille: NA:UTtx-BTbR-/76M-UL+8

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

[L'utilisation de cette Apostille n'est pas valable en / au Espagne.]

[Cette Apostille peut être vérifiée à l'adresse suivante <https://eregister.justicia.es/>]

Code de vérification de l'Apostille: NA:UTtx-BTbR-/76M-UL+8

16

16A

*Sage
copy for
reference*

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable \$500.00 Fee

Rev (09/02/2021)

*1st page
Be sure this
complete
Personal History
Form and
1 for
Debit
Registration*

Type of Facility

☒ Ambulatory Surgical Center (ASC)

☐ Recovery Center (RC)

Type of Application (check applicable box)

☒ New ASC/RC

☐ Ownership Change*

☐ Location Change *

☐ Name Change*

* If making a change, provide current license number:

N/A

Ownership Type (check applicable box)

☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)

☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)

☒ Partnership (complete sections 1, 2, 5, 7, 8, 9)

☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Sage Surgical and Neuromodulation

Physical Address: 5500 Reno Corporate Dr Suite 200

City: Reno

State: NV

Zip: 89521

Mailing Address (if different from physical address):

City:

State:

Zip:

Telephone: 775 829-7999

Fax: 775-829-7970

Contact Email: jbrandt@nevadasurgical.com

Website

Nevada Business License # NV20222503035

Employed/Contracted Pharmacist Name: Mary Grear, RPh

NV Pharmacist License #: 10687

Medical Director Name:

Days of Operation

☒ Monday

☒ Tuesday

☒ Wednesday

☒ Thursday

☒ Friday

☐ Saturday

☐ Sunday

Section 2: History of Company

	Yes	No
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)?		☒
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 from any jurisdiction?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		☒
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?		☒
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)?		☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: SAGE Surgical and Neuromodulation, LLC
Mailing Address: 5500 Reno Corporate Dr Ste 200
City: Reno State: NV Zip: 89511
Telephone: 775 829-7999 Email: mconte@nevadasurgical.com
Contact Person Name: Mark Conte

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 6: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)Pharmacist Name: Mary Grear, RPhNV Pharmacist License #: 10687As the employed/contracted pharmacist, for (ASC/RC Name): Sage Surgical & Neuromodulation, LLC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

- a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
- b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
- 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 ASC and RC 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
 - a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
 - b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
 - i. In accordance with the provisions of NRS and NAC 639;
 - 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.

I understand that I shall (NAC 639.4998):

- a) Visit the ASC or RC 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 ASC or RC is complying with those policies and procedures, the below provisions.
- b) Maintain documentation of each visit that the pharmacist makes;
- c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, 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:
 - i. 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
 - ii. 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 ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
 - f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
- d) 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 ASC or RC 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 ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
 - i. Purchase orders and invoices for the controlled substance;
 - ii. Records which indicate the removal of the controlled substance from the storage area;
 - iii. Patient records;
 - iv. Records which indicate the return of the controlled substance to the manufacturer;
 - v. Records which indicate that the controlled substance was destroyed; and
 - vi. 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.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest 4/24/2002	Disposition Date May 2002	State NV	City Las Vegas	County Clark
Case # 02-036-RPH-S		Governing, licensing, Arresting Presiding Body/Agency/Court NV State Board of Pharmacy		
Reason/Charge Complaint concerning records of PRN, Inc.				
Plaintiff/Defendant/Claimant/Respondent Mary Gear			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity PRN, Inc.				

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. under the care of Mary Gear, Executive Director. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepancies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc. gronts.

Mary Gear, RPh
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

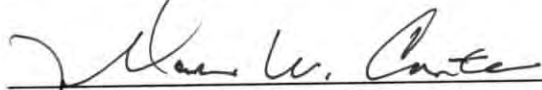
4/9/2024
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of <u>Good Standing</u> from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARK CONTE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

15 April 2024

Date

Board Use Only	Date Received: <u>4/15/24</u>	Amount: <u>\$500-TC</u>
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Schedule A - Capital Contributions; Membership Interest

<u>Name and Address of Member</u>	<u>Capital Contribution</u>	<u>Membership Interest</u>
Ali Nairizi [REDACTED] Spirit Bluff Reno, NV 89511		41.5% Physician Member
Kent C. Sasse [REDACTED] Lakeridge Dr. #205 Reno, NV 89509		41.5% Physician Member
MGA Management Services, LLC 75 Pringle Way, 8 th Floor, Suite 804 Reno, NV 89502		17% Non-Physician Member
Total:		100%

[Remainder of This Page Intentionally Left Blank]

SCHEDULE 3.1.5**Members Information**

MGA

Name and Address of the Members	Percentage Interest	Units	Member Principal
Mark W. Conte 75 Pringle Way 8 th Floor, Suite 804 Reno, NV 89502	90%	900	Mark W. Conte
AG Enterprises 15333 N. Pima Rd. Suite 305 Scottsdale, AZ 85260	5%	50	Grant Cook
Anne Carpenter 75 Pringle Way 8 th Floor, Suite 804 Reno, NV 89502	3%	30	Anne Carpenter

Certificate of good standing

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name: SAGE SURGICAL & NEUROMODULATION, LLC

Entity Number: E24443262022-8

Entity Type: Domestic Limited-Liability Company (86)

Entity Status: Active

Formation Date: 07/06/2022

NV Business ID: NV20222503035

Termination Date:

Annual Report Due Date: 7/31/2024

Compliance Hold:

Series LLC: ☐ Restricted LLC: ☒

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity: CORPORATE DIRECT, INC.

Status: Active

CRA Agent Entity Type:

Registered Agent Type: Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction: NEVADA

Street Address: 2248 MERIDIAN BLVD STE H, Minden, NV, 89423, USA

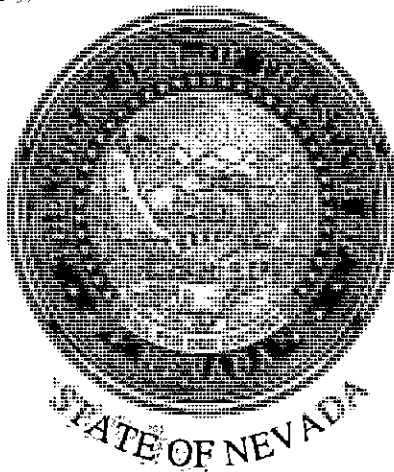
Mailing Address:

OFFICER INFORMATION

☐ VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Managing Member	Mark W. Conte	2248 Meridian Blvd., Ste. H, Minden, NV, 89423, USA	07/06/2022	Active
Managing Member	G. Deacon Shoenberger	2248 Meridian Blvd., Ste. H, Minden, NV, 89423, USA	07/06/2022	Active
Managing Member	Kent Sasse	2248 Meridian Blvd., Ste. H, Minden, NV, 89423, USA	07/06/2022	Active
Managing Member	Anne Carpenter	2248 Meridian Blvd., Ste. H, Minden, NV, 89423, USA	07/06/2022	Active
Managing Member	AG Enterprises and Investment Services, LLP	2248 Meridian Blvd., Ste. H, Minden, NV, 89423, USA	07/06/2022	Active

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Sage Surgical & Neuromodulation, LLC

Nevada Business Identification # NV20222503035

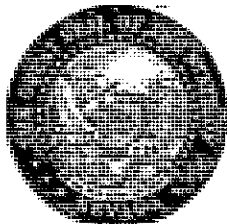
Expiration Date: 07/31/2023

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 07/06/2022.



Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207062806497

You may verify this certificate
online at <http://www.nvsos.gov>

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Sage Surgical & Neuromodulation, LLC.
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Kent C. Sasse = CS09928
Physical Address 5500 Reno Corporate Drive, Suite 200
City Reno State NV Zip 89511
Mailing Address (if different from physical address) 5500 Reno Corporate Drive, Suite 100
City Reno State NV Zip 89511
Telephone 775.771.2804 Website _____
Licensing Company Email mconte@sage-surgical.com

Section 2: Personal Information

First Mark Middle William Last Conte
Alias(es, nicknames, name changes, etc.) _____
Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
Mailing Address Reno Corporate Drive, Suite 100
City Reno State NV Zip 89511
Telephone Email mconte@sage-surgical.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Nevada Reno		From - To (MM/YY - MM/YY) 09.79 - 05.84	
Address 1664 North Virginia Street	City Reno	State NV	Zip 89557
Diploma/Degree obtained, if any Bachelor Science Finance			
School Name Reno High School		From - To (MM/YY - MM/YY) 09.75 - 05.79	
Address 395 Booth Street	City Reno	State NV	Zip 89509
Diploma/Degree obtained, if any High School Dipolma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 05.2000 - Current	Address [REDACTED] Mountaingate Drive	City Reno	State NV	Zip 89519
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name K Sasse Surgical Associates, PC		From - To (MM/YY - MM/YY) 07.2012 - Current	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.829.7999	Title CEO		
Description of Duties Responsible for entire company.			
Business Name MGA Management Services, LLC		From - To (MM/YY - MM/YY) 03.04.2023 - Current	
Business Address 3495 Lakeside Drive, #205	City Reno	State NV	Zip 89509
Phone 775.771.2804	Title Member		
Description of Duties Entity created for management of Sage Surgical & Neuromodulation, LLC			
Business Name Design Tech Services, Inc.		From - To (MM/YY - MM/YY) 06.22.2000 - Current	
Business Address 4555 Mountaingate Drive	City Reno	State NV	Zip 89519
Phone 775.771.2804	Title Secretary/Treasurer		
Description of Duties Spouce's interior design business			
Business Name 5500 Reno Corporate Drive, LLC		From - To (MM/YY - MM/YY) 07.06.2022 - Current	
Business Address 2248 Meridian Blvd, Suite H	City Minden	State NV	Zip 89423
Phone 775.771.2804	Title Member		
Description of Duties Entity created for the real estate of the medical office for Nevada Surgical & Sage Surgical.			
Business Name Cerebral Investments, LLC		From - To (MM/YY - MM/YY) 06.06.2021 - Current	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.771.2804	Title Member		
Description of Duties Entity created to hold some investments.			
Continue on next page if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark W. Conte

Print Name (First, Last)

Mark W. Conte

Original Signature (electronic, copies or stamps not accepted)

04.16.2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Mark W. Conte, 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 the license, registration, permit, certificate or certification for which I am applying for.

Mark W. Conte

Original Signature

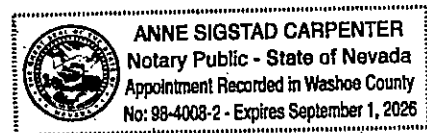
4.18.24

Date

Subscribed and Sworn to before me this 18 day of April 2024

Anne Sigstad Carpenter

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Sage Surgical and Neuromodulation, LLC
Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Ali Nairizi=CS22174
Physical Address 5500 Reno Corporate Drive Suite 200
City Reno State NV Zip 89511
Mailing Address (if different from physical address) 5500 Reno Corporate Drive Suite 300
City Reno State NV Zip 89511
Telephone 775-384-1127 Website _____
Licensing Company Email nairizzi@rtpain.com

Section 2: Personal Information

First Ali Middle _____ Last Nairizi
Alias(es, nicknames, name changes, etc.) _____
Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
Mailing Address Reno Corporate Drive
City Reno State NV Zip 89511
Telephone Email
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name Drexel University School of Medicine and Thomas Jefferson University Hospital			From - To (MM/YY - MM/YY) 7/2010-6/2013	
Address 3141 Chestnut Street		City Philadelphia	State PA	Zip 19104
Diploma/Degree obtained, if any resident				
School Name Pennsylvania State University College of Medicine			From - To (MM/YY - MM/YY) 2007-2010	
Address 201 Shields Bldg		City University Park	State PA	Zip 16802
Diploma/Degree obtained, if any Master of Science in Cellular and Molecular Physiology				
School Name University of Illinois			From - To (MM/YY - MM/YY) June 2008- June 2009	
Address 1200 West Harrison St		City Chicago	State IL	Zip 60607
Diploma/Degree obtained, if any Resident Program				
School Name Sahlgrenska University of Medicine			From - To (MM/YY - MM/YY) 1997-2004	
Address		City Tehran	State Iran	Zip
Diploma/Degree obtained, if any Doctor of Medicine				
School Name			From - To (MM/YY - MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY) 2016-Present	Address [REDACTED] Spirit Bluff Ct	City Reno	State NV	Zip 89511
From - To (MM/YY - MM/YY) 2014-2016	Address [REDACTED] Painted Vista	City Reno	State NV	Zip 89511
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.				
Business Name Ali Nairizi, MD PC			From - To (MM/YY – MM/YY) 8/2019- Current	
Business Address 5500 Reno corporate Drive Suite 300		City Reno	State NV	Zip 89511
Phone 775-384-1127	Title Physician, Owner, President			
Description of Duties Responsible for entire Company operations				
Business Name 5500 Reno Corporate Drive, LLC			From - To (MM/YY – MM/YY) 7/6/2022-Current	
Business Address 2248 Meridan Blvd. Suite H		City Minden	State NV	Zip 89519
Phone 775-771-2804	Title Member			
Description of Duties Entity created for the real estate of the medical office for Ali Nairizi, MD PC				
Business Name Sage Surgical and Neuromodulation			From - To (MM/YY – MM/YY) 7/22-Current	
Business Address 5500 Reno Corporate Drive Suite 200		City Reno	State NV	Zip 89511
Phone 775-771-2804	Title member			
Description of Duties Part owner				
Business Name Nevada Advanced Pain			From - To (MM/YY – MM/YY) 2014-2019	
Business Address 5578 Longley Lane		City Reno	State NV	Zip 89511
Phone 775-284-8650	Title			
Description of Duties Part owner/ Physician				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
Continue on next page if additional space is needed.				

Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALI NAIRI ZI

Print Name (First, Last)

Ali Nairi Zi

Original Signature (electronic, copies or stamps not accepted)

4/19/2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

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 the license, registration, permit, certificate or certification for which I am applying for.

Ali Nairi Zi

Original Signature

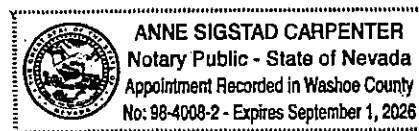
4.19.24

Date

Subscribed and Sworn to before me this 19 day of April 2024

Anne Sigstad Carpenter

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Sage Surgical & Neuromodulation, LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Kent C. Sasse = CS09928

Physical Address 5500 Reno Corporate Drive, Suite 200

City Reno State NV Zip 89511

Mailing Address (if different from physical address) 5500 Reno Corporate Drive, Suite 100

City Reno State NV Zip 89511

Telephone 775.848.3233

Website _____

Licensing Company Email drsasse@sage-surgical.com

Section 2: Personal Information

First Kent Middle Conway Last Sasse

Alias(es, nicknames, name changes, etc.) _____

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X

Mailing Address Reno Corporate Drive, Suite 100

City Reno State NV Zip 89511

Telephone Email

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

Yes ☒

No ☐

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

No ☒

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

No ☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes ☐

No ☒

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name		From - To (MM/YY - MM/YY)		
University of California at San Francisco Medical School		09.89 - 05.94		
Address	City	State	Zip	
533 Parnassus Avenue	San Francisco	CA	94143	
Diploma/Degree obtained, if any				
Doctor of Medicine				
School Name		From - To (MM/YY - MM/YY)		
Berkeley Public Health School of Public Health		09.90 - 05.92		
Address	City	State	Zip	
2121 Berkeley Way	Berkeley	CA	94720	
Diploma/Degree obtained, if any				
Masters of Epidemiology & Public Health				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name		From - To (MM/YY - MM/YY)		
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY - MM/YY)	Address	City	State	Zip
07.2002 - Current	Promontory Pointe	Reno	NV	89519
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name K Sasse Surgical Associates, PC		From - To (MM/YY - MM/YY) 09.2012 - Current	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.829.7999	Title CEO		
Description of Duties Medical Director			

Business Name Sage Surgical & Neuromodulation, LLC		From - To (MM/YY - MM/YY) 07.06.2022 - Current	
Business Address 2248 Meridian Blvd, Suite H	City Minden	State NV	Zip 89423
Phone 775.771.2804	Title Member		
Description of Duties Entity created for the above mentioned surgery center			

Business Name Nevada Expert Consulting, LLC		From - To (MM/YY - MM/YY) 11.21.2022 - Current	
Business Address 401 Ryland Street, Suite 200 A	City Reno	State NV	Zip 89502
Phone 775.848.3233	Title Member		
Description of Duties Entity created for the above mentioned consulting business			

Business Name Sweet Grass, LLC		From - To (MM/YY - MM/YY) 04.30.2004	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.771.2804	Title Member		
Description of Duties Entity created to hold some rental real estate			

Business Name The Lisbon Group, LLC		From - To (MM/YY - MM/YY) 03.22.2006 - Current	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.771.2804	Title Member		
Description of Duties Entity created to hold some rental real estate			

Continue on next page if additional space is needed.

Business Name 5500 Reno Corporate Drive, LLC		From - To (MM/YY - MM/YY) 07.06.2022 - Current	
Business Address 2248 Meridian Blvd, Suite H	City Minden	State NV	Zip 89423
Phone 775.771.2804	Title Member		
Description of Duties Entity created to hold the above mentioned real estate			

Business Name Cerebral Investments, LLC		From - To (MM/YY - MM/YY) 06.06.2021 - Current	
Business Address 5500 Reno Corporate Drive, Suite 100	City Reno	State NV	Zip 89511
Phone 775.771.2804	Title Member		
Description of Duties Entity created to hold some investments.			

Business Name Kamano Properties, LLC		From - To (MM/YY - MM/YY) 10.20.2004	
Business Address 3495 Lakeside Drive, #205	City Reno	State NV	Zip 89509
Phone 775.771.2804	Title Member		
Description of Duties Entity to hold some real estate investments.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

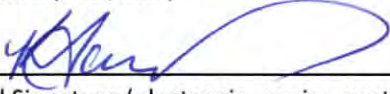
Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent C. Sasse

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

04.18.2024

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Kent C Sasse, 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 the license, registration, permit, certificate or certification for which I am applying for.



Original Signature

4.18.24

Date

Subscribed and Sworn to before me this 18 day of April 2024.

Anne Sigstad Carpenter

Notary Public Signature



(Seal)

17

17A

Martha Y Oppong
[REDACTED] Colorful Rain Ave
North Las Vegas NV 89031

Dear members of the board of pharmacy,

PETITION LETTER TO RETAKE THE NEVADA STATE MPJE

I am Martha Yaa Oppong, a Pharm D graduate from Marshall B. Ketchum University in Fullerton, California, and I am currently licensed in Idaho. I am submitting this letter to request permission to retake the Nevada State Pharmacy Law (MPJE).

I had no doubt about passing the MPJE after successfully passing the NAPLEX, although I was pregnant at the time. Unfortunately, things took a turn for the worse when my husband, a U.S. Air Force active duty service member, was deployed to Saudi Arabia, leaving me with two kids to take care of alone. The situation became overwhelming, and I tragically lost the baby. I became very ill as a result and despite needing time to heal, I felt compelled to retake the test since my Authorization to Test was only valid for a year from the time my eligibility was granted.

Sadly, despite numerous attempts, I have been unable to pass the MPJE after dedicating a significant amount of time and effort to studying the Nevada Law. I must also add that my pharmacy education took place in California, leading me to believe that I needed additional information to effectively prepare for the exam. To better improve my understanding of the material and resources available on the Nevada Board of Pharmacy webpage, I sought assistance from friends at Roseman University of Health Sciences, Nevada, to provide me with additional notes on the Nevada Pharmacy Law.

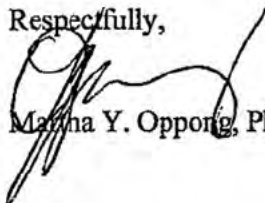
I am presently licensed and employed in Idaho as a result of my upcoming student loan repayment and to provide financial assistance to my husband and children who are still residing in Nevada. Since my husband is currently stationed at Nellis Air Force Base Nevada and our children are attending school on base, it will be an inconvenience to relocate them to Idaho to live with me. This separation has been extremely challenging, and I am making every effort possible to reunite with my family.

Despite these challenges, I remain committed and resolute in my decision to pass the MPJE. I have been diligently studying the materials for over six months, incorporating new strategies and resources to improve my understanding of the Nevada State Pharmacy Law. I have bought new federal law books, printed the pharmacy DEA manual and the statutes and intensively studying to pass the MPJE. Additionally, with over a year of pharmacist experience, I am well equipped to apply my on the job knowledge as well during the exam, if given the opportunity.

I kindly request the board members to consider giving me another opportunity to retake the MPJE. Being a resident of Nevada, I am eager to utilize the knowledge and expertise I acquired in school to benefit the Las Vegas community and the State of Nevada at large. I would greatly appreciate being granted the chance to retest once more.

Thank you for your consideration.

Respectfully,



Martha Y. Oppong, Pharm D.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application
Non-Refundable \$250 fee
Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☒ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at <https://nabp.pharmacy/> before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at <https://nabp.pharmacy/> before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☐ No

Section 2: General Information

First: MARTHA Middle: YAA Last: OPPONG
Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☐ M ☒ F ☐ X
Mailing Address: [REDACTED] COLORFUL RAIN AVE
City: NORTH LAS VEGAS State: NV Zip: 89031
Telephone: [REDACTED] Email: [REDACTED]

Section 3: Employment Information

Pharmacy Name: KURT'S PHARMACY NV Pharmacy License # (if applicable): _____
Address: 1203 FILER AVE
City: TWIN FALLS State: ID Zip: 83301
Telephone: 208-734-8184 Email: kurtspharmacyhal@qwestoffice.net

Section 4: College of Pharmacy Information

School Name: MARSHALL B. KETCHUM UNIVERSITY
Address: 2575 YORBA LINDA BLVD
City: FULLERTON State: CA Zip: 92831
Country/Territory/Province: USA
Graduation Date: 2021 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
ID	P10482	12-23-2022	8-31-2024	✓				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Pharmacist Application 5 of 7

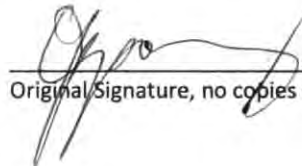
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

MARTHA Y. OPPONG

Print Name


Original Signature, no copies or stamps accepted

5-5-2024

Date

Board Use Only

Date Received: _____
NAPLEX: _____

Amount: 250⁰⁰ mo 19-637115313
MPJE: _____

Pharmacist Application 6 of 7

18

18A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application Non-Refundable \$250 fee Rev (06/28/2022)

Y

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ Examination

☐ Score Transfer (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at <https://nabp.pharmacy/> before completing this application.)

☒ Reciprocation (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at <https://nabp.pharmacy/> before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☒ No

Section 2: General Information

First: Hernan Middle: Dario Last: Kim Mok
Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
Mailing Address: [REDACTED] N. Euclid St
City: Fullerton State: CA Zip: 92832
Telephone: [REDACTED] Email: [REDACTED]

Section 3: Employment Information

Pharmacy Name: CUS Pharmacy NV Pharmacy License # (if applicable): 19930
Address: 1812 E Charleston Blvd
City: Las Vegas State: NV Zip: 89104
Telephone: 702) 384-5047 Email: N/A

Section 4: College of Pharmacy Information

School Name: Roseman University of Health Sciences
Address: 11 Sunset Way
City: Henderson State: NV Zip: 89014
Country/Territory/Province: USA
Graduation Date: 05/17/2018 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: VA License #: 0202220972 Date of Issuance: 12/9/2022 Expiry Date: 12/31/2024

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
NV	19930	7/24/18	10/31/23				✓	
VA	0202220972	12/9/22	12/31/24	✓				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?	✓	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?	✓	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✓	

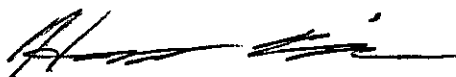
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest 1/31/23	Disposition Date 3/8/23	State NV	City Las Vegas	County USA
Case # 22-095-RPH-S		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge Diverting controlled substance.				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

I enrolled in a Substance Use Disorder (SUD) program on September 28, 2022. I participated in drug testing at SUD clinic every week and tested negative for all substances. I participated in self (AA/NA) meetings every week to develop healthy social networks and support toward continued efforts for long-term sobriety. I also obtained a sponsor and worked the 12 steps to assist with my recovery. I participated in individual and group counseling every week to develop positive coping skills and prevent potential relapse. I completed the program on February 10, 2023.



Original Signature (electronic, copies or stamps not accepted)

5/2/2024

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following where applicable:

Date of Event/Arrest <u>1/31/23</u>	Disposition Date <u>3/8/23</u>	State <u>NV</u>	City <u>Las Vegas</u>	County <u>USA</u>
Case # <u>22-095-RPH-S</u>		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge <u>diverting controlled substances.</u>				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

On Jan 31, 2023, I received a Notice of Intended Action and Accusation for unlawfully diverting controlled substances for personal use,
 count one- unlawful acquisition of controlled substances
 count two- unlawful possession of controlled substances
 count three- unlawful use of controlled substances
 count four- unprofessional conduct- diversion
 count five- unprofessional conduct- fraudulent/deceitful practice/transaction
 count six- adulteration and dispensing of an adulterated drug.



Original Signature (electronic, copies or stamps not accepted)

5/2/2024

Date

Pharmacist Application 5 of 7

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest <u>1/31/23</u>	Disposition Date <u>3/18/23</u>	State <u>NV</u>	City <u>Las Vegas</u>	County <u>USA</u>
Case # <u>22-095-RPH-S</u>		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge <u>diverting controlled substances</u>				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

My Pharmacist Certificate of Registration No. 19930 was revoked for a period of 1 year from the effective date March 8, 2023. I paid a fine of \$5,000 for the alleged violations and \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating.


Original Signature (electronic, copies or stamps not accepted)

5/2/2024
Date

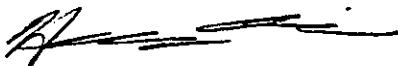
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following where applicable:

Date of Event/Arrest <u>1/31/23</u>	Disposition Date <u>3/8/23</u>	State <u>NV</u>	City <u>Las Vegas</u>	County <u>USA</u>
Case # <u>22-045-RPH-S</u>		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge <u>diverting controlled substances</u>				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

I agreed to a stipulation approved by the Nevada State Board of Pharmacy, as part of which my license was revoked for a period of one year effective March 8th, 2023.



Original Signature (electronic, copies or stamps not accepted)

5/2/2024

Date

Pharmacist Application 5 of 7

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Hernan Kim Mok

Print Name



Original Signature, no copies or stamps accepted

5/2/2024

Date

Board Use Only

Date Received: _____
NAPLEX: _____

Amount: _____
MPJE: _____



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HERNAN KIM MOK, RPH,
Certificate of Registration No. 19930,

Respondent.

Case No. 22-095-RPH-S

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Hernan Kim Mok ("Mok"), Certificate of Registration No. 19930, by and through counsel, Steven Altig, Esq. of Adras & Altig, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about January 31, 2023, Board Staff served Respondent Mok 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 Mok is fully aware of the right to seek the advice of counsel in this matter and has obtained the advice of counsel prior to entering this Stipulation.
4. Respondent Mok is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it 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 failed to comply with the provisions below, Respondent Mok hereby freely and voluntarily waives its right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it 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 Mok 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 Mok:

A. Unlawfully diverted controlled substances for personal use, without a prescript, from his employer CVS Pharmacy, in violation of NRS 453.331(1)(d) and/or NRS 453.336(1) and/or NRS 453.381(8) and/or NRS 453.391(1) and/or NRS 453.411(1) and/or NAC 639.945(1)(h).

7. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Mok not conceding or admitting to such allegations, the Board and Mok stipulate to the following penalties and conditions:

A. Respondent Mok's Pharmacist Certificate of Registration No. 19930 is hereby revoked for a period of one-year from the effective date of this order;

B. Respondent Mok shall pay a fine of Five Thousand Dollars (\$5,000.00) for the alleged violations;

C. Respondent Mok shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. In the event Respondent Mok petitions for reinstatement, or applies for reinstatement, 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, as well as the facts and circumstances underlying this matter.

9. 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. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

10. The Board's 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 March 8, 2023, in Las Vegas, Nevada. Respondent will appear in person or through counsel 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.

11. 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. 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 same day or 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.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, 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.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check or certified*

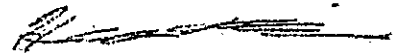
check or money order made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. 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 has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 18 day of February 2023.



HERNAN KIM MOK, RPH.
Certificate of Registration No. 19930

APPROVED AS TO FORM AND CONTENT

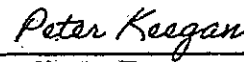
This 21st day of February 2023.

Adras & Altig, Attorneys at Law


Steven M. Altig, Esq.
Attorneys for Respondent

Signed this 21st day of February 2023.

Nevada State Board of Pharmacy


Peter Keegan, Esq.
General Counsel

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Hernan Kim Mok, RPH Certificate of Registration No. CS07810, in Case No. 22-095-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 9th day of March 2023.


Helen Park, President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**HERNAN KIM MOK, RPH,
Certificate of Registration No. 19930,**

Respondent.

Case No. 22-095-RPH-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document 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/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Hernan Kim Mok, RPh. ("Kim Mok"), Certificate of Registration No. 19930, was a pharmacist registered with the Board, and was originally licensed on July 24, 2018.

FACTUAL ALLEGATIONS

1. At the time of the events alleged herein, Respondent was employed as a pharmacist at CVS Pharmacy #8788 ("CVS") located at 1812 E. Charleston Blvd., Las Vegas, NV 89104.

2. On or about February 22, 2022, CVS staff filed a police report with the Las Vegas Metropolitan Police Department indicating Respondent was suspected of diverting Adderall from the CVS pharmacy.

3. On or about April 6, 2022, the Board received a DEA form 106, as well as the Licensee Record of Any Controlled Substance Loss or Theft form from CVS. This documentation reported the suspected employee theft of controlled substances between

approximately September 2021 and February 2022, including the following controlled substances:

Substance	Dose Strength	NDC Number	Quantity
Adderall XR	10mg	54092038301	40
Adderall XR	5mg	54092038101	39
Dextroamp-Amphetamin	20mg	00781235201	16
Dextroamp-Amphetamin	20mg	66993059702	15
Adderall XR	20mg	54092038401	12
Adderall XR	25mg	54092038901	10
Dextroamp-Amphetamin	15mg	43975033310	10
Dextroamp-Amphetamin	30mg	57664034188	5
Dextroamp-Amphetamin	20mg	43975033410	4
Dextroamp-Amphetamin	30mg	49884084401	1

4. On or about April 27, 2022, CVS's district leader provided a written statement to the Board's investigator indicating that CVS had conducted an internal investigation into the theft which resulted in a police report being filed against staff pharmacist Hernan Kim Mok for theft of the controlled substances.

5. On or about May 23, 2022, Respondent submitted a written statement to the Board's investigator assuring that he would not work in pharmacy in any capacity until this matter was resolved.

6. On August 2, 2022, Respondent submitted a written statement to the Board investigator where he admitted to having an addiction to Adderall and that he had diverted Adderall XR capsule powder from CVS.

7. Respondent's diversion of Adderall XR capsule powder from CVS resulted in the dispensing of adulterated Adderall XR to patients.

APPLICABLE LAW

8. It is a gross misdemeanor for any person to sell or delivery any drug that is adulterated or misbranded. NRS 585.520(1); NRS 585.550(2).

9. A drug or device shall be deemed to be adulterated if it is a drug and any substance has been mixed or packed therewith so as to reduce its quality or strength; or substituted wholly or in part therefor. NRS 585.400(1)-(2).

10. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

11. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

12. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

13. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. 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).

15. 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).

16. 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).

17. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Unlawful Acquisition of Controlled Substances

18. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT TWO

Unlawful Possession of Controlled Substances

19. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT THREE

Unlawful Use of Controlled Substances

20. By diverting and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct - Diversion

21. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FIVE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

22. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

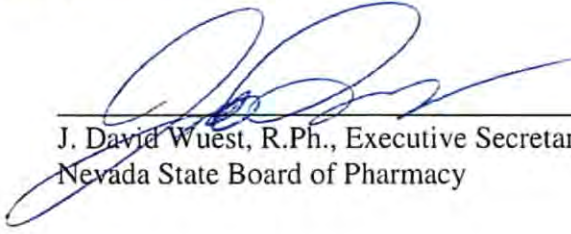
COUNT SIX

Adulteration and Dispensing of an Adulterated Drug

23. By diverting Adderall XR as alleged herein, Respondent adulterated drugs and caused the dispensing of adulterated drugs from CVS in violation of NRS 585.520(1) and/or NRS 585.550(2) and/or NRS 585.400(2), and is therefore subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255(3).

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 30th day of JANUARY, 2023.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

19

19A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable \$50 fee

Rev (03/16/2023)

Section 1: General Information

First: Danisha Middle: Faleah Last: Harvey
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☐ M ☒ F ☐ X
 Mailing Address: [REDACTED] Twain Ave [REDACTED]
 City: Las Vegas State: NV Zip: 89169
 Telephone: [REDACTED] Email: [REDACTED]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: Northwest Career College
 Address: 7398 Smoke Ranch Rd
 City: Las Vegas State: NV Zip: 89128
 Name of Program Director: Samantha Huntsman
 Signature of Program Director: [Signature]

Section 3: Employment Information

Pharmacy Name: _____ License #: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)

	Yes	No
1. Are you 18 years of age or older?	☒	☒
2. Are you a high school graduate or the equivalent?	☒	☒

High School Name: Assurance Learning Academy Graduation Date OR
 Address: 4126 Arlington Ave Date GED obtained (mm/yy): June 2018
 City: Los Angeles, CA 90062 State: CA Zip: 90062

Section 5: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)		Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)			✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?			✓

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You <u>MUST</u> provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.		Initials
		D.H.
		Yes No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

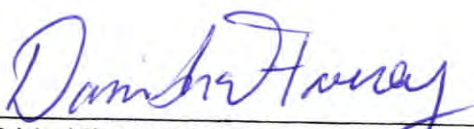
This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest 12/6/16	Disposition Date 1/10/17	State CA	City Los Angeles / OC	County LA county / OC county
Case # 16CF3055		Governing, licensing, Arresting Presiding Body/Agency/Court CA-Orange / LA County		
Reason/Charge Felony - Conspire to Commit Crime				
Plaintiff/Defendant/Claimant/Respondent Danisha Harvey v. State of CA			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

please attached
papers

case# change = 16190699


Original Signature (electronic, copies or stamps not accepted)

03/14/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Danisha Harvey

Print Name

Danisha Harvey

Original Signature (electronic, copies or stamps not accepted)

03/14/2024

Date

Board Use Only

Date Received: 4/29/24

Amount: \$50-check 1095736474

6:54

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XXX-XX-7899

XX
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2016
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Type: **Felony**inal Charge: **CONSPIRE TO COMMIT CRIME**Disposition: **Guilty**Sentence: **Type: Jail****Suspended: No****Length: 78 Days****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY****Type: Probation****Suspended: No****Length: 5 Years****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY****Type: Fine****Suspended: No****Fine Amount:****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY**Type: **Felony**inal Charge: **CONSPIRE TO COMMIT CRIME**Disposition: **Guilty**Sentence: **Type: Fine****Suspended: No****Fine Amount:****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY****Type: Jail****Suspended: No****Length: 78 Days****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY****Type: Probation****Suspended: No****Length: 5 Years****Other: ON 05/22/2017 CASE TRANSFERRED OUT TO LOS ANGELES COUNTY**

State Search

Level3

Data as Provided

workforce.sterlingdirect.com

Case Summary

Case Number:	16CF3055
OC Pay Number:	9017602
Originating Court:	Central
Defendant:	Harvey, Danisha Faleah

Allison Chan, public pretender.

Register of Actions:

Date Action	Seq Nbr	Docket Code	Text
01/10/2017	1	HHELD	Hearing held on 01/10/2017 at 08:30:00 AM in Department C55 for Pre Trial.
	2	OFJUD	Judicial Officer: Robert A. Knox, Judge
	3	OFJA	Clerk: N. Rodriguez
	4	OFBAL	Bailiff: D. Rudisill
	5	OFREP	Court Reporter: Joann Perez
	6	APDDA	People represented by Daniel Varon, Deputy District Attorney, present.
	7	APDWPD	Defendant present in Court with counsel Allison Chan, Public Defender.
	8	MOTBY	Motion by People to dismiss counts 1, 2, 3, 4, 5, 6, and add counts 7 and 8 by interlineation.
	9	MOTION	Motion granted.
	10	CDCDM	Count(s) 1, 2, 3, 4, 5, 6 DISMISSED - Motion of People.
	11	CTADD	Original Complaint amended by interlineation to add COUNT 7, 182(a)(1)/266i(a)(1) PC, FELONY, date of violation 12/03/2016.
	12	CTADD	Original Complaint amended by interlineation to add CCOUNT 8, 182(a)(1)/266i(a)(1) PC, FELONY, date of violation 12/03/2016.
	13	PLFWR	Court finds defendant intelligently and voluntarily waives legal and constitutional rights to jury trial, confront and examine witnesses, and to remain silent.
	14	PLGCT	To the Original Complaint defendant pleads GUILTY as to count(s) 7, 8.
	15	FIWWR	Defendant's written waiver of legal and constitutional rights for guilty plea received and ordered filed.
	16	ADCRWG	The defendant has been advised of constitutional rights, waivers and consequences in writing pursuant to the guilty plea form. The defendant makes the plea with a full understanding of all the matters set forth in the charging document and in the guilty plea form, that defendant has read, understood and personally initialed each item herein. Defendant understands that the signing and filing of the guilty plea form is conclusive evidence that defendant has pleaded GUILTY to the charges set forth.
	17	PLFBA	Court finds factual basis and accepts plea.
	18	ADCZS	Defendant advised of the possible consequences of plea affecting deportation and citizenship.
	19	ADMAX	Defendant advised of maximum possible sentence.
	20	ADCSQ	Defendant advised of consequences of violating probation.
	21	PLCPC	This constitutes a prior conviction.
	22	PLCJN	Counsel joins in waivers, pleas, and admissions.
	23	WVAFS	Defendant waives arraignment for sentencing.
	24	PLRIS	Defendant requests immediate sentencing.
	25	WVPBR	Probation report waived.
	26	SPSP1	No legal cause why judgment should not be pronounced and defendant having been convicted of 182(a)(1)/266i(a)(1) PC as charged in count 7, defendant is sentenced to STATE PRISON for Upper term of 6 Year(s).

27	SPAMD	Defendant has also Pled Guilty to the additional charge of 182(a)(1)/266i(a)(1) PC in count 8 and is sentenced to STATE PRISON for 1/3 the mid term of 16 Months. Sentence imposed to be served consecutive to count 7.
28	SPTTP	Total term to be served in State Prison is 7 Year(s) 4 Months.
29	PRESS	Execution of State Prison sentence is suspended and defendant is placed on 5 Year(s) FORMAL PROBATION as to count(s) 7, 8 on the following terms and conditions:
30	PRJAL	Serve 78 Day(s) Orange County Jail as to count(s) 7, 8.
31	JLCTS	Credit for time served: 39 actual, 39 conduct, totaling 78 days pursuant to Day-for-day.
32	SESEC	Pay \$40.00 Court Operations Fee per convicted count pursuant to Penal Code 1465.8.
33	SECCA	Pay Criminal Conviction Assessment Fee per convicted count of \$30.00 per misdemeanor/felony and \$35.00 per infraction pursuant to Government Code 70373(a)(1).
34	PRSRF	Pay mandatory state restitution fine of \$300.00 pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).
35	PRRFS	Pay \$300.00 Probation Revocation Restitution Fine pursuant to Penal Code 1202.44. Restitution fine stayed, to become effective only upon revocation of probation.
36	PRRES	Pay restitution in the amount as determined and directed by Probation Department as to count(s) 7, 8..
37	PRDNAC	As a condition of my plea and for the purpose of crime prevention and detection, I voluntarily consent and agree to provide a state DNA sample and prints for the State DNA Database pursuant to Penal Code 296.1 and a local DNA Database sample, prints and photograph for the local Orange County District Attorney DNA Database with the understanding that my DNA samples will be forensically analyzed and will be permanently retained, along with my DNA profile(s), prints and photograph, all of which will be subject to continual searches, anytime in the future, against other DNA profiles, prints and photographs in any local, state, national or international law enforcement database. I also voluntarily agree to provide sample (s) immediately or, if in custody, within 72 hours of my release.
38	PRDNA	Defendant to provide a state DNA sample and prints for the State DNA Database pursuant to PC 296 and PC 296.1 unless collection agency verifies in any available databases that the DNA sample has been previously collected.
39	PRSAS	Submit your person and property including any residence, premises, container, or vehicle under your control, to <u>search and seizure</u> at any time of the day or night by any law enforcement officer, probation officer, or mandatory supervision officer with or without a warrant, probable cause or reasonable suspicion.
40	PRPSY	Cooperate with your probation or mandatory supervision officer in any plan for psychological, psychiatric, alcohol and/or drug treatment.
41	PRTSE	Seek training, schooling, or employment and maintain residence as approved by your probation officer.
42	PRASA	Do not associate with persons known to you to be parolees, on post-release community supervision, convicted felons, users or sellers of illegal drugs, or otherwise disapproved of by probation or mandatory supervision.
43	PRNWP	Do not knowingly own, use, or possess any type of dangerous or deadly weapon.
44	PROBY	Obey all orders, rules, and regulations, and directives of the Court, Jail, and Probation.
45	PRVNL	Violate no law.
46	FIDVO	Protective order signed, served, and filed.
47	PRCTO	Comply with all terms of Protective Order.
		Defendant is ordered not to harass, strike, threaten, assault (sexually or otherwise),

48	PRPOT	follow, stalk, molest, destroy or damage personal or real property, disturb the peace, keep under surveillance, or block movements of the person(s) named in the protective order. All firearms owned or subjected to immediate possession by the defendant must be surrendered to a local law enforcement agency or sold to a licensed gun dealer within 24 hours. The defendant must file a receipt of surrender or sale within 48 hours. Defendant is not to attempt or actually prevent or dissuade any victim or witness from attending a hearing or testifying or making a report to any law enforcement agency or person.	
49	DOPOF	Protective Order faxed to Protective Order Registry.	
50	PRYRD	Do not go within 100 yards of person(s) named in the Protective Order.	
51	DOPOS	Court orders the protective order sealed pursuant to Penal Code section 293, 293.5, and/or California Rules of Court 2.550.	
52	PRDTC	Disclose terms and conditions of probation when asked by any law enforcement or probation officer.	
53	PRCN1	If Defendant successfully completes probation, the state prison sentence of 7 years and 4 months will not be imposed, additionally if defendant complies with the terms and conditions of probation for 3 years, the District Attorney agrees to meet with defendant and counsel to consider modifying terms of the plea or probation.	
54	PRCN2	Defendant specifically consents to any search of any electronic device owned by her and waives any issues pursuant to State Assembly 178, during probation.	
55	PRPCD	Pay cost of probation or mandatory supervision, according to ability to pay, as directed by your probation or mandatory supervision officer pursuant to Penal Code section 1203.1b.	
56	PRFEP	All fees payable through the Probation Department.	
57	PRATC	Defendant accepts terms and conditions of probation.	
58	PBRPT	Defendant to report to Probation Officer within 72 hours of release.	
59	FIDOC	Waiver of Hearing regarding Public Defender or Court Appointed Attorney fees and court order signed and filed.	
60	FDPFC	Court finds that the defendant has the ability to pay costs for counsel pursuant to Penal Code 987 in the amount of \$200.00 to the County Tax Collector within 90 days.	
61	NTRCO	Defendant released on this case only. Release issued.	
62	NTJAL	Notice to Sheriff issued.	
63	OFMCD	Minutes entered by I. Escobedo on 01/10/2017.	
64	DOJABS	DOJ Initial Abstract sent.	
01/11/2017	1	DOORG	Protective Order modified in the Protective Order Registry.

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 11/13/20

CASE NO. TA143041

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: DANISHA FALEAH HARVEY

COUNT 07: 182(A)(1) PC FEL
COUNT 08: 182(A)(1) PC FEL

ON 11/13/20 AT 830 AM IN SOUTH CENTRAL DISTRICT DEPT SCQ

CASE CALLED FOR JUDICIAL ACTION

PARTIES: TAMMY CHUNG RYU (JUDGE) BETTY CHANDLER (CLERK)
NONE (REP) NONE (DDA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

THE COURT ORDERS A SUPPLEMENTAL PROBATION REPORT. (SEE COMMENTS FOR SPECIFIC INSTRUCTIONS, IF ANY.)

DEFENDANT'S WRITTEN MOTION TO TERMINATE PROBATION PURSUANT TO PENAL CODE SECTION 1203.3 IS RECEIVED AND STAMP-FILED. THE MATTER IS SCHEDULED FOR HEARING ON DECEMBER 14, 2020 AT 8:30 A.M. IN THIS DEPARTMENT.

THE PEOPLE ARE NOTIFIED VIA INTERDEPARTMENTAL MAIL.

A COPY OF THIS MINUTE ORDER IS SENT THIS DATE VIA UNITED STATES MAIL TO:

LEGAL AID FOUNDATION OF LOS ANGELES
BROADWAY
LOS ANGELES, CA 90003

DANISHA FALEAH HARVEY
BROADWAY,
LOS ANGELES, CA 90003

THE COURT DIRECTS THE PROBATION OFFICER TO PREPARE A

PAGE NO. 1 JUDICIAL ACTION
HEARING DATE: 11/13/20

CASE NO. TA143041
DEF NO. 01

DATE PRINTED 11/13/20

SUPPLEMENTAL PROBATION REPORT RE: THEIR RECOMMENDATION
REGARDING DEFENDANT'S REQUEST FOR EARLY TERMINATION OF
PROBATION.

NEXT SCHEDULED EVENT:
12/14/20 830 AM MOTION DIST SOUTH CENTRAL DISTRICT DEPT SCQ

CUSTODY STATUS: ~~ON PROBATION~~

FREE!

Dear [Board of Pharmacy],

I am writing this letter to respectfully request your consideration of my application for pharmacy technician certification in light of a past felony conviction(s). I do want to be completely transparent about the conviction(s) In 2017 I agreed to a plea deal for 2 felony convictions of conspiracy pandering. A part of the deal was to complete a probation sentence of 5 years in which I have completed successfully & had not been in trouble with law since. I was 18 years of age at the time, hanging around the wrong crowd, and ended up making a horrible mistake. While I fully acknowledge the gravity of my previous actions, I believe that I have undergone significant personal growth and rehabilitation since that time.

Over the years, I have actively engaged in personal development activities, counseling, and educational opportunities to address the root causes of my past mistakes. I am committed to maintaining a law-abiding and responsible lifestyle, and I understand the importance of upholding the high standards expected of healthcare professionals. I was also introduced to a program that assists with the process of reducing/ dismissing my previous felony convictions but will take some time.

My passion for pharmacy stems from a sincere desire to contribute positively to the healthcare system, my genuine desire for helping others & making them feel better. I am confident that my commitment to personal and professional development aligns with the values upheld by the Board of Pharmacy. Allowing me this opportunity will open many doors. I come from very humble beginnings... This opportunity would allow me to set a better example for my siblings who are watching me, & will also allow me to be the first person in my immediate family to finish college & land a career. I am more than willing to provide any additional documentation or information that may aid in your evaluation & decision making process of my application.

I understand the seriousness of the decision you face and appreciate your time and consideration in reviewing my request. I am hopeful for the opportunity to demonstrate my dedication to ethical and responsible conduct within the pharmacy profession.

Thank you for your attention to this matter.

Best Regards,

Danisha Harvey

20

20A

Y

Dispensing Practitioner Registration Application
Non-Refundable \$300 fee
Rev (06/16/2022)

Type of Application

- ☒ New Dispensing Location
☐ Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
☐ Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

What types of drug(s) will you be dispensing?

- ☐ Dangerous Drugs (DD) ONLY
☒ Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: PENDING)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

- ☐ Yes
☒ No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

Section 1: Personal Information

First: ROBERT Middle: A Last: TOLEDO
Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
Home Address: [REDACTED] BRABANT AVE
City: LAS VEGAS State: NV Zip: 89183
Telephone: [REDACTED] Email: [REDACTED]
Degree: DO Practitioner License #: 1057 Specialty: OBGYN/ADDICTION MED
(You MUST have a current and active license with your respective BOARD to apply for and maintain a practitioner dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: DESERT TREATMENT CLINIC
Practice Address: 1546 W WARM SPRINGS RD Suite #: 130
City: HENDERSON State: NV Zip: 89014
Telephone: 702-248-0000 Fax: 702-933-5545 Email: _____

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Robert Toledo, DO
1552 W Warm Springs Rd, #100
Henderson, NV 89014
Office: 702-933-5544, Fax: 702-933-5545

Re: Section 5, Questions 3 & 4— Statement of Explanation

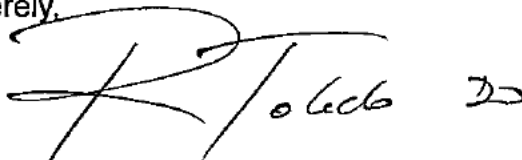
In 2016, I was included in an investigation conducted by the Nevada State Board of Osteopathic Medicine regarding a Medical Spa in which I was the medical director. See attached Case No. AD1606001 dated Aug 17, 2016, where we agreed to resolve the matter and reached a settlement agreement. As part of this agreement, I agreed to pay the Board's fees and costs in the matter, pay a fine, and refrain from administering, prescribing, dispensing, or ordering prescription drugs from any site other than my primary OBGYN practice until after January 2, 2017.

In 2017, the DEA concluded an investigation based on the above matter. A memorandum of agreement was put in place, and I agreed to the following: pay a penalty (settlement amount) and surrender my DEA Registration No. FT1209635 (for the medical spa). I was able to continue prescribing all permitted controlled substances under my main DEA Registration for my OB/GYN practice. Up to this point, I remained licensed by the Nevada State Board of Osteopathic Medicine and the Nevada State Board of Pharmacy.

In 2018, the Nevada State Board of Pharmacy concluded its investigation into the Medical Spa. See attached Case No. 16-013-PD-S which goes into detail. Effective July 18, 2018, all my Controlled Substance registrations and Practitioner Dispensing Registrations were revoked. I was not able to apply for reinstatement until after a year. My DEA Registration was reinstated on November 8, 2019, and my Controlled Substance license was reinstated effective November 21, 2019.

Please contact me if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Toledo DO', with a stylized flourish.

Robert Toledo, DO

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached


 Original Signature (electronic, copies or stamps not accepted)

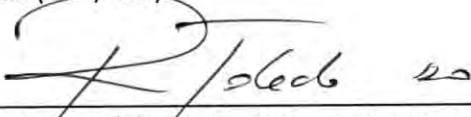
4/11/2024
 Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

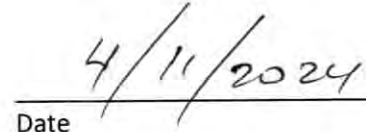
I understand that Nevada law requires a registered dispensing practitioner who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

ROBERT TOLEDO DO

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)



Date

Board Use Only: Date Processed: _____ Amount: \$300 - check 2905

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

AUG 17 2016

FILED

IN THE MATTER OF:

ROBERT TOLEDO, D.O.
License No. 1057,

Respondent.

Case No. AD1606001

SETTLEMENT AGREEMENT AND
ORDER

The Nevada State Board of Osteopathic Medicine (the Board), by and through its investigating board member Nicole Cavenagh, PhD, hereby enters into this settlement agreement with Robert Toledo, D.O. (License No. 1057). Pursuant to chapter 233B and chapter 633 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), it is hereby stipulated and agreed, by and between the parties in the above-entitled matter that this matter shall be fully and finally settled and resolved upon terms and conditions set out herein.

PERTINENT FACTS

1. On January 19, 2002, Dr. Toledo became licensed by the Board to practice as an osteopathic physician in Nevada (License No. 1057). Dr. Toledo's practice address of record with the Board is 1552 West Warm Springs Road, #100 in Henderson, Nevada. The Board's records show that Dr. Toledo is board certified in Obstetrics and Gynecology.

2. On March 30, 2016, the Board's staff and investigative staff from the Nevada State Board of Pharmacy conducted a joint investigation into a business entitled Henderson Wellness & Colonic (HWC) located at 9895 W. Maryland Parkway, Suite C in Las Vegas, Nevada. The business was owned by Dr. Toledo and his wife Nganha "Holly" Cheung and was managed by Dr. Toledo's sister-in-law Kim Le. The business purported to be a medical practice and spa.

3. The Board's investigation determined that HWC maintained a stock of prescription drugs that were readily accessible to all of HWC's staff. The prescription drugs were for weight loss (such as phentermine) or cosmetic purposes (such as Latisse). In practice, a client of HWC appeared at HWC, requested the prescription drugs HWC maintained or

1 "prescribed" without being medically examined by a licensed medical professional, paid the
2 appropriate fee, and left with the prescription drug or a "prescription" for the drug. None of the
3 employees of HWC were licensed medical professionals. Based upon the client's filling out of
4 a form and a cursory taking of vital signs, the staff of HWC would provide the client either
5 prescription medications taken from the stock maintained by HWC or would provide a
6 "prescription" to the client that had been pre-signed by Dr. Toledo via a stamp. The acts
7 performed by the employees of HWC constituted the practice of medicine since they involved
8 assessment, diagnosis, and treatment of HWC's clients, and none of the employees of HWC
9 were licensed as physicians, physician assistants, or advanced practitioner registered nurses.
10 Dr. Toledo did not see any of the clients of HWC in any capacity and did not maintain medical
11 charts on any of the clients. All of the prescription drugs dispensed by HWC were obtained
12 with Dr. Toledo's knowledge and through the exercise of Dr. Toledo's authority to obtain or
13 prescribe such prescription drugs. Dr. Toledo was aware of and condoned the manner by
14 which HWC operated.

15 **ACKNOWLEDGMENTS AND APPLICABLE LAW**

16 4. In an effort to avoid the cost and uncertainty of a hearing, the parties have agreed to
17 settle this matter. In settling this matter, Dr. Toledo does not contest the facts contained in the
18 preceding three paragraphs. Dr. Toledo further acknowledges that certain facts contained in
19 the preceding three paragraphs could be found to constitute violations of Nevada Revised
20 Statutes (NRS) 633.511(1) as unprofessional conduct as further defined in NRS
21 633.131(1)(d), (f)(1), (g), (l) and (m), and NRS 633.511(12) and Nevada Administrative Code
22 (NAC) 633.350(1)(c) and (e) if this matter went to a Board hearing. Notwithstanding the
23 preceding, the Board has agreed not to file an Accusation in this matter and the parties agree,
24 instead, that the Board should rule upon this Settlement Agreement and Order as containing
25 all necessary elements of due process to authorize the Board to take such action. If the
26 Board approves this Settlement Agreement and Order, it shall be deemed and considered
27 disciplinary action by the Board against Dr. Toledo.

28

1 5. Dr. Toledo and Dr. Cavenagh, the Investigating Board Member in this matter, agree
2 that it is in the best interests of Dr. Toledo and the Board to resolve this matter without a full
3 hearing on the merits.

4 6. Dr. Toledo is aware of, understands, and has been advised of the effect of this
5 Settlement Agreement, which he has carefully read and fully acknowledged. Dr. Toledo
6 acknowledges that he reviewed this Settlement Agreement and that he was provided the
7 opportunity to review this Settlement Agreement with legal counsel of his own choice, namely
8 John Cotton of John Cotton & Associates.

9 7. Dr. Toledo has freely and voluntarily entered into the Settlement Agreement, and he
10 is aware of his rights to contest the charges pending against him. These rights include
11 representation by an attorney at his own expense, the right to a public hearing on any charges
12 or allegations formally filed, the right to confront and cross-examine witnesses called to testify
13 against him, the right to present evidence on his own behalf, the right to testify on his own
14 behalf, the right to obtain any other type of formal judicial review of this matter, and any other
15 rights which may be accorded to him pursuant the provisions of Chapters 233B, 622, 622A,
16 and 633 of the NRS and the NAC. Dr. Toledo is voluntarily waiving all these rights in
17 exchange for the Board's acceptance of this Settlement Agreement.

18 8. Should the Settlement Agreement be rejected by the Board, it is agreed that
19 presentation to and consideration by the Board of such proposed Settlement Agreement or
20 other documents or matters pertaining to the consideration of this Settlement Agreement shall
21 not unfairly or illegally prejudice the Board or any of its members from further participation,
22 consideration, adjudication, or resolution of these proceedings and that no Board member
23 shall be disqualified or challenged for bias. Likewise, should this Settlement Agreement be
24 rejected by the Board, it is agreed that the terms of the Settlement Agreement, and any facts
25 contained herein, shall not be used against Dr. Toledo in any future prosecution or other
26 action by the Board.

27 9. Dr. Toledo for himself, his executors, administrators, successors, and assigns
28 hereby releases and forever discharges and holds harmless the State of Nevada, the Nevada

1 Board of Osteopathic Medicine and each of their members, agents, investigators and
2 employees in their individual and representative capacities, from any and all manner of
3 actions, causes of action, suit, debts, judgments, executions, claims and demands
4 whatsoever, known and unknown, in law or equity, that Licensee ever had, now has, may
5 have or claim to have against any or all of the persons or entities named in this paragraph
6 arising out of or by reason of this investigation, this disciplinary action, this settlement
7 agreement or its administration.

8 10. In consideration for the execution of this Settlement Agreement, Dr. Toledo hereby
9 releases and forever discharges the State of Nevada, the Board of Osteopathic Medicine, and
10 the Nevada Attorney General's Office (as counsel for the Board), and each of their
11 representatives, investigators, and employees, in their individual and representative capacity
12 from any and all manner of actions, causes of actions, suits, debts, judgments, executions,
13 claims and demands whatsoever, known or unknown, in law and in equity, that he may have
14 had, now has, or claim to have against any and all of the persons and entities named in this
15 paragraph arising out of or by reason of the investigation of the allegations raised herein and
16 other matters relating thereto.

17 11. Dr. Toledo acknowledges that the Settlement Agreement shall only become
18 effective after both the Board and he have duly executed it.

19 12. Dr. Toledo enters into this Settlement Agreement voluntarily after being fully
20 advised of his rights and as to the consequences of this Settlement Agreement. This
21 Settlement Agreement embodies the entire agreement reached between the Board and Dr.
22 Toledo. It may not be altered, amended, or modified without the express consent of the
23 parties.

24 13. Both parties acknowledge that the Board has jurisdiction to consider and ratify this
25 Settlement Agreement and order because Dr. Toledo is an osteopathic physician licensed by
26 the Board. Dr. Toledo expressly, knowingly, and intentionally waives the 21-day notice
27 requirement contained in the Nevada Open Meeting Law and acknowledges that this
28

1 Settlement Agreement and order may be presented to the Board for its consideration and
2 potential ratification at the Board's meeting on August 16, 2016.

3
4 **AGREED DISCIPLINARY ACTION**

5 THE PARTIES DO HEREBY AGREE as a result of the admissions and
6 acknowledgements contained in paragraphs 1 through 13 above that the following discipline is
7 fair and appropriate and should be imposed by the Board by way of resolution of this matter:

8 1. Dr. Toledo shall pay the Board's fees and costs in the investigation and prosecution
9 of this matter totaling \$791.00, payable by cashier's or certified check or money order made
10 payable to: "Nevada State Board of Osteopathic Medicine." Payment shall be due within 90
11 days of the effective date of this Settlement Agreement and Order, but if Dr. Toledo cannot
12 make payment in full by that time, he may make payment arrangements with and as are
13 acceptable to the Board's Executive Director.

14 2. Dr. Toledo shall pay a fine of \$5,000.00 in this matter, payable by cashier's or
15 certified check or money order made payable to: "Nevada State Board of Osteopathic
16 Medicine." Payment shall be due within 90 days of the effective date of this Settlement
17 Agreement and Order, but if Dr. Toledo cannot make payment in full by that time, he may
18 make payment arrangements with and as are acceptable to the Board's Executive Director.

19 3. Dr. Toledo shall not allow any prescription drugs to be ordered, purchased, stored,
20 or otherwise provided to HWC using his name or authority, and he shall take whatever action
21 is necessary to assure that no prescription drugs are obtained in his name or authority.

22 4. Dr. Toledo may not administer, prescribe, dispense, order, or otherwise be involved
23 with prescription drugs for purposes unrelated to his practice of obstetrics and gynecology at
24 HWC or any other site until January 2, 2017. Dr. Toledo may administer, prescribe, dispense,
25 order, or otherwise be involved with prescription drugs at HWC or any other site after January
26 2, 2017 only if he does so in compliance with subparagraphs 5(a), (b), and (c) below at HWC
27 or any other site.
28

1 5. Dr. Toledo may administer, prescribe, dispense, order, or otherwise be involved with
2 any controlled substances or dangerous drugs from his primary practice site so long as he
3 does so in accordance with the following conditions:

4 (a) Dr. Toledo obtains a DEA registration and Nevada CS registration at the site. Dr.
5 Toledo shall also register the site as a practice site with the Board. If Dr. Toledo desires to
6 dispense controlled substances or dangerous drugs from the site, he must also obtain a
7 Nevada dispensing practitioner's registration. Dr. Toledo shall provide written evidence of his
8 registrations to the Board office.

9 (b) Dr. Toledo must personally see and assess each patient at the site to determine
10 that the patient has a legitimate medical condition or diagnosis for which a particular controlled
11 substance or dangerous drug is appropriate. Dr. Toledo must make a medical record
12 regarding each patient he sees and assesses at the site, which record must include the basic
13 physical examination information, Dr. Toledo's assessment, diagnoses, and controlled
14 substances or dangerous drugs administered. The medical records made pursuant to this
15 subparagraph must be maintained at the site. Dr. Toledo may employ a physician assistant or
16 advanced practitioner of nursing under his supervision to see and assess the patients of the
17 site and to make and maintain the records in the same manner as is required of Dr. Toledo
18 under this paragraph.

19 (c) Dr. Toledo shall provide to the Board office his policy and procedures or protocols
20 that will be used at his primary practice location for the seeing, assessment, diagnosis,
21 administering, prescribing, and dispensing of controlled substances and dangerous drugs to
22 patients at the site. The policy and procedures or protocol must be in compliance with all laws
23 related to the administering, prescribing, and dispensing of prescription drugs and controlled
24 substances, including but not limited to NRS and NAC chapters 453, 454, 633, and 639 and
25 shall address those concerns raised in this matter including (1) limiting access to dangerous
26 drugs stored in his practices' drug rooms; (2) assuring that controlled substances are properly
27 and lawfully stored and secured; (3) limiting access to controlled substances; (4) packaging,
28 repackaging, and labeling of prescription drugs; and (5) assuring that all patients are examined

1 and that all necessary documentation is made to support the prescription, dispensing, and
2 refilling of dangerous drugs and controlled substances. The Board is aware that Dr. Toledo
3 has been working simultaneously with the Nevada State Board of Pharmacy and has been
4 developing policies and procedures or protocols in conjunction with the Nevada State Board of
5 Pharmacy. To satisfy the terms of this subparagraph, Dr. Toledo may present to the IBM
6 those policies and procedures or protocols developed with the Nevada State Board of
7 Pharmacy so long as those policies and procedures or protocols address the five concerns
8 addressed in this paragraph. The policies and procedures or protocols, whether those agreed
9 to with the Nevada State Board of Pharmacy or developed independent of the Nevada State
10 Board of Pharmacy, must be submitted to the IBM no later than 30 days after the effective
11 date of this Settlement Agreement and Order.

12 6. If Dr. Toledo desires in the future to administer, prescribe, or dispense dangerous
13 drugs or controlled substances from a site other than his primary practice site, Dr. Toledo
14 must notify the Board's office at least 30 days before he commences practice at the site. Dr.
15 Toledo may not commence any practice at a site other than his primary practice site and HWC
16 until he satisfies the IBM that his practice at the site other than his primary practice site or
17 HWC will conform with all applicable Nevada and federal laws and the requirements of
18 paragraph 4 herein.

19 7. The parties acknowledge that the Board must report this Settlement Agreement to
20 the National Practitioners Data Bank ("Data Bank").

21 8. Dr. Toledo shall meet with the Board or its representatives upon request and shall
22 cooperate with such representatives in their supervision, monitoring, investigation, or auditing
23 to assure compliance with the terms and conditions of this order. Dr. Toledo shall pay any
24 and all reasonable and necessary costs incurred by the Board resultant from this paragraph.

25 9. In the event Dr. Toledo fails to materially comply with any term of this Settlement
26 Agreement, Dr. Toledo agrees his license in the State of Nevada shall be automatically
27 suspended without any action of the Board other than the issuance of an Order of Suspension
28 by the Executive Director. Upon complying with the term, Dr. Toledo's license in the State of

1 Nevada will be automatically reinstated, assuming all other provisions of the Settlement
2 Agreement are in compliance. Additionally, Dr. Toledo's failure to comply with any term or
3 condition of this Settlement Agreement may result in discipline by the Board, up to and
4 potentially including revocation of his license. Board Staff may take any and all actions it
5 deems necessary to collect any sums ordered that remain unpaid. If Board Staff is required to
6 pursue judicial action to effect such collections, it shall be entitled to recover its attorney's fees
7 and costs incurred in pursuing such judicial action.

8 Signed this 20 day of July, 2016.

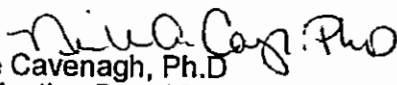
9 Respondent Robert Toledo

Nevada State Board of Osteopathic Medicine

11 By _____

By

12 Robert Toledo, D.O.
13 Respondent

14 
15 Nicole Cavenagh, Ph.D.
16 Investigating Board Member

1 7. The parties acknowledge that the Board must report this Settlement Agreement to the
2 National Practitioners Data Bank ("Data Bank").

3 8. Dr. Toledo shall meet with the Board or its representatives upon request and shall cooperate
4 with such representatives in their supervision, monitoring, investigation, or auditing to assure compliance
5 with the terms and conditions of this order. Dr. Toledo shall pay any and all reasonable and necessary
6 costs incurred by the Board resultant from this paragraph.

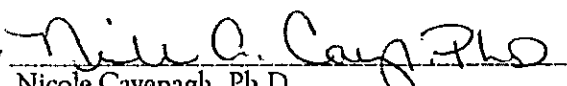
7 9. In the event Dr. Toledo fails to materially comply with any term of this Settlement Agreement,
8 Dr. Toledo agrees his license in the State of Nevada shall be automatically suspended without any action
9 of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon
10 complying with the term, Dr. Toledo's license in the State of Nevada will be automatically reinstated,
11 assuming all other provisions of the Settlement Agreement are in compliance. Additionally, Dr. Toledo's
12 failure to comply with any term or condition of this Settlement Agreement may result in discipline by the
13 Board, up to and potentially including revocation of his license. Board Staff may take any and all actions
14 it deems necessary to collect any sums ordered that remain unpaid. If Board Staff is required to pursue
15 judicial action to effect such collections, it shall be entitled to recover its attorney's fees and costs incurred
16 in pursuing such judicial action.

17 Signed this 22 day of July, 2016.

18 Respondent Robert Toledo

Nevada State Board of Osteopathic Medicine

19
20 By 
21 Robert Toledo, D.O.
22 Respondent

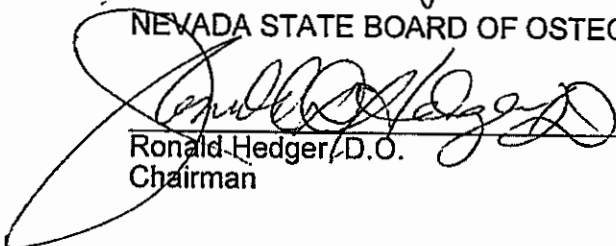
23
24 By 
25 Nicole Cavenagh, Ph.D
26 Investigating Board Member
27
28

ORDER

WHEREAS, on August 16, 2016, the Nevada State Board of Osteopathic Medicine approved and adopted the terms and conditions set forth in the Agreed Settlement and Order with Robert Toledo, D.O. IT IS SO ORDERED.

SIGNED AND EFFECTIVE this 16 day of August, 2016.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE


Ronald Hedger, D.O.
Chairman

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN THE MATTER OF THE COMPLAINT

Case No.: AD1606001

AGAINST

Robert Toledo, D.O.,

RESPONDENT.

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

AUG 17 2016

FILED

CERTIFICATE OF SERVICE

I hereby certify that on the 18th day of August, 2016, I served a copy of the ABOVE Notice with attachment upon the parties to this matter, via U.S. Postal Service, postage thereon prepaid, addressed as follows:

Robert Toledo, D.O.
1552 W. Warm Springs Road, #100
Henderson, NV 89014



An employee of the Nevada State Board of
Osteopathic Medicine

In the Matter of

Robert Toledo, D.O.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Robert Toledo, D.O. (Toledo). This Memorandum is based on the following:

1. Toledo is licensed to practice medicine in Nevada and is registered with the DEA as a practitioner with Registration Nos. FT1209635 (9895 S. Maryland Pkwy.); BT4604965 (1552 W. Warm Springs Rd.); and FT5105792 (8455 S. Eastern Ave.).

2. DEA conducted an investigation concerning the receipt and distribution of and record-keeping for Phentermine, a Schedule IV Controlled Substance, that was prescribed or dispensed by Toledo or his employees in Las Vegas and Henderson, Nevada during the period from January 1, 2014 through March 30, 2016 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801 et seq., and related regulations.

3. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act. Nothing in this Agreement constitutes an admission of liability by Toledo.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Toledo agree as follows:

4. Toledo agrees to pay the United States \$50,000 in civil penalties (the Settlement Amount), within 30 days of the signing of this Memorandum of Agreement. Payment shall be made by wire transfer to the United States Department of Justice, based upon instructions to be provided by the United States Attorney's Office for the District of Nevada.

5. Toledo agrees to the following:

- a. Toledo will immediately surrender DEA Registration No. FT1209635.
- b. Toledo will not dispense any Schedule II or III controlled substances under DEA Registration No. BT4604965 at any time. Toledo will continue to be able to prescribe all controlled substances otherwise permitted under state and federal law under DEA Registration No. BT4604965
- c. Toledo will abide by all federal, state, and local laws and regulations relating to the prescribing and dispensation of Controlled Substances under DEA Registration Nos. BT4604965 and FT5105792.
- d. Toledo will remain licensed by the Nevada State Board of Osteopathic Medicine and the Nevada State Board of Pharmacy.

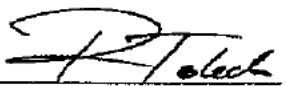
6. The address where Toledo will maintain any and all medical records that he is required to maintain under Title 21 of the United States Code is 1552 W. Warm Springs Rd., Henderson, NV 89014 (the "Designated Address."). For a period of two years from the date on which Toledo executes this Memorandum, Toledo agrees that DEA personnel may enter the Designated Address at any time during regular business hours, without prior notice and without an Administrative Inspection Warrant or other documentation permitting entry, to verify compliance with this Memorandum of Agreement. Toledo represents that he will currently maintain the required medical records at the Designated Address. Toledo further agrees to notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

7. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

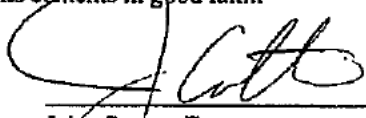
8. Violation of this Memorandum of Agreement will constitute additional grounds for the revocation of any or all of Toledo's Certificates of Registration, and any such violation may result in an action to revoke such registrations. If any other offense or violation by Toledo is charged, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this

Agreement shall constitute a release by the United States of any civil or criminal liability of Toledo other than civil liability for the Covered Conduct.

9. The United States enters into this Memorandum of Agreement with the understanding that Toledo will abide by its contents in good faith.


Robert Toledo, D.O.

Dated: 05/17/2017


John Cotton, Esq.
Attorney for Rogelio Toledo, M.D.

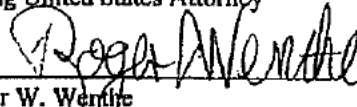
Dated: 05/18/2017

DRUG ENFORCEMENT
ADMINISTRATION

By: 
Marlon C. Whitfield
Diversion Program Manager
Los Angeles Field Division

Dated: 05/23/17

STEVEN W. MYHRE
Acting United States Attorney

By: 
Roger W. Werthe
Assistant United States Attorney

Dated: 5/25/17

FILED

JUL 25 2018

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 16-013-PD-S
	)	
Petitioner,	)	
	)	
v.	)	
	)	
ROBERT TOLEDO, D.O.,	)	FINDINGS OF FACT,
Certificate of Registration Nos. CS11019,	)	CONCLUSIONS OF LAW
CS17832,	)	AND ORDER
CS19754,	)	
CS23073,	)	
PD00063, and	)	
PD11019,	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Robert Anthony Toledo, D.O. (Toledo), Certificate of Registration Nos. CS11019, CS17832, CS19754, CS23073, PD00063 and PD11019, appeared with counsel, John Cotton, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The allegations against Toledo, as stated in the Accusation on file herein, and upon which Toledo admits and the Board makes findings of fact, are as follows:

1. Toledo held active Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, issued by the Board at the time of the events set forth herein.
2. Toledo also held an active license issued by the Nevada State Board of Osteopathic Medicine to practice osteopathic medicine in Nevada (License No. 1057), and owned and operated Henderson Wellness Medical Spa & Colonics (HWMS), located at 9895 Maryland Parkway, #C, Las Vegas, Nevada.
3. On March 30, 2016, investigators from the Board and the Nevada State Board of Osteopathic Medicine conducted a joint investigation of HWMS.

4. When the investigators arrived at HWMS, there was no one present there who was licensed to possess, access, order, prescribe or dispense dangerous drugs or controlled substances.

5. Toledo arrived at HWMS approximately thirty (30) minutes after the investigators arrived and initiated their investigation.

6. Prior to Toledo's arrival on March 30, 2016, Toledo's staff wrote and dispensed prescriptions for two (2) walk in patients without Toledo present at HWMS.

7. Toledo's HWMS staff assisted each of the two (2) patients to complete a Medical Weight Loss Program – Progress Note, and, in Toledo's absence, signed the Medical Weight Loss Program – Progress Notes with a stamp of Toledo's signature.

8. Without Toledo present, his HWMS staff created a prescription for each patient, prescription numbers 11211 for patient W.H., and 11212 for patient L.V., by stamping Phentermine 37.5 MG and instructions for use on a copied prescription blank bearing Toledo's pre-signed signature.

9. Toledo's staff accessed HWMS's inventory of controlled substances and dangerous drugs and dispensed Phentermine 37.5 MG tablets to each patient without Toledo present and without Toledo or any licensed practitioner examining the patient to establish a bona fide therapeutic relationship between Toledo and the patient.

10. Phentermine is a schedule IV-controlled substance.

11. Toledo established a system at HWMS wherein he directed his staff to routinely possess, prescribe and dispense controlled substances and dangerous drugs to patients on his behalf and in his absence without a bona fide relationship between Toledo and the patient, at significant risk of harm to the public.

12. HWMS had five (5) manila folders onsite that each contained copies of pre-signed prescription blanks which were pre-written for a dangerous drug and each bearing Toledo's copied signature. When a patient visited HWMS for a prescription, an unlicensed staff member wrote in the patient's name and information.

13. The copies of pre-signed prescriptions in the five manila folders at HWMS included:
 - Latisse – 14 pre-signed copied prescription blanks.
 - Obagi CRS – 11 pre-signed copied prescription blanks.
 - Obagi Nuderm – 21 pre-signed copied prescription blanks.
 - Obagi Clenziderm – 13 pre-signed copied prescription blanks.
 - Rx Sheets – 17 pre-signed copied prescription blanks for use when staff wrote for Phentermine and other prescription medications other than the Latisse and Obagi products.
14. Toledo maintained a stock of controlled substances and dangerous drugs that were readily accessible to HWMS staff in Toledo's absence.
15. The acts performed by Toledo's HWMS staff constituted the practice of medicine since they involved assessment, diagnosis, and treatment of HWMS's patients.
16. None of Toledo's HWMS staff were licensed to practice medicine as a physician, physician's assistant, or advanced practice registered nurse.
17. Toledo did not examine any of the patients of HWMS in any capacity and did not maintain medical charts on any patients of HWMS.
18. Toledo's HWMS staff possessed the controlled substances and dangerous drugs they dispensed with Toledo's knowledge and consent and through the exercise of Toledo's authority to obtain and/or prescribe controlled substances and dangerous drugs.
19. On August 16, 2016, the Nevada State Board of Osteopathic Medicine approved and entered a Settlement Agreement and Order *In the Matter of Robert Toledo, D.O.*, Case No. AD1606001.
20. Toledo entered into a Memorandum of Agreement with the U.S. Drug Enforcement Administration in May of 2017 after an audit revealed that from January 1, 2014 through November 28, 2016, Toledo dispensed 32,245 more Phentermine tablets than he was able to validate through invoice purchases.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent because at the time of the events herein, Toledo held active registrations issued by the Board to prescribe and dispense controlled substances and dangerous drugs.
2. The applicable law in this matter is as follows:
 - a. No person may possess a controlled substance or dangerous drug in Nevada except as authorized by law. NRS 453.336; NRS 453.338; NRS 453.373; NRS 454.213; NRS 454.316; NRS 454.321.
 - b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.
 - c. A physician may prescribe and dispense controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.
 - d. Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.440(1)(c); 21 CFR § 1306.05.
 - e. No person may prescribe and dispense dangerous drugs in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 639.235(1); NAC 639.742(1), (3) and (4).
 - f. Each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NRS 454.223; NAC 454.060(1).
 - g. A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock combination. NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a); NAC 639.745(1)(c).

h. A dispensing practitioner shall ensure that no prescription for a controlled substance or dangerous drug is dispensed to a patient unless the dispensing practitioner is on-site at the facility. NAC 639.742(3)(e).

i. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h).

j. 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).

k. "Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(j).

l. "Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(o).

m. 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).

n. 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).

o. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

p. 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).

3. By allowing his HWMS staff, none of whom were practitioners licensed to possess controlled substances, to use his authority to access and possess an inventory of controlled substances, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 453.338(1) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

4. By allowing his HWMS staff, none of whom were practitioners licensed to possess dangerous drugs, to use his authority to obtain and possess an inventory of dangerous drugs, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 454.213; NRS 454.311 and NRS 454.316 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

5. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to issue prescriptions for controlled substances using pre-signed and copied prescription blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 453.321(1)(a); NRS 453.331(1)(b), (c), (d), (f) and (h), NRS 453.381(1); NRS 639.2813(1) and NAC 453.440(1)(c). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), and NRS 639.255.

6. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to issue prescriptions for dangerous drugs using pre-signed and copied prescription

blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted HWMS's staff in violating NRS 454.221(1), NRS 454.223, NRS 454.311(1) and (2), NRS 454.316; NRS 639.2813(1); NAC 454.060(1) and NRS 639.235(1). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(1)(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

7. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to dispense controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamped signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 639.235(1); NRS 639.284(2) and NRS 639.285. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

8. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to possess and dispense controlled substances to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating 21 CFR § 1301.11; NRS 639.100(1); NRS 453.316(1); and NRS 453.331(1)(b), (c), (d), (f) and (h). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.744

9. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to possess and dispense dangerous drugs to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating NRS 639.100(1); NRS 454.215 and NRS 454.321. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that

conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

10. By allowing his HWMS staff, none of whom were practitioners licensed to possess, prescribe and dispense controlled substances or dangerous drugs, to possess, prescribe and dispense controlled substances and dangerous drugs under his authority, Toledo performed and/or was a party to fraudulent and deceitful practices and transactions and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

11. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, controlled substances to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of 21 CFR § 1306.05; NRS 639.2353(2); NAC 453.440(1)(c); and NAC 453.410(1)(b)(8), and is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

12. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, dangerous drugs to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of NRS 454.223(2)(a); NRS 639.2353(2); and NAC 454.060(1), and is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

13. By allowing his unlicensed HWMS staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility, Toledo violated NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a), and NAC 639.745(1)(c), and is subject to discipline under NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

14. By allowing his unlicensed HWMS staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his facility, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1301.11 and NAC 639.742(3)(e), and is subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

15. By allowing his unlicensed HWMS staff to dispense prescriptions for controlled substances and dangerous drugs without Toledo first personally checking the medications and

initialing them before they were dispensed, Toledo violated 21 CFR § 1306.05 and NAC 639.743(2)(a) and/or (b). Toledo is therefore subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

16. By providing pre-signed prescription blanks and/or a stamp of his signature to his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, and by facilitating the issuance of prescriptions for controlled substances to patients with whom Toledo does not have a bona fide therapeutic relationship, Toledo committed an act that would render his Nevada Controlled Substance Registration 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).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

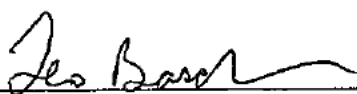
1. Respondent Robert Anthony Toledo's Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, are each revoked effective as of the date of the hearing, July 18, 2018.
2. Unless and until Toledo applies for reinstatement of one or more of his controlled substance registrations and/or his dispensing practitioner registrations, and the Board reinstates his registration(s), Toledo:
 - a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.
 - b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.
 - c. May not prescribe any controlled substance.
 - d. May not dispense any controlled substance or dangerous drug.

3. Toledo may not apply for reinstatement of his controlled substance or dispensing practitioner registrations until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Toledo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Entered this 26 day of July, 2018.



Leo Basch, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Robert Toledo, M.D.
1551 W. Warm Springs Road #100
Henderson, Nevada 89014

John Cotton, Esq.
John H. Cotton & Associates, LTD
7900 West Sahara, Suite 200
Las Vegas, Nevada 89117


SHIRLEY HUNTING

Findings of Fact, Conclusions of Law and Order
Case No. 16-013-PD-S

21

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Cornelius Middle: Maurice Last: Payor III
Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
Home Address: Cool Meadows Dr.
City: LAS Vegas State: Nevada Zip: 89129
Telephone: [REDACTED] Email: [REDACTED]
Degree: DDS Practitioner License #: 7957 Specialty: (None)
(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Aisas Dental & Braces
Practice Address: 7500 E. Lake Mend Blvd Suite #:
City: LAS Vegas State: Nevada Zip: 89030
Telephone: (702) 649-2782 Fax: (702) 359-0847 Email: civiccenter@aisas.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒ N/A

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☒

Section 5: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	✓	
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest <u>12/21/07</u>	Disposition Date <u>12/21/07</u>	State <u>CA</u>	City <u>SACRAMENTO</u>	County
Case # <u>DBC 2005-81, L2007030591</u>		Governing, licensing, Arresting Presiding Body/Agency/Court <u>California Dental Board</u>		
Reason/Charge <u>Billing issues in 2005</u>		<u>License REVOKED (2007) (now California License re-instated Nov 2023) In Good Standing!</u>		
Plaintiff/Defendant/Claimant/Respondent <u>Cornelius M. Poya III</u>		Lawsuit/Arbitration/Bankruptcy <u>N/A</u>		
Name of Business/Industry/Entity <u>Dental Board of California</u>				

Dental License re-instated and in California in Good Standing! 2023 (Nov)

Provide explanation below:

- Passed California & Nevada Boards The pass 2 years and attained my license in ~~CA~~ State! also, attained my DEA License in California recently!
(12/12/23)

Cornelius M. Poya III
3/20/24

Cornelius M. Poya III
Original Signature (electronic, copies or stamps not accepted)

3/20/24
Date

Section 5: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or (misdemeanor) in <u>any</u> state?	✓	
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following where applicable:

Date of Event/Arrest <u>Dec 3, 2008</u>	Disposition Date <u>6/5/12</u>	State <u>NV</u>	City <u>Las Vegas</u>	County <u>Clark</u>
Case # <u>09C253147</u>		Governing, licensing, Arresting Presiding Body/Agency/Court <u>Las Vegas Police Dept</u>		
Reason/Charge <u>(Disorderly Conduct) - 2008 (misdemeanor) (16 yrs AGO)</u>				
Plaintiff/Defendant/Claimant/Respondent <u>Cornelius M. Puga III</u>			Lawsuit/Arbitration/Bankruptcy <u>N/A</u>	
Name of Business/Industry/Entity <u>Las Vegas Police Dept.</u>				

Provide explanation below:

Cornelius M. Puga III
3/20/24



Cornelius M. Puga III
Original Signature (electronic, copies or stamps not accepted)

3/20/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

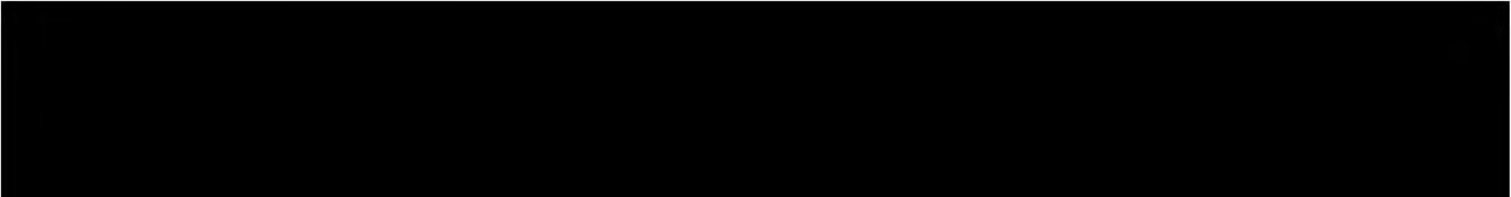
Cornelius Maurice Payor III
Print Name (First, Last)

3/20/24
Date

Cornelius M. Payor III
Original Signature (electronic, copies of stamps not accepted)

3/20/24
Date

Board Use Only: Date Processed: _____ Amount: 4700-LL



Cc: Dr. Cornelius M Pryor III
Subject: Summry (9).pdf
Attachments: Summry (9).pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Early Termination Of Probation Granted Documents And Re-Instatement Of California Dental License To Good Standing !

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition for Early Termination of
Probation of:**

Cornelius M. Pryor III

Dental License Number 35538

Petitioner

Agency Case Number 1002056661

OAH No. 2023070266

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby accepted and adopted by the Dental Board of California, Department of Consumer Affairs, State of California, as its Decision in the above-entitled matter.

This Decision shall become effective on November 22, 2023.

IT IS SO ORDERED on October 23, 2023.



Alan L. Felsenfeld, MA, DDS
President
Dental Board of California
Department of Consumer Affairs
State of California

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition for Early Termination of
Probation of:**

CORNELIUS M. PRYOR, III, D.D.S., Petitioner.

Agency Case No. 1002056661

OAH No. 2023070266

PROPOSED DECISION

Eileen Cohn, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on September 13, 2023.

Michael L. Pinkerton, Attorney at Law, represented petitioner Cornelius M. Pryor, III, D.D.S., who was present throughout the hearing.

Christine J. Lee, Deputy Attorney General, represented the Office of Attorney General, State of California, pursuant to Government Code section 11522.

Testimony and documentary evidence were received. The record was closed, and the matter was submitted for decision on September 13, 2023.

SUMMARY

After completing two years of his probation and successfully abiding by its terms, petitioner filed a petition for early termination of probation. Clear and convincing evidence established that petitioner is fully rehabilitated and public protection does not require that he remain on probation.

FACTUAL FINDINGS

Background and License History

1. On July 28, 1987, the Dental Board of California (Board) issued Dental License Number 35538 (license) to petitioner. (Ex. 3.)
2. On October 24, 2001, after an accusation was filed against petitioner, by order of the Board effective October 24, 2001, petitioner's license was revoked, the revocation stayed and petitioner was placed on probation for a period of five years. (Ex. 3.)
3. On May 30, 2006, after an accusation and petition to revoke probation was filed, by order of the Board effective December 21, 2007, petitioner's license was revoked. (Ex. 3.)
4. On December 18, 2015 petitioner filed a petition for reinstatement which was denied by order of the Board on November 3, 2016. (Ex. 3.)
5. After consideration of petitioner's Petition for Reinstatement, received by the Board on October 22, 2019, by order of the Board effective March 31, 2021.

petitioner's license was reinstated, the license revoked, revocation stayed, and petitioner was placed on probation for a period of three years. (Exs. 3 and 4.)

6. Petitioner's probation is set to expire on March 31, 2024.

7. Petitioner petitioned for early termination of his current probation. The Board received his petition on May 15, 2023. All jurisdictional requirements have been satisfied for this matter to proceed to hearing. (Exs. 1 and 2.)

Background

8. The Board adopted by Decision and Order effective March 31, 2021 (Decision), the proposed decision including the findings and (with a modification) order of the administrative law judge, Agency Case No. DBC 2005-81 and OAH No. 2020020595. The Decision set forth in detail petitioner's discipline history and the underlying circumstances, including his convictions. The Decision also set forth in great detail petitioner's progress toward rehabilitation as of the date of the hearing, including his employment history, his sobriety (supported by testimony from his Alcoholics Anonymous (AA) sponsor, his ongoing therapy, with Diane Nguyen, Psy.D. (supported by her testimony), his faith and family life with long-time partner Stephanie Jackson, (supported by her testimony) and his capabilities as a dentist (supported by the testimony of Gary France, DDS.). The Decision is incorporated by reference and aside from changes in petitioner's employment and family obligations, provides an accurate profile of petitioner's life today. (Ex. 4.)

The Petition for Early Termination of Probation

9. The Decision ordered probation for a period of three years ending March 31, 2024. Petitioner requested early termination so that he can move on with his life,

support his ailing mother and contribute fully to his relationship with his long-term partner, and secure his license to practice in Nevada.

10. The testimony and evidence offered at the hearing was consistent with the findings in the Decision. Critically, it established by clear and convincing evidence petitioner's continued and complete rehabilitation and compliance with the terms and conditions of his probation, such that early termination is appropriate.

11. Regina Armstrong is currently employed by the Board as a special investigator and probation monitor. She has significant experience as an investigator with the Department of Consumer Affairs, including assignments with the Medical Board. She has a Bachelor of Arts degree in criminal justice and forensic science. Her current duties include investigations and monitoring probationers. She was assigned as petitioner's probation monitor in December 2022. She consulted with his previous probation monitor and reviewed his files to prepare for her assignment. She has communicated with petitioner, conducted his quarterly reviews in March and June 2023, and met with him in-person for one quarterly interview. As part of her review she went to petitioner's practice in Los Angeles, met with his supervisors, Dr. France and Dr. Mouton and observed him at work. (Ex. A, pp. B6.) During her interactions with petitioner, she found him to be friendly and cooperative.

12. Ms. Armstrong found petitioner has been in compliance with all the terms of his probation since the effective date of the Decision. (Ex. A. p. B6.)

13. Diane Phoung Nguyen, PsyD., of Nguyen Counseling, LLC, has been petitioner's mental health care provider and therapist since about 2017. She last saw him in April 2023. She used to see petitioner more frequently but the frequency of visits has been modified based upon his progress and needs. Petitioner engaged in a

variety of therapeutic tools, listed below. Dr. Nguyen testified it was an honor to work with petitioner. He was sober when he started working with her and based upon his behavior she has no reason to believe he has any break in his 20 years of sobriety. From her consultation with petitioner, she knows he has maintained his social connections which support his sobriety, exceeding the average time patients she has treated have participated in support groups, is a deeply spiritual person involved with his church, family and partner, and "resonates" wellness, a balanced life and joyfulness. In her observations of petitioner over time, Dr. Nguyen had the opportunity to watch him grow and find "meaning and purpose" in in all areas of life.

14. Dr. Nguyen prepared a letter dated May 1, 2023 (Exhibit A, p. B7-B) which she endorsed during her testimony. In addition to confirming statements attributed to petitioner about his worksite monitors and mentors, she reviewed his family and work life status with him and reported on her observations.

Moreover, Dr. Pryor strives to be mindful in family, work, and lifestyle balance as he visits his mother who has been diagnosed with dementia. He also indicates making efforts to financially budget between airflights and probation commitments; which at times becomes financially and time management-wise challenging. He further states "being the primary care taker and only child, next to having a caretaker to assist, until the next visit home." Mr. Cornelius also openly expresses his love and commitment for his mother and further indicates, "it is his duty and loyalty to care for his mother and enjoys accompanying his mother to Church services during his visits." Additionally his lifetime

significant other Ms. Stephanie, has been exceptionally supportive of Dr. Pryor's family, life, work goals and lifestyle balance throughout the years.

In regard to counseling and treatment interventions areas include and not limited to the following: The eight dimensions of wellness practices, cognitive behavior therapy (CBT), mindfulness-based cognitive therapy (MBCT), dialectical behavioral therapy-regulate emotions (DBT), solution-focused therapy (SFT), emotional focused therapy (EFT) and related therapeutic interventions or treatments tailored to issues addressed during counseling sessions.

(Ex. A, p. B7-B8.)

15. Gary L. France, D.D.S, Sr. Director of Dental Services, testified. Dr. France, a well-qualified practitioner, testified about petitioner's rehabilitation consistent with his letter of April 18, 2023. (Ex. A, pp. B11-B12.) Dr. France was petitioner's assigned workplace monitor during his probation and attested to his superior clinical skills and professional behavior. Dr. France maintains petitioner no longer requires a workplace monitor and is ready to practice on his own. He highly recommends petitioner's early termination of probation and considers him an asset to dentistry and the public.

16. In his capacity as workplace monitor, Dr. France observed petitioner applying his training to dental procedures to ensure he was practicing dentistry according to the correct protocols. He also had the opportunity to observe petitioner's behavior and demeanor with patients. Dr. France's observations were informed by his in depth experience as a clinician and teacher and as such were given great weight. Dr.

France is currently the Sr. Director of Dental Services for the Community Dental Center of Los Angeles. His past experience includes: Academic Administrator, Division of Public Health and Community Dentistry, UCLA School of Dentistry; Adjunct Professor, Division of Dental Public Health, Meharry Medical College, School of Dentistry; and Clinical Instructor, Cedars-Sinai General Practice Residency in Dentistry. (Ex. A, p. B11; Ex. B, p. B16.)

17. Petitioner submitted letters of recommendations from other worksite monitors and well-qualified and experienced Board-certified dentists.

18. Raymont Johnson, D.D.S., one of petitioner's worksite monitors, in a letter dated March 21, 2023, writes of his positive observations of petitioner in a clinical setting over the past year. Dr. Johnson highly recommends the Board grant the petition for early termination based upon petitioner's clinical skills and professionalism. (Ex. A, p. B12.)

19. Marsha Mouton, D.D.S., was one of petitioner's worksite monitors at La Tijera Dental Professionals. In a letter dated March 31, 2023, she writes of her observations of petitioner's demeanor during the first month of his employment. "I was immediately impressed by his ability to establish rapport with staff and patients alike. Dr. Pryor also demonstrates confidence and willingness to learn new skills." (Ex. A., p. B.13.)

20. William W. Morgan, D.D.S. Emeritus Clinical Professor, UCLA School of Dentistry, section on Restorative Dentistry. Dr. Morgan observed petitioner in August 2021 to review and assess his ability in the area of restorative dentistry. Dr. Morgan concluded petitioner had the necessary skills and ability to practice "high quality

dentistry" and recommended the Board approve his early termination of probation. (Ex. A, p.B9.)

21. Gary Herman, D.D.S., UCLA School of Dentistry, provided a letter to the Board's investigator in August 2021 confirming petitioner had completed educational remediation ordered by the Board as part of his probation. Of the 40 hours of coursework required, petitioner spent 32 hours of lecture time on restorative medicine (with Dr. Morgan) and multiple "efforts to prepare teeth for direct and indirect restorations. From his teaching "didactics" and discussions with Dr. Morgan, Dr. Herman expected petitioner to function in a practical dental setting, and at that time, at a level greater than that of a graduating dental student. (Ex. A, p. B10.)

22. Brian Freeman, D.M.D., owner of Las Vegas Modern Dentistry, was one of petitioner's dentistry students at the University of Nevada, Las Vegas School of Dental Medicine. In a letter dated April 5, 2023, Dr. Freeman recalls petitioner as a mentor throughout his four years of dental school. He has also been petitioner's dentist and during his probation, petitioner has spoken with him about his cases. Petitioner practiced for the Nevada State Dental Board exams at Dr. Freeman's office. Petitioner notified him when he passed the exam. Dr. Freeman recommends the Board approve petitioner's early termination. (Ex. A., p. B14.)

23. Petitioner testified consistent with his narrative statement. (Ex. B4.) Petitioner had already made substantial progress with his rehabilitation at the time of the Decision. He had been open about his past, had taken full responsibility for his conduct and was remorseful. His life since the Decision demonstrates his ongoing dedication to exemplary behavior, and devotion to his practice, family and church.

///

24. In addition to petitioner's excellent record of compliance with his probationary conditions, and accolades from probation and worksite monitors, petitioner raised other important points in support of the Petition. Petitioner has made his home with his long-term partner in Nevada, has passed his board exams to practice in Nevada, and would like to practice in Nevada where he has potential professional opportunities, and contribute to his household there, which he cannot do until his probation is completed. Petitioner has prospects with Las Vegas Modern Dentistry Office in Las Vegas for upwards of four days a week, and a position as Interim Faculty with the University of Nevada, Las Vegas, School of Dental Medicine. Petitioner's mother lives in California and is ailing. She requires financial support which he cannot provide to the degree she requires until he is released from probation. To comply with the terms of probation, petitioner travels weekly to California to fulfill the required 16 hours of supervised practice. According to petitioner, "This, in addition to other costs affiliated with probation, presents considerable financial burden on me and my family." (Ex. A, p.B4-B5.)

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In a proceeding involving the restoration of a license, the burden at all times rests on the petitioner to prove that he has rehabilitated himself and that he is entitled to have his license restored. (*Flanzer v. Bd. of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) The standard of proof is clear and convincing evidence. (*Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1092; *Feinstein v. State Bar* (1952) 39 Cal.2d 541, 546-547.) Petitioner met his burden of proof.

Purpose of Discipline

2. The purpose of health care licensing laws and discipline is to protect the public, not to punish the individual. (*Excelsior College v. Board of Registered Nursing* (2006) 136 Cal.App.4th 1218, 1225.) The board's highest priority in exercising its licensing, regulatory, and disciplinary functions is protection of the public. Whenever the protection of the public is inconsistent with other interests sought to be promoted, protection of the public shall be paramount. (Bus. & Prof. Code, § 1601.2.)

Statutory and Regulatory Authority

3. Business and Professions Code section 1686 provides in part:

A person whose license or registration has been revoked . . . who has been placed on probation, may petition the board for . . . modification of the penalty, including . . . termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering that disciplinary action:

[¶] . . . [¶]

(b) At least two years for early termination . . . of a probation of three years or more . . .

[¶] . . . [¶]

The petition shall state any fact required by the board.

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The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

In considering reinstatement or modification of penalty, the board or the administrative law judge hearing the petition may consider (1) all activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, certificate, or permit was in good standing, and (4) the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board or the administrative law judge as designated in Section 11371 of the Government Code finds necessary. . . .

4. Government Code section 11522 provides in part:

A person whose license has been revoked . . . may petition the agency for . . . reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision . . . The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the Petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor, and any terms and conditions that the agency reasonably deems

appropriate to impose as a condition of reinstatement. This section shall not apply if the statutes dealing with the particular agency contain different provisions for . . . reduction of penalty. . . .

5. California Code of Regulations, title 16, section 1020, subdivision (d), provides:

When considering a petition for reinstatement of a license the Board shall evaluate evidence of rehabilitation considering those criteria of rehabilitation listed in subdivisions (c)(2)(A)-(G).

6. California Code of Regulations, title 16, section 1020, subdivision (c)(2), provides the following criteria to assess when determining whether an individual is rehabilitated:

(A) The nature and gravity of the act(s), disciplinary action(s), or crime(s).

(B) Total criminal record.

(C) The time that has elapsed since commission of the act(s), disciplinary action(s), or crime(s).

(D) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.

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(E) If applicable, evidence of dismissal proceedings pursuant to Section 1203.4 of the Penal Code.

(F) The criteria in subdivisions (c)(1)(A) through (E), as applicable.

(G) Evidence, if any, of rehabilitation. . . .

7. Rehabilitation is a state of mind, and the law looks with favor upon rewarding with the opportunity to serve, one who has achieved reformation and regeneration. (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1058.) The amount of evidence of rehabilitation that is required varies according to the seriousness of the misconduct. The mere expression of remorse does not demonstrate rehabilitation. A truer indication of rehabilitation will be presented if a petitioner can demonstrate by sustained conduct over an extended period of time that he is rehabilitated and fit to practice. (*In re Menna* (1995) 11 Cal.4th 975, 987, 991.) The evidentiary significance of a petitioner's misconduct is greatly diminished by the passage of time and by the absence of similar, more recent misconduct. (*Kwasnik v. State Bar* (1990) 50 Cal.3d 1061, 1070.)

Cause Exists to Grant the Petition

8. Cause exists under Business and Professions Code section 1686, and California Code of Regulations, title 16, section 1020, to grant the petition to terminate probation. Petitioner established through clear and convincing evidence that he is sufficiently rehabilitated such that probationary oversight is no longer necessary to protect the public. Petitioner has complied with his probation, recognized and learned from his mistakes, and meaningfully improved his professional skills. Probation is no longer required to protect the public. Petitioner's misconduct was years ago and his

progress with his rehabilitation was aptly described in the Decision.. Petitioner took full responsibility for his misconduct. His expression of remorse was heartfelt and sincere. Petitioner's credible testimony and written statements, the testimony of the Board's probation monitor, petitioner's witnesses, and his witness statements, and the exhibits evidence established petitioner's full rehabilitation. Petitioner has learned from his past, and has demonstrated he is devoted to the public, his family and church.

9. Petitioner established by clear and convincing evidence he is fully rehabilitated, and probation is no longer required to protect the public.

ORDER

The petition of Cornelius M. Pryor, III, D.D.S., for early termination of his probation is granted. The probation is terminated provided all costs and expenses related to the probation have been paid.

DATE: 09/21/2023

Eileen Cohn

EILEEN COHN

Administrative Law Judge

Office of Administrative Hearing

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

CORNELIUS M. PRYOR, III,

Petitioner.

Case No. DBC 2005-81

OAH No. 2020020595

**ORDER WITHDRAWING ORDER OF NONADOPTION;
AND DECISION ADOPTING PROPOSED DECISION WITH REDUCED
PENALTY**

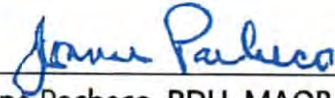
The Dental Board of California (Board), Department of Consumer Affairs, State of California, herewith withdraws the Order of Nonadoption entered on January 5, 2021.

Further, the Board hereby adopts the Proposed Decision of the Administrative Law Judge as the Decision in this matter, and, pursuant to the provisions of Government Code section 11517, subdivision (c)(2)(B), mitigates the penalty as follows:

On page 24, Term and Condition No. 14, Clinical Training Program, first paragraph, in the first line, after "Decision," insert "or as otherwise instructed by the Board,"

This Decision shall become effective on March 31, 2021.

IT IS SO ORDERED this 1st day of March, 2021.



Joanne Pacheco, RDH, MAOB
President
Dental Board of California
Department of Consumer Affairs
State of California

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

CORNELIUS M. PRYOR, III, Petitioner.

Agency Case No. DBC 2005-81

OAH No. 2020020595

PROPOSED DECISION

Ji-Lan Zang, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on August 31, 2020, by video conference in Los Angeles, California.

Michael L. Pinkerton, Attorney at Law, represented Cornelius M. Pryor, III (petitioner).

Pursuant to the provisions of Government Code section 11522, the Attorney General of the State of California was represented by Steve Pyun, Deputy Attorney General.

At the hearing, the ALJ was provided with certain pages in Exhibit 2 (AGO 129-149), which are confidential medical records. The ALJ, on her own motion and good cause

appearing therefrom, issued a protective order placing these pages under seal and protected from disclosure to the public.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on August 31, 2020.

FACTUAL FINDINGS

Jurisdictional Matters

1. On July 28, 1987, the Dental Board of California (Board) issued state certificate number 35538 to petitioner to practice dentistry in California.
2. Based on a Decision after hearing issued by the Board on November 19, 2007, petitioner's license was revoked.
3. On September 23, 2019, petitioner filed the current Petition for Reinstatement, seeking reinstatement of his license.

Disciplinary History

4. By a Decision and Order effective October 24, 2001, made pursuant to a Stipulation in Settlement (Stipulation), the Board revoked petitioner's license, but the revocation was stayed for five years under certain terms and conditions. (Case number No. AGS 1997-71.) The disciplinary order was based on allegations contained in the Accusation that in 1996, petitioner submitted false or fraudulent claims to insurers for patient services. The terms of petitioner's Board probation included obeying all laws and taking remedial education courses.

5. On November 19, 2007, the Board, by a Decision and Order effective December 21, 2007, revoked petitioner's probationary license. (Case No. DBC 2005-81, OAH Case No. L2007030591.) The discipline in this case arose from petitioner's 2004 conviction for battery and his 2005 conviction for vandalism, both misdemeanors, which are substantially related to the qualifications, functions, or duties of a dentist. In addition, from the mid 1990's through 2004, even though petitioner experienced long periods of sobriety, he suffered several relapses for substance abuse. In May 2004, petitioner tested positive for cocaine use. Based on petitioner's conviction and drug abuse, the Board found that he committed unprofessional conduct. The Board also found petitioner to be in violation of his Board probation in that he did not complete the remedial education requirement until after the deadline. The 2007 Decision and Order required petitioner to pay the Board \$500 in recovery costs as a condition precedent to his re-licensure.

The 2015 Petition for Reinstatement

6. On December 8, 2015, petitioner submitted a Petition for Reinstatement (2015 petition) in case number DBC 2015-1741 (OAH case number 2016070808). In the 2015 petition, petitioner submitted evidence that he has been sober since May 2004. Petitioner was actively participating in Alcoholics Anonymous (AA). He was working as an occupational safety specialist in Las Vegas, Nevada, after earning an Associate Degree in Occupational Safety Management. Petitioner completed 226 hours of continuing dental education since 2008. He also presented positive letters of reference from two California dentists, eleven out-of-state dentists, his AA sponsor, two friends, his employer, and letters from two psychologists confirming his participation in therapy.

7. However, the 2015 petition also disclosed that petitioner was convicted of disorderly conduct, a misdemeanor, since the revocation of his license. Specifically, the Board's Decision and Order in case number DBC 2015-1741 stated, in relevant part:

Court minutes and a transcript from the District Court, Clark County, Nevada, Case No. C-253147, indicate the conviction was originally for "gross and open lewdness," a "gross misdemeanor" (see Nev. Rev. Stat., § 201.210), but was reduced in June 2012 to disorderly conduct, an ordinary misdemeanor. The date of conviction was not established, and no police report, plea agreement, or witness statement describing the crime was provided. But according to petitioner, he pleaded no contest to shouting an "ugly sexual epithet" at two women early one morning in December 2008, when they would not open a locked restaurant door so he could go inside. At the time, he was holding his groin, which he attributed to severe pain he was experiencing not long after hernia surgery.

(Ex. 7, AGO 233.)

8. On October 4, 2016, the Board denied the 2015 Petition in a Decision and Order effective November 3, 2016. The Board cited the rehabilitation criteria in California Code of Regulations, title 16, section 1020, and determined that petitioner had not met his burden of establishing sufficient evidence of rehabilitation. Among other things, the Board noted that petitioner had suffered the additional conviction in 2012 for disorderly conduct after losing his license, and that without a police report or other corroborating evidence, petitioner's version of the facts and circumstances

surrounding this 2012 conviction could not be confirmed. Even accepting petitioner's version of events, petitioner's conduct reflected a lapse of judgment and called into question his fitness for licensure.

Petitioner's Evidence

BACKGROUND

9. Petitioner obtained his Doctor of Dental Surgery (D.D.S.) degree from Howard University. He was initially licensed in 1987 and practiced as a dentist for 20 years until the revocation of his license in 2007. Since 2005, petitioner has lived in Las Vegas, Nevada. He currently works as a Safety Specialist for Regional 9 Safety Compliance Company (Region 9), a position he has held since 2014.

THE 2012 CONVICTION

10. At the hearing, petitioner explained the facts and circumstances surrounding his 2012 conviction for disorderly conduct, as follows: In December 2008, petitioner was under emotional and physical distress. Emotionally, petitioner was grieving the recent passing of his godsister and his AA sponsor. Physically, petitioner was in pain, as he had undergone hernia surgery in the groin area in April 2008 but still suffered pain in the area around the surgical wound.

11. On the morning of December 2, 2008, petitioner stopped by a McDonald's, where in the parking lot of the restaurant, he experienced difficulty breathing. A bystander assisted him by calling for emergency responders. Although Emergency Medical Technicians (EMT) arrived on the scene first, petitioner refused their offer to taken him to the hospital as his vitals were normal. After the EMT left, however, police officers arrived on the scene. Rather than rendering assistance, the

officers asked petitioner for his car registration. Because petitioner's car was registered to his live-in girlfriend, Stephanie Jackson, his car was impounded. Thus, petitioner was left stranded in the parking lot. While enduring pain in his groin area and difficulty breathing, petitioner tried to go into the McDonald's for help. However, the two women who were working in the restaurant would not open the door. Petitioner, under stress and in pain, grabbed his groin and told them to "suck his dick" (his words).

12. Petitioner was arrested and convicted of disorderly conduct. As a result of this conviction, petitioner was placed on criminal probation for three years. He has since completed his criminal probation.

13. Petitioner's testimony regarding the facts and circumstances surrounding his 2012 conviction is deemed credible as it is corroborated. Petitioner submitted medical records showing that he underwent hernia surgery in the groin area in April 2008 and that he returned to see his physician in January 2009 complaining of post-operative pain around the surgical wound. (Ex. 2, AGO 133, 148.)

14. Furthermore, petitioner testified in a sincere, open, and insightful manner regarding his remorse for the incident that led to his 2012 conviction. Petitioner expressed his deepest apologies to the victims, and he explained that he had acted out of fear that day because his body was malfunctioning and he felt abandoned as no one was helping him. However, petitioner does not believe that his medical and psychological state justified his behavior. Petitioner averred that his actions on December 2, 2008 were unacceptable. According to petitioner, his conduct on that day was "inflammatory" and demonstrated a lack of "self-regulation and empathy for others" (his terms).

PETITIONER'S SOBRIETY

15. Petitioner has been sober for 16 years. His sobriety date is May 24, 2004, and he has been active member of AA since that time. Due to the COVID-19 pandemic, petitioner currently attends AA meetings by telephone two to three times per week. Before the pandemic, petitioner personally attended AA meetings at least one day a week. Petitioner submitted several years of AA attendance sheets and a photograph of his AA chip commemorating 15 years of sobriety in support of his testimony. (Ex. 2, AGO 068-093.) Petitioner reported that working his AA program has helped him to develop and implement ways to cope with stressors and triggers. Rather than reacting to situations, he now responds to them after thinking through the consequences.

16. Kirk Williams, petitioner's AA sponsor, testified at the hearing on petitioner's behalf. Mr. Williams is a certified drug and alcohol substance abuse counselor, and he has known petitioner for over 50 years. For the past 12 years, Mr. Williams has served as petitioner's AA sponsor, after the death of petitioner's previous AA sponsor. In this capacity Mr. Williams has contact with petitioner at least three times a week. Mr. Williams observed that petitioner is dedicated to his sobriety and has shown resilience and strength in his recovery. Mr. Williams also noted that petitioner continues to harbor a passion for the dentistry profession. He opined that should petitioner's license be reinstated, he would be valuable asset to the dentistry field and to his community. Mr. Williams submitted a letter dated August 15, 2015, which was consistent with his testimony at the hearing.

PETITIONER'S ENGAGEMENT IN THERAPY AND COUNSELING

17. Petitioner has voluntarily engaged in psychological therapy and counseling as a part of his commitment to personal and spiritual development. From

September 2008 to February 2010, he underwent therapy and counseling from Patricia Brassfield, Ph.D. From August 2012 to April 2013, petitioner was seen by Verna Fabella-Hicks, Ph.D. Petitioner submitted letters from Drs. Brassfield and Fabella-Hicks verifying his participation in therapy and confirming his consistent efforts to maintain his emotional and psychological well-being. (Ex. 2, AGO 113-119.)

18. From January 2017 to January 2018, petitioner attended psychotherapy sessions with Diane Nguyen, Psy.D., who testified at the hearing on petitioner's behalf. Dr. Nguyen obtained her doctor's degree in clinical psychology in 2003, and she is also a licensed drug and alcohol counselor. Petitioner completed a total of 14 sessions with Dr. Nguyen, and to the present day, he continues to call Dr. Nguyen on a monthly basis as check-ins.

19. In addition to her testimony at the hearing, Dr. Nguyen submitted a letter dated January 30, 2018, describing her therapy sessions with petitioner and her opinions regarding the extent of petitioner's recovery from his drug and alcohol problems. (Ex. 2, AGO 121-127.) Specifically, Dr. Nguyen opined that during the period of 2004 to 2008, petitioner suffered from Protracted Withdrawal Symptoms/Post-Acute Withdrawal Syndrome (PAWS). According to Dr. Nguyen, individuals suffering from PAWS exhibit symptoms similar to those with Post Traumatic Stress Disorder, including behavioral relapses, poor emotional regulation, and sensitivity to stress. Dr. Nguyen found that due to PAWS, petitioner's recovery efforts during the years of 2004 to 2008 was less than successful. Additionally, she believes that PAWS contributed to petitioner's lack of judgment and self-regulation during the 2008 incident at McDonald's.

20. Moreover, in 2018, Dr. Nguyen administered the American Society of Addiction Medicine (ASAM) risk assessment screenings. Dr. Nguyen found that

according to the ASAM dimensions, petitioner scored low risk for acute intoxication and/or Withdrawal Potential (Dimension 1); "low risk" for biomedical conditions and complications (Dimension 2); "low risk" for emotional, behavioral or cognitive conditions and complications (Dimension 3); "high potential" for readiness to change, healthy and positive lifestyle changes (Dimension 4); "low risk" for relapse, continued use or continued problem potential (Dimension 5); and "low risk" for recovery environment, lack of support (Dimension 6). Based on these findings, Dr. Nguyen concluded that petitioner "demonstrate[s] no symptoms of addictions with the implementation of high levels of maintenance and relapse prevention skills from alcohol and any mood altering drugs." (Ex. 2, AGO 126.)

21. Because of his successful recovery from drug and alcohol abuse and his sustained commitment to psychotherapy, Dr. Nguyen believes that petitioner would be safe to practice to as dentist should his license be reinstated. Dr. Nguyen's testimony at the hearing was consistent with the contents of her January 30, 2018 letter.

PETITIONER'S FAITH AND FAMILY LIFE

22. Petitioner actively attends church. Prior to the COVID-19 pandemic, he attended bible study meetings with Kingdom Hall of Jehovah's Witness every Thursday and Sunday. He currently teleconferences with his bible study group on a weekly basis. Petitioner integrates the teachings of his congregations with the lessons he has learned from AA in order to maintain his sobriety and to promote further spiritual growth.

23. Petitioner is engaged to his long-time girlfriend, Stephanie Jackson, who testified at the hearing on petitioner's behalf. Ms. Jackson has known petitioner since

1977, and has lived with him as a couple since 2007. Ms. Jackson described the behavioral issues she observed in petitioner before 2004, when he was still struggling with his drug and alcohol problems. She testified that before 2004, although petitioner was well-dressed and appeared professional, he was, in fact, vulnerable and anxious. Ms. Jackson recounted that in 2007, she saw changes in petitioner's behavior. In Ms. Jackson's words, petitioner became "humble," "honest" and "authentic" after his dental license was revoked. He gained the ability to "empathize with others" and no longer sought validation from other people. Petitioner showed resilience in taking on odd jobs after the revocation of his dental license and going back to school when he was over 50 years old. In the past 10 years, Ms. Jackson has been a witness to petitioner's consistent commitment to be the best person he could be.

24. Ms. Jackson testified that petitioner's passion for dentistry has not diminished over the years. She does not believe that petitioner would pose a threat to others if he were to be reinstated as a dentist.

PETITIONER'S RECENT EMPLOYMENT HISTORY

25. After the revocation of his license in 2007, petitioner initially worked at various jobs including teaching, business development, and solar panel installation. In 2012, at the age of 57, petitioner returned to school at the College of Southern Nevada, and in 2013, he earned an Associate of Applied Science degree in Occupational Safety Management.

26. Since 2014, petitioner has worked as a Safety Specialist for Regional 9. In that capacity, petitioner has worked as a safety inspector for several major projects, including the gates expansion project at McCarran Airport, the T Mobile Arena project,

and the Raiders Stadium project. At his job, petitioner also serves as an instructor on forklift safety, CPR, and other topics.

27. Petitioner submitted several character reference letters from his colleagues and his former and current employers, who uniformly describe petitioner as a diligent, personable, and reliable professional. (Ex. 2 AGO 43-50.) In particular, in a letter dated October 13, 2017, Troy McKnight, Owner/Safety Director of Region 9 wrote, in relevant part:

[Petitioner] maintains the ultimate "can do" attitude while taking on all tasks assigned with a positive tenacious energy and a smile. He also continues to distinguish himself by consistently being organized, competent, and adept at establishing rapport, building relationships, and servicing a diverse clientele. Suited with well-honed analytical skills, [petitioner] quickly identifies issues at hand and creates appropriate strategies for problem resolutions. He is well-respected by [the] business owners and staff we serve as well as his industry peers. . . .

(Ex. 2, AGO 49.)

PETITIONER'S EMPLOYMENT GOALS IN THE FIELD OF DENTISTRY

28. Although petitioner is currently employed in the safety compliance industry, his goal is to return to practicing as a dentist. Petitioner averred that he loves the profession because as a dentist, he is given the opportunity to be creative, to interact with different people, and to help others. Despite not having practiced in the dental industry for approximately 13 years, petitioner has taken numerous continuing

education courses. In 2019, petitioner completed 50 continuing education hours in dentistry. Petitioner has also paid to the Board \$500 in recovery costs that was ordered as a part of the 2007 Decision and Order.

29. If his dental license were to be reinstated, petitioner plans work part-time at Community Dental Center, a non-profit organization based in Los Angeles that provides dental services to low-income children and their caregivers. Petitioner would remain a resident of Nevada, but he would commute on the weekends to Los Angeles in order to practice as a dentist. Petitioner would be willing to comply with all relevant terms and conditions should he be granted a probationary license.

30. Gary France, D.D.S., Clinical Director of Community Dental Center, testified at the hearing on behalf of respondent. Dr. Frances is a graduate of the School of Dentistry at the University of California, Los Angeles (UCLA). He has served as a professor of dentistry at UCLA and Meharry Medical College. Dr. France has known petitioner for approximately 45 years. Dr. France testified that he is prepared to offer petitioner a position at the Community Dental Center should his dental license be reinstated. According to Dr. France, petitioner could work the Saturday and Sunday shifts, filling out a weekend time slot for which he has had a difficult time finding dentists. Dr. France and another practitioner at the Community Dental Center, Dr. Hill, are willing to serve as petitioner's supervisors. Dr. France has had the opportunity in the past to observe petitioner as a dentist, and he believes in petitioner's proficiency. Dr. France is not concerned that petitioner has not practiced for the last 13 years, and he would trust petitioner as his own dentist. Dr. France also noted that he has personally witnessed petitioner's personal growth in the past few years and feels confident that petitioner would be an asset to the dentistry field.

31. Petitioner also submitted several character reference letters from dentist colleagues. In these letters, the authors attest to petitioner's passion for dentistry and his love of sharing his knowledge with others. (Ex. 2 AGO 95-115.) In particular, in a letter dated September 7, 2015, Geoffrey Brown, D.D.S. wrote, in relevant part:

Having known [petitioner] for many years, I can tell you that he has seen the error of his ways and accepts full responsibility for his actions. He has demonstrated a sincere desire to be the best person he can be in service to his fellow man and his God. It is my opinion that he is ready to return to work as a practicing dentist or teaching tomorrow's practitioners once again. He has continued to keep up with the changing trends in the dental profession and shall be an asset to the community he serves. We all need something to do, something to hope for, something to love, and a reason to live. For [petitioner] this embodies dentistry! Therefore, I unequivocally support the reinstatement of his California dental license. His success will undoubtedly translate to benefits to the public at large.

(Ex. 4, AGO 96).

LEGAL CONCLUSIONS

Standard and Burden of Proof

1. In a proceeding for the restoration of a revoked license, petitioner bears the burden of proving rehabilitation and current fitness for licensure without

restriction. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.)

The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315-316.)

Rehabilitation Criteria

2. Business and Professions Code section 1686 states:

A person whose license, certificate, or permit . . . has been placed on probation may petition the Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

(a) At least three years for reinstatement of a license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.

[¶] . . . [¶]

The petition may state any fact required by the board. The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

In considering reinstatement or modification or penalty, the board or administrative law judge hearing the petition may

consider (1) all the activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, certificate, or permit was in good standing, (4) the petitioner's rehabilitative efforts, general reputation for truth and professional ability . . .

3. Rehabilitation criteria for reinstatement of a revoked dental license are found in California Code of Regulations, title 16, section 1020, subdivision (c). The criteria are as follows: (1) nature and severity of the acts or offenses; (2) total criminal record; (3) time that has elapsed since commission of the acts or offenses; (4) whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee; (5) evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code; and (6) and other rehabilitation evidence, submitted by petitioner.

Evaluation and Disposition

4. In 2001, petitioner's dental license was disciplined based on allegations that he submitted false or fraudulent claims to insurers for patient services. In 2007, petitioner's dental license was revoked due to a criminal conviction for battery in 2004, a criminal conviction for vandalism in 2005, and testing positive for cocaine use in May 2004. The nature of these acts and criminal convictions are serious. In addition, after respondent's license was revoked, he suffered an additional criminal conviction for disorderly conduct in 2012. Although no evidence was presented that petitioner's criminal convictions have been dismissed pursuant to Penal Code section 1203.4, petitioner has completed all terms of his criminal probation, and approximately eight years have elapsed since he sustained his last criminal conviction.

5. Petitioner presented considerable evidence of mitigation and rehabilitation in support of his current petition for reinstatement. Petitioner's account of the facts and circumstances surrounding his 2012 conviction for disorderly conduct is credible and corroborated by medical records showing that he was suffering post-operative pain from hernia surgery around December 4, 2008. Petitioner took responsibility for his actions on that day, acknowledging in a forthright manner that the sexual epithet he used against the victims is unacceptable and inflammatory. While this criminal conviction evidences petitioner's lack of judgment, it appears to be an isolated incident, given that petitioner has not suffered any other criminal convictions since 2012. The fact that petitioner was grieving the loss of his AA sponsor and his godsister and Dr. Nguyen's opinion that petitioner may have been suffering PAWS at the time of the incident are additional factors in mitigation.

6. Furthermore, petitioner has been sober for over 16 years. He continues to participate in AA regularly on a voluntary basis. He is actively involved in his church and his bible study group. He has been gainfully employed since 2007. He returned to school at the age of 57 and has worked as a well-respected safety compliance specialist since 2014. He has voluntarily engaged in extensive therapy and counseling. He has the support of his sober network as well as that of his family. Petitioner's passion for dentistry is also palpable, as he has completed numerous continuing education courses in dentistry and is willing to commute from Las Vegas to Los Angeles on the weekends in order to serve as a dentist for low income patients. Additionally, the opinions of Mr. Williams (petitioner's AA sponsor), Dr. Nguyen, (petitioner's therapist), Ms. Jackson (petitioner's fiancée), and Dr. France (petitioner's prospective employer at Community Dental Center), to the effect that petitioner is ready and capable of resuming his duties as a dentist, are given significant weight.

7. Under these circumstances, reinstating petitioner's license and placing him on probation for three years will adequately protect the public health, safety, and welfare. Because petitioner has demonstrated sustained commitment to his sobriety for the past 16 years, probationary terms relating to biological testing and abstention from alcohol and controlled substances will not be included as part of the order. Petitioner has paid the Board's costs of enforcement and prosecution in full. Therefore, provisions relating to cost recovery will also not be ordered. However, because petitioner has not practiced as a dentist for 13 years, he will be required to take the licensing exam before he is eligible for reinstatement. It is also appropriate for petitioner to participate in a clinical training program, as approved by the Board, before he resumes practice.

ORDER

The application of Cornelius M. Pryor, III for reinstatement of licensure is hereby granted. A license shall be issued to petitioner. Said license shall immediately be revoked, the order of revocation stayed, and petitioner's license placed on probation for a period of three years on the following conditions:

1. SEVERABILITY CLAUSE

Each condition of probation is a separate and distinct condition. If any condition of this Decision and Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Decision and Order, and all other applications thereof, shall not be affected. Each condition of this Decision and Order shall separately be valid and enforceable to the fullest extent permitted by law.

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2. OBEY ALL LAWS

Petitioner shall obey all federal, state and local laws and all rules and regulations governing the practice of dentistry in California, and remain in full compliance with any court ordered criminal probation, payments and other requirements. A full and detailed account of all misdemeanor and felony arrests and convictions shall be reported by petitioner to the Board in writing within seven (7) days of occurrence. To permit monitoring of compliance with this condition, petitioner shall submit a completed California Department of Justice state and federal Livescan fingerprint form, unless previously submitted as part of the licensure application process. Fingerprints shall be submitted within 15 calendar days of the effective date of the Decision and Order.

3. QUARTERLY REPORTS

Petitioner shall submit quarterly reports signed under penalty of perjury stating whether there has been compliance with all the conditions of probation. Petitioner shall submit a quarterly report no later than seven (7) calendar days from the beginning of the assigned quarter.

4. COMPLY WITH THE BOARD'S PROBATION PROGRAM

Petitioner shall fully comply with the conditions of probation established by the Board and all requirements necessary to implement the conditions of probation. Petitioner shall cooperate with the Board in its monitoring and investigation of petitioner's compliance with the conditions of probation. Petitioner shall respond to all requests and inquiries from the Board within the time period specified by the Board.

Upon successful compliance with the conditions of probation, and completion of the probation term, petitioner's license shall be fully restored.

5. ADDRESS CHANGE, NAME CHANGE, LICENSE STATUS

Petitioner shall inform the Board in writing within 15 calendar days of any change in his address of record, physical employment address, physical residence address, and any legal name change. Petitioner shall maintain an active, current license with the Board, including while suspended from practice of dentistry unless otherwise specified by the disciplinary orders.

Any misrepresentation by petitioner of his restricted license status to the public shall be a violation of the probation conditions.

6. MEETINGS AND INTERVIEWS

Petitioner shall appear in person for meetings and shall be available by telephone for interviews as directed by the Board.

7. STATUS OF PRACTICE OR LICENSURE OUTSIDE OF STATE

In the event petitioner should leave California to practice outside the state, petitioner must provide written notification to the Board of the dates of departure and anticipated return to the state. Petitioner's probation is tolled, if and when he ceases practicing in California. Period of practice outside of California will not apply to the reduction of the probationary period.

Petitioner shall provide a list of all states, United States territories, and elsewhere in the world where he has ever been licensed as a dentist or dental auxiliary or held any health-care related professional license or certificate. Petitioner shall

further provide information regarding the status of each license and certificate and any changes in the license or certificate status during the term of probation. Petitioner shall inform the Board if he applies for or obtains a dental or dental auxiliary license or certificate outside of California during the term of probation.

For purposes of this condition, non-practice due to Board ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

8. SUBMIT DOCUMENTATION

Upon request, petitioner shall submit documentation to the Board including, but not limited to the following: Livescan forms, quarterly reports, and authorization for release of confidential information.

Such documentation shall be submitted under penalty of perjury, as required by the Board. On a case-by-case basis, documents shall be required to contain statements relative to petitioner's compliance with all the conditions of probation, and compliance with Board instructions.

9. PROBATION MONITORING COSTS

All costs incurred for probation monitoring during the entire probation shall be paid by the petitioner. The monthly cost may be adjusted as expenses are reduced or increased. Petitioner's failure to comply with all terms and conditions may also cause this amount to be increased.

All payments for costs are to be sent directly to the Board and must be received by the dates specified.

If petitioner is unable to submit costs for any month, he shall be required, instead to submit an explanation of why he is unable to submit the costs, and the dates he will be able to submit the costs including payment amounts. Supporting documentation and evidence of why the petitioner is unable to make such payments must accompany this submission.

In addition to any other disciplinary action taken by the Board, the probationary period will be extended.

10. LICENSE SURRENDER

If petitioner ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, petitioner may surrender his or her license to the Board. The Board shall evaluate petitioner's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Such surrender shall be accomplished through a written stipulated agreement, without the filing of an accusation or petition to revoke probation, and without further hearing. Upon formal acceptance of the surrender, petitioner shall deliver his or her wallet and wall certificate to the Board or its designee and petitioner shall no longer practice dentistry or be subject to the conditions of probation.

Surrender of petitioner's license shall be considered a disciplinary action and shall become a part of petitioner's license history with the Board. If petitioner re-applies for a dental license, the application shall be treated as a petition for reinstatement of a revoked license.

///

11. FUNCTION AS A LICENSEE

Petitioner, during the period of probation, shall engage in the practice of dentistry in California for a minimum of sixteen (16) hours per week or sixty-four (64) hours per calendar month. For the purpose of compliance with this section, "engaged in the practice of dentistry may include, when approved by the Board, volunteer work in dentistry, or work in any non-direct patient position that requires licensure.

In the event petitioner should leave California to practice outside the state, petitioner must provide written notification to the Board of the dates of departure and anticipated return to the state. Petitioner's probation is tolled, if and when he ceases practicing in California. Periods of practice outside of California will not apply to the reduction of the probationary period. In the event petitioner ceases to practice a minimum of sixteen (16) hours per calendar week or sixty-four hours per calendar month in California, petitioner must provide written notification of that fact to the Board. The period when the petitioner is not practicing, the minimum number of hours, will not apply to the reduction of the probationary period. Absence from practice shall not relieve the petitioner from maintaining a current license or from fulfilling all of the terms and conditions of probation. For purposes of this condition, non-practice due to Board ordered suspension, completion of educational and clinical training requirements, and/or receipt of the results from a psychological evaluation, shall not be considered a period of non-practice; non-practice calculations will begin when petitioner has met all conditions precedent to his ability to practice dentistry.

If petitioner stops practicing in California for a total of five (5) years, petitioner's license shall be automatically cancelled. If petitioner has not complied with this condition during the probationary term, and petitioner has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if

petitioner is in compliance with all other probation conditions, the Board, in its sole discretion, may grant an extension of Petitioner's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply unless they have been modified by the Board via a petition for modification of probation.

12. CONTINUANCE OF PROBATIONARY TERM/COMPLETION OF PROBATION

If petitioner violates the terms of this probation in any respect, the Board, after giving petitioner notice and the opportunity to be heard, may set aside the stay order and impose the revocation or suspension of the petitioner's license. If, during the period of probation, an accusation and/or a petition to revoke probation has been filed against petitioner's license or the Attorney General's Office has been requested to prepare an accusation and/or a petition to revoke probation against petitioner's license, the probationary period shall automatically be extended and shall not expire until the accusation and/or the petition to revoke probation has been acted upon by the Board. Upon successful completion of probation, petitioner's license will be fully restored.

13. NOTIFICATION

Prior to engaging in the practice of dentistry, the petitioner shall provide a true copy of this Decision to his employer, and to any other facility where petitioner engages in the practice of dentistry. Petitioner shall submit proof of compliance to the Board or its designee within 15 calendar days of engaging in the practice of dentistry or practicing in a facility.

This condition shall apply to any change(s) in place of employment.

14. CLINICAL TRAINING PROGRAM

Within 60 days of the effective date of this Decision, petitioner shall enroll in a clinical training or educational program offered by an approved California Dental School. The program shall consist of a comprehensive assessment comprised of a two-day assessment of petitioner's basic clinical and communication skills common to all clinicians; and dental knowledge, skill and judgment pertaining to petitioner's specialty or sub-specialty (if he has one), and at a minimum, a 40-hour program of clinical education in the area of practice that takes into account data obtained from the assessment and any other information that the Board deems relevant. Petitioner shall pay all expenses associated with the clinical training program. Based on petitioner's performance and test results in the assessment and clinical education, the program will advise the Board of its recommendations for the scope and length of any additional education or clinical training or anything else affecting petitioner's practice of dentistry. At the completion of any additional education or training, petitioner shall submit to and pass an examination. The program's determination whether or not petitioner passed the examination or successfully completed the program shall be binding. Petitioner shall complete the program no later than six months after petitioner's initial enrollment unless the Board agrees in writing to a later time for completion. Failure to participate in and complete successfully all phases of the clinical training program as outlined above is a violation of probation.

Petitioner shall not practice dentistry until he has successfully completed the program and has been so notified by the Board in writing, except that petitioner may practice in a clinical training program approved by the Board. Petitioner's practice of dentistry shall be restricted to that required by the program.

///

15. EXAMINATION

Petitioner shall not practice dentistry until he has passed the California clinical examination or the Western Regional Examination Board examination. Petitioner shall pay all fees related to the examination. If Petitioner fails the examination three times, a period of one year must pass prior to retaking the required examination. Under the condition of failure for three times, the petitioner must also show evidence of remediation in the deficient area(s) prior to retaking the examination. Petitioner must be successful in each section of the examination in order to fulfill this requirement and may not practice until totally successful. The probation period is tolled until petitioner passes either examination.

16. SUPERVISED PRACTICE

Within 60 days of the effective date of this decision, petitioner shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which petitioner's practice would be supervised. The Board will advise petitioner within two weeks whether or not the proposed supervisor and plan of supervision are approved. Petitioner shall not practice until receiving notification of Board approval of petitioner's choice of a supervisor and plan of supervision. The plan of supervision shall be direct and require the physical presence of the supervising dentist in the dental office during the time dental procedures are performed. Additionally, the supervisor shall have full and random access to all patient records of petitioner. The supervisor may evaluate all aspects of petitioner's practice regardless of petitioner's areas of deficiencies.

Each proposed supervisor shall be a California licensed dentist who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken

place as required and include an evaluation of petitioner's performance. It shall be petitioner's responsibility to assure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and not ever have been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself is not a reason to deny an individual as a supervisor. The supervisor shall be independent, with no prior business or professional relationship with petitioner and the supervisor shall not be in a familial relationship with or be an employee, partner or associate of petitioner. If the supervisor terminates or is otherwise no longer available, petitioner shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be borne by the petitioner.

DATE: October 7, 2020

DocuSigned by:
Ji-Lan Zang
Ji-LAN ZANG

Administrative Law Judge
Office of Administrative Hearings

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

June 05, 2012

09C253147

The State of Nevada vs Cornelius Pryor

June 05, 2012

9:00 AM

Defendant's Motion to Place on Calendar to Amend
Judgment of Conviction

HEARD BY: Herndon, Douglas W.

COURTROOM: RJC Courtroom 16C

COURT CLERK: Carol Green

REPORTER: Sharon Howard

PARTIES
PRESENT: Shawn Morgan, Deputy District Attorney, present on behalf of the State.
Defendant Pryor present, not in custody, represented by Robert Draskovich, Esq.
Parole and Probation officer present.

JOURNAL ENTRIES

Argument by Mr. Draskovich that if Defendant completes probation, gross misdemeanor will be reduced to a misdemeanor. Mr. Morgan noted a Dishonorable Discharge. Statement by Parole and Probation officer. COURT ORDERED, DISHONORABLE DISCHARGE is WITHDRAWN and Defendant will receive an HONORABLE DISCHARGE. Further, COURT ORDERED, Gross Misdemeanor REDUCED to DISORDERLY CONDUCT (M). State to prepare Amended Judgment of Conviction.

JUN 6 - 2012

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action								
Full Name : Pryor, Cornelius M Primary Office Address : , City, State Zip : , Office Phone : License Number : 7957 License Date : 01/18/2024 Status : Active Expiration Date : 06/30/2025 Graduated From : Graduation Date :														
Permits : <table border="1"> <thead> <tr> <th>Permit</th> <th>Permit Number</th> <th>Issue Date</th> <th>Exp Date</th> </tr> </thead> <tbody> <tr> <td colspan="4"> </td> </tr> </tbody> </table>							Permit	Permit Number	Issue Date	Exp Date				
Permit	Permit Number	Issue Date	Exp Date											
Board Action / Malpractice : <table border="1"> <thead> <tr> <th>Action Type</th> <th>Date</th> <th>Document Link</th> </tr> </thead> <tbody> <tr> <td colspan="3"> </td> </tr> </tbody> </table>							Action Type	Date	Document Link					
Action Type	Date	Document Link												
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21A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Cornelius Middle: Maurice Last: Payor III
Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
Home Address: Cool Meadows Dr.
City: LAS Vegas State: Nevada Zip: 89129
Telephone: [REDACTED] Email: [REDACTED]
Degree: DDS Practitioner License #: 7957 Specialty: (None)

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Aisas Dental & Braces
Practice Address: 7500 E. Lake Mend Blvd Suite #: _____
City: LAS Vegas State: Nevada Zip: 89030
Telephone: (702) 649-2782 Fax: (702) 359-0847 Email: civiccenter@aisas.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☒	☐
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒ N/A

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☒

Section 5: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	✓	
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following where applicable:

Date of Event/Arrest <u>12/21/07</u>	Disposition Date <u>12/21/07</u>	State <u>CA</u>	City <u>SACRAMENTO</u>	County
Case # <u>DBC 2005-81, L2007030591</u>		Governing, licensing, Arresting Presiding Body/Agency/Court <u>California Dental Board</u>		
Reason/Charge <u>Billing issues in 2005</u>		<u>License REVOKED (2007) (now California License re-instated Nov 2023) In Good Standing!</u>		
Plaintiff/Defendant/Claimant/Respondent <u>Cornelius M. Poya III</u>		Lawsuit/Arbitration/Bankruptcy <u>N/A</u>		
Name of Business/Industry/Entity <u>Dental Board of California</u>				

Dental License re-instated and in California in Good Standing! 2023 (Nov)

Provide explanation below:

- Passed California & Nevada Boards The pass 2 years and attained my license in ~~CA~~ State! also, attained my DEA License in California recently!
(12/12/23)

Cornelius M. Poya III
3/20/24

Cornelius M. Poya III
Original Signature (electronic, copies or stamps not accepted)

3/20/24
Date

Controlled Substance Registration Application

3 of 5

Section 5: Personal and Professional History		Yes	No
1.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2.	Have you been charged, arrested or convicted of a felony or (misdemeanor) in <u>any</u> state?	✓	
3.	Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4.	Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following where applicable:

Date of Event/Arrest <u>Dec 3, 2008</u>	Disposition Date <u>6/5/12</u>	State <u>NV</u>	City <u>Las Vegas</u>	County <u>Clark</u>
Case # <u>09C253147</u>		Governing, licensing, Arresting Presiding Body/Agency/Court <u>Las Vegas Police Dept</u>		
Reason/Charge <u>(Disorderly Conduct) - 2008 (misdemeanor) (16 yrs ago)</u>				
Plaintiff/Defendant/Claimant/Respondent <u>Cornelius M. Puga III</u>			Lawsuit/Arbitration/Bankruptcy <u>N/A</u>	
Name of Business/Industry/Entity <u>Las Vegas Police Dept.</u>				

Provide explanation below:

Cornelius M. Puga III
3/20/24



Cornelius M. Puga III
Original Signature (electronic, copies or stamps not accepted)

3/20/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

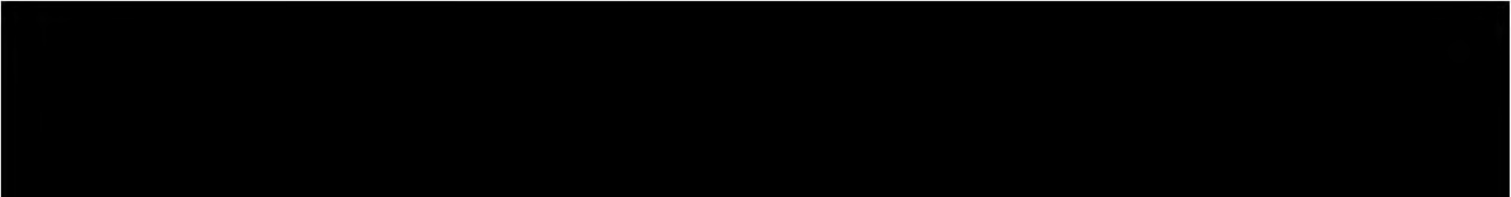
Cornelius Maurice Payor III
Print Name (First, Last)

3/20/24
Date

Cornelius M. Payor III
Original Signature (electronic, copies of stamps not accepted)

3/20/24
Date

Board Use Only: Date Processed: _____ Amount: 4700-LL



Cc: Dr. Cornelius M Pryor III
Subject: Summry (9).pdf
Attachments: Summry (9).pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Early Termination Of Probation Granted Documents And Re-Instatement Of California Dental License To Good Standing !

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition for Early Termination of
Probation of:**

Cornelius M. Pryor III

Dental License Number 35538

Petitioner

Agency Case Number 1002056661

OAH No. 2023070266

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby accepted and adopted by the Dental Board of California, Department of Consumer Affairs, State of California, as its Decision in the above-entitled matter.

This Decision shall become effective on November 22, 2023.

IT IS SO ORDERED on October 23, 2023.



Alan L. Felsenfeld, MA, DDS
President
Dental Board of California
Department of Consumer Affairs
State of California

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition for Early Termination of
Probation of:**

CORNELIUS M. PRYOR, III, D.D.S., Petitioner.

Agency Case No. 1002056661

OAH No. 2023070266

PROPOSED DECISION

Eileen Cohn, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on September 13, 2023.

Michael L. Pinkerton, Attorney at Law, represented petitioner Cornelius M. Pryor, III, D.D.S., who was present throughout the hearing.

Christine J. Lee, Deputy Attorney General, represented the Office of Attorney General, State of California, pursuant to Government Code section 11522.

Testimony and documentary evidence were received. The record was closed, and the matter was submitted for decision on September 13, 2023.

SUMMARY

After completing two years of his probation and successfully abiding by its terms, petitioner filed a petition for early termination of probation. Clear and convincing evidence established that petitioner is fully rehabilitated and public protection does not require that he remain on probation.

FACTUAL FINDINGS

Background and License History

1. On July 28, 1987, the Dental Board of California (Board) issued Dental License Number 35538 (license) to petitioner. (Ex. 3.)
2. On October 24, 2001, after an accusation was filed against petitioner, by order of the Board effective October 24, 2001, petitioner's license was revoked, the revocation stayed and petitioner was placed on probation for a period of five years. (Ex. 3.)
3. On May 30, 2006, after an accusation and petition to revoke probation was filed, by order of the Board effective December 21, 2007, petitioner's license was revoked. (Ex. 3.)
4. On December 18, 2015 petitioner filed a petition for reinstatement which was denied by order of the Board on November 3, 2016. (Ex. 3.)
5. After consideration of petitioner's Petition for Reinstatement, received by the Board on October 22, 2019, by order of the Board effective March 31, 2021.

petitioner's license was reinstated, the license revoked, revocation stayed, and petitioner was placed on probation for a period of three years. (Exs. 3 and 4.)

6. Petitioner's probation is set to expire on March 31, 2024.

7. Petitioner petitioned for early termination of his current probation. The Board received his petition on May 15, 2023. All jurisdictional requirements have been satisfied for this matter to proceed to hearing. (Exs. 1 and 2.)

Background

8. The Board adopted by Decision and Order effective March 31, 2021 (Decision), the proposed decision including the findings and (with a modification) order of the administrative law judge, Agency Case No. DBC 2005-81 and OAH No. 2020020595. The Decision set forth in detail petitioner's discipline history and the underlying circumstances, including his convictions. The Decision also set forth in great detail petitioner's progress toward rehabilitation as of the date of the hearing, including his employment history, his sobriety (supported by testimony from his Alcoholics Anonymous (AA) sponsor, his ongoing therapy, with Diane Nguyen, Psy.D. (supported by her testimony), his faith and family life with long-time partner Stephanie Jackson, (supported by her testimony) and his capabilities as a dentist (supported by the testimony of Gary France, DDS.). The Decision is incorporated by reference and aside from changes in petitioner's employment and family obligations, provides an accurate profile of petitioner's life today. (Ex. 4.)

The Petition for Early Termination of Probation

9. The Decision ordered probation for a period of three years ending March 31, 2024. Petitioner requested early termination so that he can move on with his life,

support his ailing mother and contribute fully to his relationship with his long-term partner, and secure his license to practice in Nevada.

10. The testimony and evidence offered at the hearing was consistent with the findings in the Decision. Critically, it established by clear and convincing evidence petitioner's continued and complete rehabilitation and compliance with the terms and conditions of his probation, such that early termination is appropriate.

11. Regina Armstrong is currently employed by the Board as a special investigator and probation monitor. She has significant experience as an investigator with the Department of Consumer Affairs, including assignments with the Medical Board. She has a Bachelor of Arts degree in criminal justice and forensic science. Her current duties include investigations and monitoring probationers. She was assigned as petitioner's probation monitor in December 2022. She consulted with his previous probation monitor and reviewed his files to prepare for her assignment. She has communicated with petitioner, conducted his quarterly reviews in March and June 2023, and met with him in-person for one quarterly interview. As part of her review she went to petitioner's practice in Los Angeles, met with his supervisors, Dr. France and Dr. Mouton and observed him at work. (Ex. A, pp. B6.) During her interactions with petitioner, she found him to be friendly and cooperative.

12. Ms. Armstrong found petitioner has been in compliance with all the terms of his probation since the effective date of the Decision. (Ex. A. p. B6.)

13. Diane Phoung Nguyen, PsyD., of Nguyen Counseling, LLC, has been petitioner's mental health care provider and therapist since about 2017. She last saw him in April 2023. She used to see petitioner more frequently but the frequency of visits has been modified based upon his progress and needs. Petitioner engaged in a

variety of therapeutic tools, listed below. Dr. Nguyen testified it was an honor to work with petitioner. He was sober when he started working with her and based upon his behavior she has no reason to believe he has any break in his 20 years of sobriety. From her consultation with petitioner, she knows he has maintained his social connections which support his sobriety, exceeding the average time patients she has treated have participated in support groups, is a deeply spiritual person involved with his church, family and partner, and "resonates" wellness, a balanced life and joyfulness. In her observations of petitioner over time, Dr. Nguyen had the opportunity to watch him grow and find "meaning and purpose" in in all areas of life.

14. Dr. Nguyen prepared a letter dated May 1, 2023 (Exhibit A, p. B7-B) which she endorsed during her testimony. In addition to confirming statements attributed to petitioner about his worksite monitors and mentors, she reviewed his family and work life status with him and reported on her observations.

Moreover, Dr. Pryor strives to be mindful in family, work, and lifestyle balance as he visits his mother who has been diagnosed with dementia. He also indicates making efforts to financially budget between airflights and probation commitments; which at times becomes financially and time management-wise challenging. He further states "being the primary care taker and only child, next to having a caretaker to assist, until the next visit home." Mr. Cornelius also openly expresses his love and commitment for his mother and further indicates, "it is his duty and loyalty to care for his mother and enjoys accompanying his mother to Church services during his visits." Additionally his lifetime

significant other Ms. Stephanie, has been exceptionally supportive of Dr. Pryor's family, life, work goals and lifestyle balance throughout the years.

In regard to counseling and treatment interventions areas include and not limited to the following: The eight dimensions of wellness practices, cognitive behavior therapy (CBT), mindfulness-based cognitive therapy (MBCT), dialectical behavioral therapy-regulate emotions (DBT), solution-focused therapy (SFT), emotional focused therapy (EFT) and related therapeutic interventions or treatments tailored to issues addressed during counseling sessions.

(Ex. A, p. B7-B8.)

15. Gary L. France, D.D.S, Sr. Director of Dental Services, testified. Dr. France, a well-qualified practitioner, testified about petitioner's rehabilitation consistent with his letter of April 18, 2023. (Ex. A, pp. B11-B12.) Dr. France was petitioner's assigned workplace monitor during his probation and attested to his superior clinical skills and professional behavior. Dr. France maintains petitioner no longer requires a workplace monitor and is ready to practice on his own. He highly recommends petitioner's early termination of probation and considers him an asset to dentistry and the public.

16. In his capacity as workplace monitor, Dr. France observed petitioner applying his training to dental procedures to ensure he was practicing dentistry according to the correct protocols. He also had the opportunity to observe petitioner's behavior and demeanor with patients. Dr. France's observations were informed by his in depth experience as a clinician and teacher and as such were given great weight. Dr.

France is currently the Sr. Director of Dental Services for the Community Dental Center of Los Angeles. His past experience includes: Academic Administrator, Division of Public Health and Community Dentistry, UCLA School of Dentistry; Adjunct Professor, Division of Dental Public Health, Meharry Medical College, School of Dentistry; and Clinical Instructor, Cedars-Sinai General Practice Residency in Dentistry. (Ex. A, p. B11; Ex. B, p. B16.)

17. Petitioner submitted letters of recommendations from other worksite monitors and well-qualified and experienced Board-certified dentists.

18. Raymont Johnson, D.D.S., one of petitioner's worksite monitors, in a letter dated March 21, 2023, writes of his positive observations of petitioner in a clinical setting over the past year. Dr. Johnson highly recommends the Board grant the petition for early termination based upon petitioner's clinical skills and professionalism. (Ex. A, p. B12.)

19. Marsha Mouton, D.D.S., was one of petitioner's worksite monitors at La Tijera Dental Professionals. In a letter dated March 31, 2023, she writes of her observations of petitioner's demeanor during the first month of his employment. "I was immediately impressed by his ability to establish rapport with staff and patients alike. Dr. Pryor also demonstrates confidence and willingness to learn new skills." (Ex. A., p. B.13.)

20. William W. Morgan, D.D.S. Emeritus Clinical Professor, UCLA School of Dentistry, section on Restorative Dentistry. Dr. Morgan observed petitioner in August 2021 to review and assess his ability in the area of restorative dentistry. Dr. Morgan concluded petitioner had the necessary skills and ability to practice "high quality

dentistry" and recommended the Board approve his early termination of probation. (Ex. A, p.B9.)

21. Gary Herman, D.D.S., UCLA School of Dentistry, provided a letter to the Board's investigator in August 2021 confirming petitioner had completed educational remediation ordered by the Board as part of his probation. Of the 40 hours of coursework required, petitioner spent 32 hours of lecture time on restorative medicine (with Dr. Morgan) and multiple "efforts to prepare teeth for direct and indirect restorations. From his teaching "didactics" and discussions with Dr. Morgan, Dr. Herman expected petitioner to function in a practical dental setting, and at that time, at a level greater than that of a graduating dental student. (Ex. A, p. B10.)

22. Brian Freeman, D.M.D., owner of Las Vegas Modern Dentistry, was one of petitioner's dentistry students at the University of Nevada, Las Vegas School of Dental Medicine. In a letter dated April 5, 2023, Dr. Freeman recalls petitioner as a mentor throughout his four years of dental school. He has also been petitioner's dentist and during his probation, petitioner has spoken with him about his cases. Petitioner practiced for the Nevada State Dental Board exams at Dr. Freeman's office. Petitioner notified him when he passed the exam. Dr. Freeman recommends the Board approve petitioner's early termination. (Ex. A., p. B14.)

23. Petitioner testified consistent with his narrative statement. (Ex. B4.) Petitioner had already made substantial progress with his rehabilitation at the time of the Decision. He had been open about his past, had taken full responsibility for his conduct and was remorseful. His life since the Decision demonstrates his ongoing dedication to exemplary behavior, and devotion to his practice, family and church.

///

24. In addition to petitioner's excellent record of compliance with his probationary conditions, and accolades from probation and worksite monitors, petitioner raised other important points in support of the Petition. Petitioner has made his home with his long-term partner in Nevada, has passed his board exams to practice in Nevada, and would like to practice in Nevada where he has potential professional opportunities, and contribute to his household there, which he cannot do until his probation is completed. Petitioner has prospects with Las Vegas Modern Dentistry Office in Las Vegas for upwards of four days a week, and a position as Interim Faculty with the University of Nevada, Las Vegas, School of Dental Medicine. Petitioner's mother lives in California and is ailing. She requires financial support which he cannot provide to the degree she requires until he is released from probation. To comply with the terms of probation, petitioner travels weekly to California to fulfill the required 16 hours of supervised practice. According to petitioner, "This, in addition to other costs affiliated with probation, presents considerable financial burden on me and my family." (Ex. A, p.B4-B5.)

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In a proceeding involving the restoration of a license, the burden at all times rests on the petitioner to prove that he has rehabilitated himself and that he is entitled to have his license restored. (*Flanzer v. Bd. of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) The standard of proof is clear and convincing evidence. (*Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1092; *Feinstein v. State Bar* (1952) 39 Cal.2d 541, 546-547.) Petitioner met his burden of proof.

Purpose of Discipline

2. The purpose of health care licensing laws and discipline is to protect the public, not to punish the individual. (*Excelsior College v. Board of Registered Nursing* (2006) 136 Cal.App.4th 1218, 1225.) The board's highest priority in exercising its licensing, regulatory, and disciplinary functions is protection of the public. Whenever the protection of the public is inconsistent with other interests sought to be promoted, protection of the public shall be paramount. (Bus. & Prof. Code, § 1601.2.)

Statutory and Regulatory Authority

3. Business and Professions Code section 1686 provides in part:

A person whose license or registration has been revoked . . . who has been placed on probation, may petition the board for . . . modification of the penalty, including . . . termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering that disciplinary action:

[¶] . . . [¶]

(b) At least two years for early termination . . . of a probation of three years or more . . .

[¶] . . . [¶]

The petition shall state any fact required by the board.

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The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

In considering reinstatement or modification of penalty, the board or the administrative law judge hearing the petition may consider (1) all activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, certificate, or permit was in good standing, and (4) the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board or the administrative law judge as designated in Section 11371 of the Government Code finds necessary. . . .

4. Government Code section 11522 provides in part:

A person whose license has been revoked . . . may petition the agency for . . . reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision . . . The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the Petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor, and any terms and conditions that the agency reasonably deems

appropriate to impose as a condition of reinstatement. This section shall not apply if the statutes dealing with the particular agency contain different provisions for . . . reduction of penalty. . . .

5. California Code of Regulations, title 16, section 1020, subdivision (d), provides:

When considering a petition for reinstatement of a license the Board shall evaluate evidence of rehabilitation considering those criteria of rehabilitation listed in subdivisions (c)(2)(A)-(G).

6. California Code of Regulations, title 16, section 1020, subdivision (c)(2), provides the following criteria to assess when determining whether an individual is rehabilitated:

(A) The nature and gravity of the act(s), disciplinary action(s), or crime(s).

(B) Total criminal record.

(C) The time that has elapsed since commission of the act(s), disciplinary action(s), or crime(s).

(D) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.

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(E) If applicable, evidence of dismissal proceedings pursuant to Section 1203.4 of the Penal Code.

(F) The criteria in subdivisions (c)(1)(A) through (E), as applicable.

(G) Evidence, if any, of rehabilitation. . . .

7. Rehabilitation is a state of mind, and the law looks with favor upon rewarding with the opportunity to serve, one who has achieved reformation and regeneration. (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1058.) The amount of evidence of rehabilitation that is required varies according to the seriousness of the misconduct. The mere expression of remorse does not demonstrate rehabilitation. A truer indication of rehabilitation will be presented if a petitioner can demonstrate by sustained conduct over an extended period of time that he is rehabilitated and fit to practice. (*In re Menna* (1995) 11 Cal.4th 975, 987, 991.) The evidentiary significance of a petitioner's misconduct is greatly diminished by the passage of time and by the absence of similar, more recent misconduct. (*Kwasnik v. State Bar* (1990) 50 Cal.3d 1061, 1070.)

Cause Exists to Grant the Petition

8. Cause exists under Business and Professions Code section 1686, and California Code of Regulations, title 16, section 1020, to grant the petition to terminate probation. Petitioner established through clear and convincing evidence that he is sufficiently rehabilitated such that probationary oversight is no longer necessary to protect the public. Petitioner has complied with his probation, recognized and learned from his mistakes, and meaningfully improved his professional skills. Probation is no longer required to protect the public. Petitioner's misconduct was years ago and his

progress with his rehabilitation was aptly described in the Decision.. Petitioner took full responsibility for his misconduct. His expression of remorse was heartfelt and sincere. Petitioner's credible testimony and written statements, the testimony of the Board's probation monitor, petitioner's witnesses, and his witness statements, and the exhibits evidence established petitioner's full rehabilitation. Petitioner has learned from his past, and has demonstrated he is devoted to the public, his family and church.

9. Petitioner established by clear and convincing evidence he is fully rehabilitated, and probation is no longer required to protect the public.

ORDER

The petition of Cornelius M. Pryor, III, D.D.S., for early termination of his probation is granted. The probation is terminated provided all costs and expenses related to the probation have been paid.

DATE: 09/21/2023

Eileen Cohn

EILEEN COHN

Administrative Law Judge

Office of Administrative Hearing

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

CORNELIUS M. PRYOR, III,

Petitioner.

Case No. DBC 2005-81

OAH No. 2020020595

**ORDER WITHDRAWING ORDER OF NONADOPTION;
AND DECISION ADOPTING PROPOSED DECISION WITH REDUCED
PENALTY**

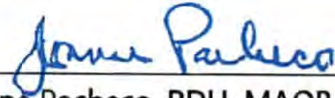
The Dental Board of California (Board), Department of Consumer Affairs, State of California, herewith withdraws the Order of Nonadoption entered on January 5, 2021.

Further, the Board hereby adopts the Proposed Decision of the Administrative Law Judge as the Decision in this matter, and, pursuant to the provisions of Government Code section 11517, subdivision (c)(2)(B), mitigates the penalty as follows:

On page 24, Term and Condition No. 14, Clinical Training Program, first paragraph, in the first line, after "Decision," insert "or as otherwise instructed by the Board,"

This Decision shall become effective on March 31, 2021.

IT IS SO ORDERED this 1st day of March, 2021.



Joanne Pacheco, RDH, MAOB
President
Dental Board of California
Department of Consumer Affairs
State of California

**BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

CORNELIUS M. PRYOR, III, Petitioner.

Agency Case No. DBC 2005-81

OAH No. 2020020595

PROPOSED DECISION

Ji-Lan Zang, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on August 31, 2020, by video conference in Los Angeles, California.

Michael L. Pinkerton, Attorney at Law, represented Cornelius M. Pryor, III (petitioner).

Pursuant to the provisions of Government Code section 11522, the Attorney General of the State of California was represented by Steve Pyun, Deputy Attorney General.

At the hearing, the ALJ was provided with certain pages in Exhibit 2 (AGO 129-149), which are confidential medical records. The ALJ, on her own motion and good cause

appearing therefrom, issued a protective order placing these pages under seal and protected from disclosure to the public.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on August 31, 2020.

FACTUAL FINDINGS

Jurisdictional Matters

1. On July 28, 1987, the Dental Board of California (Board) issued state certificate number 35538 to petitioner to practice dentistry in California.
2. Based on a Decision after hearing issued by the Board on November 19, 2007, petitioner's license was revoked.
3. On September 23, 2019, petitioner filed the current Petition for Reinstatement, seeking reinstatement of his license.

Disciplinary History

4. By a Decision and Order effective October 24, 2001, made pursuant to a Stipulation in Settlement (Stipulation), the Board revoked petitioner's license, but the revocation was stayed for five years under certain terms and conditions. (Case number No. AGS 1997-71.) The disciplinary order was based on allegations contained in the Accusation that in 1996, petitioner submitted false or fraudulent claims to insurers for patient services. The terms of petitioner's Board probation included obeying all laws and taking remedial education courses.

5. On November 19, 2007, the Board, by a Decision and Order effective December 21, 2007, revoked petitioner's probationary license. (Case No. DBC 2005-81, OAH Case No. L2007030591.) The discipline in this case arose from petitioner's 2004 conviction for battery and his 2005 conviction for vandalism, both misdemeanors, which are substantially related to the qualifications, functions, or duties of a dentist. In addition, from the mid 1990's through 2004, even though petitioner experienced long periods of sobriety, he suffered several relapses for substance abuse. In May 2004, petitioner tested positive for cocaine use. Based on petitioner's conviction and drug abuse, the Board found that he committed unprofessional conduct. The Board also found petitioner to be in violation of his Board probation in that he did not complete the remedial education requirement until after the deadline. The 2007 Decision and Order required petitioner to pay the Board \$500 in recovery costs as a condition precedent to his re-licensure.

The 2015 Petition for Reinstatement

6. On December 8, 2015, petitioner submitted a Petition for Reinstatement (2015 petition) in case number DBC 2015-1741 (OAH case number 2016070808). In the 2015 petition, petitioner submitted evidence that he has been sober since May 2004. Petitioner was actively participating in Alcoholics Anonymous (AA). He was working as an occupational safety specialist in Las Vegas, Nevada, after earning an Associate Degree in Occupational Safety Management. Petitioner completed 226 hours of continuing dental education since 2008. He also presented positive letters of reference from two California dentists, eleven out-of-state dentists, his AA sponsor, two friends, his employer, and letters from two psychologists confirming his participation in therapy.

7. However, the 2015 petition also disclosed that petitioner was convicted of disorderly conduct, a misdemeanor, since the revocation of his license. Specifically, the Board's Decision and Order in case number DBC 2015-1741 stated, in relevant part:

Court minutes and a transcript from the District Court, Clark County, Nevada, Case No. C-253147, indicate the conviction was originally for "gross and open lewdness," a "gross misdemeanor" (see Nev. Rev. Stat., § 201.210), but was reduced in June 2012 to disorderly conduct, an ordinary misdemeanor. The date of conviction was not established, and no police report, plea agreement, or witness statement describing the crime was provided. But according to petitioner, he pleaded no contest to shouting an "ugly sexual epithet" at two women early one morning in December 2008, when they would not open a locked restaurant door so he could go inside. At the time, he was holding his groin, which he attributed to severe pain he was experiencing not long after hernia surgery.

(Ex. 7, AGO 233.)

8. On October 4, 2016, the Board denied the 2015 Petition in a Decision and Order effective November 3, 2016. The Board cited the rehabilitation criteria in California Code of Regulations, title 16, section 1020, and determined that petitioner had not met his burden of establishing sufficient evidence of rehabilitation. Among other things, the Board noted that petitioner had suffered the additional conviction in 2012 for disorderly conduct after losing his license, and that without a police report or other corroborating evidence, petitioner's version of the facts and circumstances

surrounding this 2012 conviction could not be confirmed. Even accepting petitioner's version of events, petitioner's conduct reflected a lapse of judgment and called into question his fitness for licensure.

Petitioner's Evidence

BACKGROUND

9. Petitioner obtained his Doctor of Dental Surgery (D.D.S.) degree from Howard University. He was initially licensed in 1987 and practiced as a dentist for 20 years until the revocation of his license in 2007. Since 2005, petitioner has lived in Las Vegas, Nevada. He currently works as a Safety Specialist for Regional 9 Safety Compliance Company (Region 9), a position he has held since 2014.

THE 2012 CONVICTION

10. At the hearing, petitioner explained the facts and circumstances surrounding his 2012 conviction for disorderly conduct, as follows: In December 2008, petitioner was under emotional and physical distress. Emotionally, petitioner was grieving the recent passing of his godsister and his AA sponsor. Physically, petitioner was in pain, as he had undergone hernia surgery in the groin area in April 2008 but still suffered pain in the area around the surgical wound.

11. On the morning of December 2, 2008, petitioner stopped by a McDonald's, where in the parking lot of the restaurant, he experienced difficulty breathing. A bystander assisted him by calling for emergency responders. Although Emergency Medical Technicians (EMT) arrived on the scene first, petitioner refused their offer to taken him to the hospital as his vitals were normal. After the EMT left, however, police officers arrived on the scene. Rather than rendering assistance, the

officers asked petitioner for his car registration. Because petitioner's car was registered to his live-in girlfriend, Stephanie Jackson, his car was impounded. Thus, petitioner was left stranded in the parking lot. While enduring pain in his groin area and difficulty breathing, petitioner tried to go into the McDonald's for help. However, the two women who were working in the restaurant would not open the door. Petitioner, under stress and in pain, grabbed his groin and told them to "suck his dick" (his words).

12. Petitioner was arrested and convicted of disorderly conduct. As a result of this conviction, petitioner was placed on criminal probation for three years. He has since completed his criminal probation.

13. Petitioner's testimony regarding the facts and circumstances surrounding his 2012 conviction is deemed credible as it is corroborated. Petitioner submitted medical records showing that he underwent hernia surgery in the groin area in April 2008 and that he returned to see his physician in January 2009 complaining of post-operative pain around the surgical wound. (Ex. 2, AGO 133, 148.)

14. Furthermore, petitioner testified in a sincere, open, and insightful manner regarding his remorse for the incident that led to his 2012 conviction. Petitioner expressed his deepest apologies to the victims, and he explained that he had acted out of fear that day because his body was malfunctioning and he felt abandoned as no one was helping him. However, petitioner does not believe that his medical and psychological state justified his behavior. Petitioner averred that his actions on December 2, 2008 were unacceptable. According to petitioner, his conduct on that day was "inflammatory" and demonstrated a lack of "self-regulation and empathy for others" (his terms).

PETITIONER'S SOBRIETY

15. Petitioner has been sober for 16 years. His sobriety date is May 24, 2004, and he has been active member of AA since that time. Due to the COVID-19 pandemic, petitioner currently attends AA meetings by telephone two to three times per week. Before the pandemic, petitioner personally attended AA meetings at least one day a week. Petitioner submitted several years of AA attendance sheets and a photograph of his AA chip commemorating 15 years of sobriety in support of his testimony. (Ex. 2, AGO 068-093.) Petitioner reported that working his AA program has helped him to develop and implement ways to cope with stressors and triggers. Rather than reacting to situations, he now responds to them after thinking through the consequences.

16. Kirk Williams, petitioner's AA sponsor, testified at the hearing on petitioner's behalf. Mr. Williams is a certified drug and alcohol substance abuse counselor, and he has known petitioner for over 50 years. For the past 12 years, Mr. Williams has served as petitioner's AA sponsor, after the death of petitioner's previous AA sponsor. In this capacity Mr. Williams has contact with petitioner at least three times a week. Mr. Williams observed that petitioner is dedicated to his sobriety and has shown resilience and strength in his recovery. Mr. Williams also noted that petitioner continues to harbor a passion for the dentistry profession. He opined that should petitioner's license be reinstated, he would be valuable asset to the dentistry field and to his community. Mr. Williams submitted a letter dated August 15, 2015, which was consistent with his testimony at the hearing.

PETITIONER'S ENGAGEMENT IN THERAPY AND COUNSELING

17. Petitioner has voluntarily engaged in psychological therapy and counseling as a part of his commitment to personal and spiritual development. From

September 2008 to February 2010, he underwent therapy and counseling from Patricia Brassfield, Ph.D. From August 2012 to April 2013, petitioner was seen by Verna Fabella-Hicks, Ph.D. Petitioner submitted letters from Drs. Brassfield and Fabella-Hicks verifying his participation in therapy and confirming his consistent efforts to maintain his emotional and psychological well-being. (Ex. 2, AGO 113-119.)

18. From January 2017 to January 2018, petitioner attended psychotherapy sessions with Diane Nguyen, Psy.D., who testified at the hearing on petitioner's behalf. Dr. Nguyen obtained her doctor's degree in clinical psychology in 2003, and she is also a licensed drug and alcohol counselor. Petitioner completed a total of 14 sessions with Dr. Nguyen, and to the present day, he continues to call Dr. Nguyen on a monthly basis as check-ins.

19. In addition to her testimony at the hearing, Dr. Nguyen submitted a letter dated January 30, 2018, describing her therapy sessions with petitioner and her opinions regarding the extent of petitioner's recovery from his drug and alcohol problems. (Ex. 2, AGO 121-127.) Specifically, Dr. Nguyen opined that during the period of 2004 to 2008, petitioner suffered from Protracted Withdrawal Symptoms/Post-Acute Withdrawal Syndrome (PAWS). According to Dr. Nguyen, individuals suffering from PAWS exhibit symptoms similar to those with Post Traumatic Stress Disorder, including behavioral relapses, poor emotional regulation, and sensitivity to stress. Dr. Nguyen found that due to PAWS, petitioner's recovery efforts during the years of 2004 to 2008 was less than successful. Additionally, she believes that PAWS contributed to petitioner's lack of judgment and self-regulation during the 2008 incident at McDonald's.

20. Moreover, in 2018, Dr. Nguyen administered the American Society of Addiction Medicine (ASAM) risk assessment screenings. Dr. Nguyen found that

according to the ASAM dimensions, petitioner scored low risk for acute intoxication and/or Withdrawal Potential (Dimension 1); "low risk" for biomedical conditions and complications (Dimension 2); "low risk" for emotional, behavioral or cognitive conditions and complications (Dimension 3); "high potential" for readiness to change, healthy and positive lifestyle changes (Dimension 4); "low risk" for relapse, continued use or continued problem potential (Dimension 5); and "low risk" for recovery environment, lack of support (Dimension 6). Based on these findings, Dr. Nguyen concluded that petitioner "demonstrate[s] no symptoms of addictions with the implementation of high levels of maintenance and relapse prevention skills from alcohol and any mood altering drugs." (Ex. 2, AGO 126.)

21. Because of his successful recovery from drug and alcohol abuse and his sustained commitment to psychotherapy, Dr. Nguyen believes that petitioner would be safe to practice to as dentist should his license be reinstated. Dr. Nguyen's testimony at the hearing was consistent with the contents of her January 30, 2018 letter.

PETITIONER'S FAITH AND FAMILY LIFE

22. Petitioner actively attends church. Prior to the COVID-19 pandemic, he attended bible study meetings with Kingdom Hall of Jehovah's Witness every Thursday and Sunday. He currently teleconferences with his bible study group on a weekly basis. Petitioner integrates the teachings of his congregations with the lessons he has learned from AA in order to maintain his sobriety and to promote further spiritual growth.

23. Petitioner is engaged to his long-time girlfriend, Stephanie Jackson, who testified at the hearing on petitioner's behalf. Ms. Jackson has known petitioner since

1977, and has lived with him as a couple since 2007. Ms. Jackson described the behavioral issues she observed in petitioner before 2004, when he was still struggling with his drug and alcohol problems. She testified that before 2004, although petitioner was well-dressed and appeared professional, he was, in fact, vulnerable and anxious. Ms. Jackson recounted that in 2007, she saw changes in petitioner's behavior. In Ms. Jackson's words, petitioner became "humble," "honest" and "authentic" after his dental license was revoked. He gained the ability to "empathize with others" and no longer sought validation from other people. Petitioner showed resilience in taking on odd jobs after the revocation of his dental license and going back to school when he was over 50 years old. In the past 10 years, Ms. Jackson has been a witness to petitioner's consistent commitment to be the best person he could be.

24. Ms. Jackson testified that petitioner's passion for dentistry has not diminished over the years. She does not believe that petitioner would pose a threat to others if he were to be reinstated as a dentist.

PETITIONER'S RECENT EMPLOYMENT HISTORY

25. After the revocation of his license in 2007, petitioner initially worked at various jobs including teaching, business development, and solar panel installation. In 2012, at the age of 57, petitioner returned to school at the College of Southern Nevada, and in 2013, he earned an Associate of Applied Science degree in Occupational Safety Management.

26. Since 2014, petitioner has worked as a Safety Specialist for Regional 9. In that capacity, petitioner has worked as a safety inspector for several major projects, including the gates expansion project at McCarran Airport, the T Mobile Arena project,

and the Raiders Stadium project. At his job, petitioner also serves as an instructor on forklift safety, CPR, and other topics.

27. Petitioner submitted several character reference letters from his colleagues and his former and current employers, who uniformly describe petitioner as a diligent, personable, and reliable professional. (Ex. 2 AGO 43-50.) In particular, in a letter dated October 13, 2017, Troy McKnight, Owner/Safety Director of Region 9 wrote, in relevant part:

[Petitioner] maintains the ultimate "can do" attitude while taking on all tasks assigned with a positive tenacious energy and a smile. He also continues to distinguish himself by consistently being organized, competent, and adept at establishing rapport, building relationships, and servicing a diverse clientele. Suited with well-honed analytical skills, [petitioner] quickly identifies issues at hand and creates appropriate strategies for problem resolutions. He is well-respected by [the] business owners and staff we serve as well as his industry peers. . . .

(Ex. 2, AGO 49.)

PETITIONER'S EMPLOYMENT GOALS IN THE FIELD OF DENTISTRY

28. Although petitioner is currently employed in the safety compliance industry, his goal is to return to practicing as a dentist. Petitioner averred that he loves the profession because as a dentist, he is given the opportunity to be creative, to interact with different people, and to help others. Despite not having practiced in the dental industry for approximately 13 years, petitioner has taken numerous continuing

education courses. In 2019, petitioner completed 50 continuing education hours in dentistry. Petitioner has also paid to the Board \$500 in recovery costs that was ordered as a part of the 2007 Decision and Order.

29. If his dental license were to be reinstated, petitioner plans work part-time at Community Dental Center, a non-profit organization based in Los Angeles that provides dental services to low-income children and their caregivers. Petitioner would remain a resident of Nevada, but he would commute on the weekends to Los Angeles in order to practice as a dentist. Petitioner would be willing to comply with all relevant terms and conditions should he be granted a probationary license.

30. Gary France, D.D.S., Clinical Director of Community Dental Center, testified at the hearing on behalf of respondent. Dr. Frances is a graduate of the School of Dentistry at the University of California, Los Angeles (UCLA). He has served as a professor of dentistry at UCLA and Meharry Medical College. Dr. France has known petitioner for approximately 45 years. Dr. France testified that he is prepared to offer petitioner a position at the Community Dental Center should his dental license be reinstated. According to Dr. France, petitioner could work the Saturday and Sunday shifts, filling out a weekend time slot for which he has had a difficult time finding dentists. Dr. France and another practitioner at the Community Dental Center, Dr. Hill, are willing to serve as petitioner's supervisors. Dr. France has had the opportunity in the past to observe petitioner as a dentist, and he believes in petitioner's proficiency. Dr. France is not concerned that petitioner has not practiced for the last 13 years, and he would trust petitioner as his own dentist. Dr. France also noted that he has personally witnessed petitioner's personal growth in the past few years and feels confident that petitioner would be an asset to the dentistry field.

31. Petitioner also submitted several character reference letters from dentist colleagues. In these letters, the authors attest to petitioner's passion for dentistry and his love of sharing his knowledge with others. (Ex. 2 AGO 95-115.) In particular, in a letter dated September 7, 2015, Geoffrey Brown, D.D.S. wrote, in relevant part:

Having known [petitioner] for many years, I can tell you that he has seen the error of his ways and accepts full responsibility for his actions. He has demonstrated a sincere desire to be the best person he can be in service to his fellow man and his God. It is my opinion that he is ready to return to work as a practicing dentist or teaching tomorrow's practitioners once again. He has continued to keep up with the changing trends in the dental profession and shall be an asset to the community he serves. We all need something to do, something to hope for, something to love, and a reason to live. For [petitioner] this embodies dentistry! Therefore, I unequivocally support the reinstatement of his California dental license. His success will undoubtedly translate to benefits to the public at large.

(Ex. 4, AGO 96).

LEGAL CONCLUSIONS

Standard and Burden of Proof

1. In a proceeding for the restoration of a revoked license, petitioner bears the burden of proving rehabilitation and current fitness for licensure without

restriction. (*Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.)

The standard of proof is clear and convincing evidence. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315-316.)

Rehabilitation Criteria

2. Business and Professions Code section 1686 states:

A person whose license, certificate, or permit . . . has been placed on probation may petition the Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

(a) At least three years for reinstatement of a license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.

[¶] . . . [¶]

The petition may state any fact required by the board. The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

In considering reinstatement or modification or penalty, the board or administrative law judge hearing the petition may

consider (1) all the activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, certificate, or permit was in good standing, (4) the petitioner's rehabilitative efforts, general reputation for truth and professional ability . . .

3. Rehabilitation criteria for reinstatement of a revoked dental license are found in California Code of Regulations, title 16, section 1020, subdivision (c). The criteria are as follows: (1) nature and severity of the acts or offenses; (2) total criminal record; (3) time that has elapsed since commission of the acts or offenses; (4) whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee; (5) evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code; and (6) and other rehabilitation evidence, submitted by petitioner.

Evaluation and Disposition

4. In 2001, petitioner's dental license was disciplined based on allegations that he submitted false or fraudulent claims to insurers for patient services. In 2007, petitioner's dental license was revoked due to a criminal conviction for battery in 2004, a criminal conviction for vandalism in 2005, and testing positive for cocaine use in May 2004. The nature of these acts and criminal convictions are serious. In addition, after respondent's license was revoked, he suffered an additional criminal conviction for disorderly conduct in 2012. Although no evidence was presented that petitioner's criminal convictions have been dismissed pursuant to Penal Code section 1203.4, petitioner has completed all terms of his criminal probation, and approximately eight years have elapsed since he sustained his last criminal conviction.

5. Petitioner presented considerable evidence of mitigation and rehabilitation in support of his current petition for reinstatement. Petitioner's account of the facts and circumstances surrounding his 2012 conviction for disorderly conduct is credible and corroborated by medical records showing that he was suffering post-operative pain from hernia surgery around December 4, 2008. Petitioner took responsibility for his actions on that day, acknowledging in a forthright manner that the sexual epithet he used against the victims is unacceptable and inflammatory. While this criminal conviction evidences petitioner's lack of judgment, it appears to be an isolated incident, given that petitioner has not suffered any other criminal convictions since 2012. The fact that petitioner was grieving the loss of his AA sponsor and his godsister and Dr. Nguyen's opinion that petitioner may have been suffering PAWS at the time of the incident are additional factors in mitigation.

6. Furthermore, petitioner has been sober for over 16 years. He continues to participate in AA regularly on a voluntary basis. He is actively involved in his church and his bible study group. He has been gainfully employed since 2007. He returned to school at the age of 57 and has worked as a well-respected safety compliance specialist since 2014. He has voluntarily engaged in extensive therapy and counseling. He has the support of his sober network as well as that of his family. Petitioner's passion for dentistry is also palpable, as he has completed numerous continuing education courses in dentistry and is willing to commute from Las Vegas to Los Angeles on the weekends in order to serve as a dentist for low income patients. Additionally, the opinions of Mr. Williams (petitioner's AA sponsor), Dr. Nguyen, (petitioner's therapist), Ms. Jackson (petitioner's fiancée), and Dr. France (petitioner's prospective employer at Community Dental Center), to the effect that petitioner is ready and capable of resuming his duties as a dentist, are given significant weight.

7. Under these circumstances, reinstating petitioner's license and placing him on probation for three years will adequately protect the public health, safety, and welfare. Because petitioner has demonstrated sustained commitment to his sobriety for the past 16 years, probationary terms relating to biological testing and abstention from alcohol and controlled substances will not be included as part of the order. Petitioner has paid the Board's costs of enforcement and prosecution in full. Therefore, provisions relating to cost recovery will also not be ordered. However, because petitioner has not practiced as a dentist for 13 years, he will be required to take the licensing exam before he is eligible for reinstatement. It is also appropriate for petitioner to participate in a clinical training program, as approved by the Board, before he resumes practice.

ORDER

The application of Cornelius M. Pryor, III for reinstatement of licensure is hereby granted. A license shall be issued to petitioner. Said license shall immediately be revoked, the order of revocation stayed, and petitioner's license placed on probation for a period of three years on the following conditions:

1. SEVERABILITY CLAUSE

Each condition of probation is a separate and distinct condition. If any condition of this Decision and Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Decision and Order, and all other applications thereof, shall not be affected. Each condition of this Decision and Order shall separately be valid and enforceable to the fullest extent permitted by law.

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2. OBEY ALL LAWS

Petitioner shall obey all federal, state and local laws and all rules and regulations governing the practice of dentistry in California, and remain in full compliance with any court ordered criminal probation, payments and other requirements. A full and detailed account of all misdemeanor and felony arrests and convictions shall be reported by petitioner to the Board in writing within seven (7) days of occurrence. To permit monitoring of compliance with this condition, petitioner shall submit a completed California Department of Justice state and federal Livescan fingerprint form, unless previously submitted as part of the licensure application process. Fingerprints shall be submitted within 15 calendar days of the effective date of the Decision and Order.

3. QUARTERLY REPORTS

Petitioner shall submit quarterly reports signed under penalty of perjury stating whether there has been compliance with all the conditions of probation. Petitioner shall submit a quarterly report no later than seven (7) calendar days from the beginning of the assigned quarter.

4. COMPLY WITH THE BOARD'S PROBATION PROGRAM

Petitioner shall fully comply with the conditions of probation established by the Board and all requirements necessary to implement the conditions of probation. Petitioner shall cooperate with the Board in its monitoring and investigation of petitioner's compliance with the conditions of probation. Petitioner shall respond to all requests and inquiries from the Board within the time period specified by the Board.

Upon successful compliance with the conditions of probation, and completion of the probation term, petitioner's license shall be fully restored.

5. ADDRESS CHANGE, NAME CHANGE, LICENSE STATUS

Petitioner shall inform the Board in writing within 15 calendar days of any change in his address of record, physical employment address, physical residence address, and any legal name change. Petitioner shall maintain an active, current license with the Board, including while suspended from practice of dentistry unless otherwise specified by the disciplinary orders.

Any misrepresentation by petitioner of his restricted license status to the public shall be a violation of the probation conditions.

6. MEETINGS AND INTERVIEWS

Petitioner shall appear in person for meetings and shall be available by telephone for interviews as directed by the Board.

7. STATUS OF PRACTICE OR LICENSURE OUTSIDE OF STATE

In the event petitioner should leave California to practice outside the state, petitioner must provide written notification to the Board of the dates of departure and anticipated return to the state. Petitioner's probation is tolled, if and when he ceases practicing in California. Period of practice outside of California will not apply to the reduction of the probationary period.

Petitioner shall provide a list of all states, United States territories, and elsewhere in the world where he has ever been licensed as a dentist or dental auxiliary or held any health-care related professional license or certificate. Petitioner shall

further provide information regarding the status of each license and certificate and any changes in the license or certificate status during the term of probation. Petitioner shall inform the Board if he applies for or obtains a dental or dental auxiliary license or certificate outside of California during the term of probation.

For purposes of this condition, non-practice due to Board ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

8. SUBMIT DOCUMENTATION

Upon request, petitioner shall submit documentation to the Board including, but not limited to the following: Livescan forms, quarterly reports, and authorization for release of confidential information.

Such documentation shall be submitted under penalty of perjury, as required by the Board. On a case-by-case basis, documents shall be required to contain statements relative to petitioner's compliance with all the conditions of probation, and compliance with Board instructions.

9. PROBATION MONITORING COSTS

All costs incurred for probation monitoring during the entire probation shall be paid by the petitioner. The monthly cost may be adjusted as expenses are reduced or increased. Petitioner's failure to comply with all terms and conditions may also cause this amount to be increased.

All payments for costs are to be sent directly to the Board and must be received by the dates specified.

If petitioner is unable to submit costs for any month, he shall be required, instead to submit an explanation of why he is unable to submit the costs, and the dates he will be able to submit the costs including payment amounts. Supporting documentation and evidence of why the petitioner is unable to make such payments must accompany this submission.

In addition to any other disciplinary action taken by the Board, the probationary period will be extended.

10. LICENSE SURRENDER

If petitioner ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, petitioner may surrender his or her license to the Board. The Board shall evaluate petitioner's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Such surrender shall be accomplished through a written stipulated agreement, without the filing of an accusation or petition to revoke probation, and without further hearing. Upon formal acceptance of the surrender, petitioner shall deliver his or her wallet and wall certificate to the Board or its designee and petitioner shall no longer practice dentistry or be subject to the conditions of probation.

Surrender of petitioner's license shall be considered a disciplinary action and shall become a part of petitioner's license history with the Board. If petitioner re-applies for a dental license, the application shall be treated as a petition for reinstatement of a revoked license.

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11. FUNCTION AS A LICENSEE

Petitioner, during the period of probation, shall engage in the practice of dentistry in California for a minimum of sixteen (16) hours per week or sixty-four (64) hours per calendar month. For the purpose of compliance with this section, "engaged in the practice of dentistry may include, when approved by the Board, volunteer work in dentistry, or work in any non-direct patient position that requires licensure.

In the event petitioner should leave California to practice outside the state, petitioner must provide written notification to the Board of the dates of departure and anticipated return to the state. Petitioner's probation is tolled, if and when he ceases practicing in California. Periods of practice outside of California will not apply to the reduction of the probationary period. In the event petitioner ceases to practice a minimum of sixteen (16) hours per calendar week or sixty-four hours per calendar month in California, petitioner must provide written notification of that fact to the Board. The period when the petitioner is not practicing, the minimum number of hours, will not apply to the reduction of the probationary period. Absence from practice shall not relieve the petitioner from maintaining a current license or from fulfilling all of the terms and conditions of probation. For purposes of this condition, non-practice due to Board ordered suspension, completion of educational and clinical training requirements, and/or receipt of the results from a psychological evaluation, shall not be considered a period of non-practice; non-practice calculations will begin when petitioner has met all conditions precedent to his ability to practice dentistry.

If petitioner stops practicing in California for a total of five (5) years, petitioner's license shall be automatically cancelled. If petitioner has not complied with this condition during the probationary term, and petitioner has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if

petitioner is in compliance with all other probation conditions, the Board, in its sole discretion, may grant an extension of Petitioner's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply unless they have been modified by the Board via a petition for modification of probation.

12. CONTINUANCE OF PROBATIONARY TERM/COMPLETION OF PROBATION

If petitioner violates the terms of this probation in any respect, the Board, after giving petitioner notice and the opportunity to be heard, may set aside the stay order and impose the revocation or suspension of the petitioner's license. If, during the period of probation, an accusation and/or a petition to revoke probation has been filed against petitioner's license or the Attorney General's Office has been requested to prepare an accusation and/or a petition to revoke probation against petitioner's license, the probationary period shall automatically be extended and shall not expire until the accusation and/or the petition to revoke probation has been acted upon by the Board. Upon successful completion of probation, petitioner's license will be fully restored.

13. NOTIFICATION

Prior to engaging in the practice of dentistry, the petitioner shall provide a true copy of this Decision to his employer, and to any other facility where petitioner engages in the practice of dentistry. Petitioner shall submit proof of compliance to the Board or its designee within 15 calendar days of engaging in the practice of dentistry or practicing in a facility.

This condition shall apply to any change(s) in place of employment.

14. CLINICAL TRAINING PROGRAM

Within 60 days of the effective date of this Decision, petitioner shall enroll in a clinical training or educational program offered by an approved California Dental School. The program shall consist of a comprehensive assessment comprised of a two-day assessment of petitioner's basic clinical and communication skills common to all clinicians; and dental knowledge, skill and judgment pertaining to petitioner's specialty or sub-specialty (if he has one), and at a minimum, a 40-hour program of clinical education in the area of practice that takes into account data obtained from the assessment and any other information that the Board deems relevant. Petitioner shall pay all expenses associated with the clinical training program. Based on petitioner's performance and test results in the assessment and clinical education, the program will advise the Board of its recommendations for the scope and length of any additional education or clinical training or anything else affecting petitioner's practice of dentistry. At the completion of any additional education or training, petitioner shall submit to and pass an examination. The program's determination whether or not petitioner passed the examination or successfully completed the program shall be binding. Petitioner shall complete the program no later than six months after petitioner's initial enrollment unless the Board agrees in writing to a later time for completion. Failure to participate in and complete successfully all phases of the clinical training program as outlined above is a violation of probation.

Petitioner shall not practice dentistry until he has successfully completed the program and has been so notified by the Board in writing, except that petitioner may practice in a clinical training program approved by the Board. Petitioner's practice of dentistry shall be restricted to that required by the program.

///

15. EXAMINATION

Petitioner shall not practice dentistry until he has passed the California clinical examination or the Western Regional Examination Board examination. Petitioner shall pay all fees related to the examination. If Petitioner fails the examination three times, a period of one year must pass prior to retaking the required examination. Under the condition of failure for three times, the petitioner must also show evidence of remediation in the deficient area(s) prior to retaking the examination. Petitioner must be successful in each section of the examination in order to fulfill this requirement and may not practice until totally successful. The probation period is tolled until petitioner passes either examination.

16. SUPERVISED PRACTICE

Within 60 days of the effective date of this decision, petitioner shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed supervisors and a plan for each such supervisor by which petitioner's practice would be supervised. The Board will advise petitioner within two weeks whether or not the proposed supervisor and plan of supervision are approved. Petitioner shall not practice until receiving notification of Board approval of petitioner's choice of a supervisor and plan of supervision. The plan of supervision shall be direct and require the physical presence of the supervising dentist in the dental office during the time dental procedures are performed. Additionally, the supervisor shall have full and random access to all patient records of petitioner. The supervisor may evaluate all aspects of petitioner's practice regardless of petitioner's areas of deficiencies.

Each proposed supervisor shall be a California licensed dentist who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken

place as required and include an evaluation of petitioner's performance. It shall be petitioner's responsibility to assure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and not ever have been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself is not a reason to deny an individual as a supervisor. The supervisor shall be independent, with no prior business or professional relationship with petitioner and the supervisor shall not be in a familial relationship with or be an employee, partner or associate of petitioner. If the supervisor terminates or is otherwise no longer available, petitioner shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be borne by the petitioner.

DATE: October 7, 2020

DocuSigned by:
Ji-Lan Zang
Ji-LAN ZANG

Administrative Law Judge
Office of Administrative Hearings

DISTRICT COURT
CLARK COUNTY, NEVADA

Felony/Gross Misdemeanor

COURT MINUTES

June 05, 2012

09C253147

The State of Nevada vs Cornelius Pryor

June 05, 2012

9:00 AM

Defendant's Motion to Place on Calendar to Amend
Judgment of Conviction

HEARD BY: Herndon, Douglas W.

COURTROOM: RJC Courtroom 16C

COURT CLERK: Carol Green

REPORTER: Sharon Howard

PARTIES
PRESENT: Shawn Morgan, Deputy District Attorney, present on behalf of the State.
Defendant Pryor present, not in custody, represented by Robert Draskovich, Esq.
Parole and Probation officer present.

JOURNAL ENTRIES

Argument by Mr. Draskovich that if Defendant completes probation, gross misdemeanor will be reduced to a misdemeanor. Mr. Morgan noted a Dishonorable Discharge. Statement by Parole and Probation officer. COURT ORDERED, DISHONORABLE DISCHARGE is WITHDRAWN and Defendant will receive an HONORABLE DISCHARGE. Further, COURT ORDERED, Gross Misdemeanor REDUCED to DISORDERLY CONDUCT (M). State to prepare Amended Judgment of Conviction.

JUN 6 - 2012

Credentials	Practitioner Name	Specialty Details	Location	Status	Public Health	Action								
Full Name : Pryor, Cornelius M														
Primary Office Address : ,														
City, State Zip : ,														
Office Phone :														
License Number : 7957														
License Date : 01/18/2024														
Status : Active														
Expiration Date : 06/30/2025														
Graduated From :														
Graduation Date :														
Permits :														
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23

23A

**PROPOSED REGULATION OF THE STATE
BOARD OF PHARMACY**

Workshop – July 18, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted. and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: § 1, NRS 639.070

A REGULATION relating to pharmacy; revising requirements concerning the documentation an employee of a pharmacy must obtain from a person before dispensing a controlled substance pursuant to a lawful prescription to the person; and providing other matters properly relating thereto.

NAC 639.748 is hereby amended as follows:

1. Except as otherwise provided in this section, an employee of a pharmacy who is authorized to dispense controlled substances shall, before dispensing a controlled substance pursuant to a lawful prescription, request the person who picks up the controlled substance to present a current and valid form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The employee shall not dispense the controlled substance if:

- (a) That person does not present such identification; or
- (b) The employee reasonably believes that the identification presented has been altered or is false or otherwise invalid.

2. The provisions of subsection 1 do not apply if:

- (a) The prescription is for a patient who has had a prescription previously filled by the pharmacy;
- (b) The prescription is for a patient who is an inpatient at a health care facility, facility for long-term care or facility for hospice care where he or she is being treated;
- (c) The person who picks up the controlled substance is personally known to an employee of the pharmacy; ~~or~~

(d) The employee is dispensing the controlled substance by mail and has obtained or verified the identification of the patient through the prescription benefit plan of the patient; *or*

(e) The prescription is prescribed to the patient for the treatment of an opioid use disorder and the patient does not have a valid form of identification. In such instance, any identification with patient's first and last name and picture may be accepted.

3. If the provisions of subsection 1 *or subsection 2(e)* apply, the employee dispensing the controlled substance shall:

(a) Make a copy of the identification presented to the employee; or

(b) Record the full name of the person who picks up the controlled substance, the identification number, if any, indicated on his or her identification presented to the employee and the federal, state or local governmental agency that issued the identification, *as applicable*. The employee shall record that information on:

(1) The prescription;

(2) The refill log;

(3) The counseling log;

(4) A computer record related to the patient; or

(5) A document that is readily retrievable and accessible for inspection by law enforcement or any member, employee, agent or designee of the Board.

4. If a copy of the identification is made pursuant to paragraph (a) of subsection 3, it must be filed with the copy of the prescription that is maintained by the pharmacy.

5. As used in this section:

(a) "Facility for hospice care" has the meaning ascribed to it in NRS 449.0033.

(b) "Facility for long-term care" means:

(1) A residential facility for groups as defined in NRS 449.017; and

(2) A facility for skilled nursing as defined in NRS 449.0039.

(c) "Health care facility" has the meaning ascribed to it in NRS 449.2414.

(d) "Valid form of identification" does not include:

(1) A driver authorization card obtained in accordance with NRS 483.291; or

(2) A driver authorization card, driving privilege card or other similar card issued by another jurisdiction.

From: [Kate Jessop](#)
To: [Yenh Long](#)
Subject: NAC 639.748 proposed alteration
Date: Wednesday, June 26, 2024 4:18:00 PM
Attachments: [NAC 639.748.docx](#)

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Yenh,

My name is Kate Jessop, I am a Nurse Practitioner that has worked in the community treating substance use disorders for about eight years and launched the MAT program at CCDC this year. We spoke some time ago about proposing an alteration in this regulation to decrease barriers to treatment for opioid use disorder, particularly in the incarcerated population. I am proposing that patients be allowed to pick up medications for opioid use disorder (MOUD) with any ID with name and picture (which would allow a Clarity card or Nevada department of corrections ID to be used).

I apologize if this is a repeat email, but when I went to follow up on the email I sent weeks ago I couldn't find it. So I am resending altogether to follow up with you. If this is the first email you have gotten, I apologize for the delay. I put my proposed alteration in red in the word document. Please feel free to reach out to me with any input, questions or concerns.

Thanks,
Kate



23B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – July 18, 2024

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 639.210

A REGULATION relating to the practice of pharmacy; clarifying what it means to verify or perform verification of a prescription in a retail community pharmacy.

NAC Chapter 639 is hereby amended by adding thereto a new section to read as follows:

1. *“Verify,” “verifying,” “verifies,” or “verification” defined. “Verify,” “verifying,” “verifies,” or “verification” in a retail community pharmacy means, except as otherwise provided in this chapter, a registered pharmacist performing a direct physical examination of the contents of the container and label of a prescription as a final prescription verification prior to the prescription being dispensed or filled, and confirmation the contents and label match the valid prescription or an electronic copy thereof.*

NAC 639.945 is hereby amended to read as follows:

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
 - (2) The name of the practitioner granting the permission;
 - (3) The name of the person obtaining the permission;
 - (4) The name of the drug dispensed; and
 - (5) The name of the manufacturer or distributor of the drug.
- (c) Using secret formulas.
- (d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription, ~~or~~ giving a copy of the prescription or chart order to any person except as permitted by law, *or failing to verify that a prescription has been filled correctly before dispensing*.
- (e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.
- (f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.
- (g) Supplying or diverting drugs, biologicals, 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.
- (h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
- (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
- (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.
- (k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.
- (l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.
- (m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and

639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Except as otherwise provided in subsection 2:

(1) Dispensing a drug as a dispensing practitioner to a patient or animal or owner of an animal with whom the dispensing practitioner does not have a bona fide therapeutic relationship; or

(2) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

(o) Failure by a pharmacist to comply with the provisions of chapter 441A of NRS and chapter 441A of NAC concerning the reporting of cases of communicable diseases, drug overdoses and attempted suicides.

2. It is not unprofessional conduct or conduct contrary to the public interest for a practitioner to prescribe or dispense a drug under the circumstances described in paragraph (n) of subsection 1 if the drug is prescribed or dispensed in accordance with either publication adopted by reference in NAC 639.055.

3. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

4. For the purposes of this section, 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 within or outside of this State or the United States by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or 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.

NAC 639.252 is hereby amended to read as follows:

1. A prescription and any record or report prepared by a pharmaceutical technician must bear the legible initials of the pharmaceutical technician and the pharmacist who is supervising him or her.

2. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the *verification of the* filled prescription, including, but not limited to ~~the~~ *verifying*:

- (a) The selection and strength of the drug;
- (b) The dosage form; and
- (c) The labeling of the prescription.

NAC 639.700 is hereby amended to read as follows:

Except as otherwise provided in subsection 2 of NAC 639.245, the following acts may be performed only by a registered pharmacist, or by a registered pharmaceutical intern acting under the direct supervision of a registered pharmacist:

- 1. Taking new orders for prescriptions or chart orders over the telephone;
- 2. Identifying, evaluating and interpreting a prescription;
- 3. Interpreting the clinical data contained in a patient's medication system or chart;
- 4. Consulting with a prescribing practitioner, nurse or other health care professional, or the authorized agent thereof;
- 5. Determining the efficacy of a drug, a regimen, the substitution of a generic drug for a drug prescribed by brand name or the substitution of one drug therapy for another;
- 6. Taking responsibility for all activities of pharmaceutical technicians to ensure that those activities are performed completely, safely and without risk of harm to patients;
- 7. Counseling a patient or a person caring for a patient and rendering any other advice or information regarding drugs or medications; ~~and~~
- 8. *Verifying medications to be dispensed pursuant to a prescription; and*
- 9. Performing any other functions which require the professional judgment of a pharmacist.

NAC 639.245 is hereby amended to read as follows:

- 1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:
 - (a) Readily retrievable; and
 - (b) Retained for 2 years.
- 2. A pharmaceutical technician under the direct supervision of a pharmacist may:
 - (a) Prepackage and label unit dose and unit of use and repackage drugs if a pharmacist:
 - (1) Inspects *and verifies* the final products; and

- (2) Affixes his or her initials to the appropriate records for controlling quality.
 - (b) Prepare, package, compound and label prescription drugs pursuant to prescriptions or orders for medication if a pharmacist:
 - (1) Inspects *and verifies* the final product; and
 - (2) Affixes his or her initials to the appropriate records for controlling quality.
 - (c) Prepare bulk compounds if a pharmacist:
 - (1) Inspects *and verifies* the final product; and
 - (2) Affixes his or her initials to the appropriate records for controlling quality.
 - (d) Distribute routine orders and stock medications and supplies in the pharmacy or areas where care is provided to patients.
 - (e) Maintain inventories of supplies of drugs.
 - (f) Maintain pharmaceutical records.
 - (g) Request authorization to refill a prescription from the prescribing practitioner.
 - (h) Transfer a prescription through a computer network if the:
 - (1) Pharmaceutical technician is employed by a pharmacy that:
 - (I) Has more than one location; and
 - (II) Maintains a computer network which provides information between its pharmacies; and
 - (2) Prescription is transferred to one of the pharmacies within its computer network.
 - (i) Enter information into the pharmacy's computer system, including, without limitation, information contained in a new prescription concerning the prescription drug and the directions for its use.
3. A pharmaceutical technician under the direct and immediate supervision of a pharmacist may administer immunizations under the conditions prescribed in NAC 639.2971 if he or she has received the training required by NAC 639.2973 and the continuing education required by NAC 639.2974.
4. A pharmaceutical technician may not:
- (a) Perform any action requiring a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription.
 - (b) Take new prescription or chart orders by telephone.

(c) Distribute medications pursuant to a chart order or dispense a prescription unless the order or prescription has been verified by a pharmacist.

5. A pharmaceutical technician shall prepare and distribute drugs only pursuant to written procedures and guidelines established by the pharmacy in which the pharmaceutical technician performs his or her duties.

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24A

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R053-24

May 13, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-5, 7-19 and 21-29, NRS 639.070; § 6, NRS 639.070, 639.0725 and 639.23288; § 20, NRS 639.070 and 639.2807.

A REGULATION relating to pharmacy; defining the term “dispensing practitioner” for the purposes of compounding and dispensing drug products; providing that persons who are engaged in the compounding of drug products must comply with certain requirements; authorizing a pharmacist, pharmaceutical technician or dispensing practitioner to add flavoring to an oral drug product or mix ready-to-use products without complying with compounding standards under certain circumstances; revising the list of publications governing compounding standards adopted by reference; revising requirements governing the competency and proficiency of certain pharmaceutical staff engaged in the practice of compounding drug products; revising provisions relating to the labeling of nonsterile compounded drug products; eliminating the procedure governing the breach of the seal of a single-dose container; eliminating the description of an immediate-use sterile compounded drug product; revising provisions authorizing a dispensing practitioner to compound drug products; authorizing a dispensing practitioner to prepare and sell compounded drugs without a license as a manufacturer to compound drugs under certain circumstances; revising provisions relating to the preparation and sale of compounded drug products to ensure consistency with federal law; repealing various regulations that are in conflict with current compounding standards; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations regulating the practice of pharmacy. (NRS 639.070) Existing regulations establish specific standards for the compounding and dispensing of nonsterile and sterile drug products. (NAC 639.6703-639.67079) **Section 29** of this regulation repeals provisions that are in conflict with current compounding standards.

Existing regulations authorize a dispensing practitioner to compound drug products under certain circumstances. (NAC 639.742) **Section 2** of this regulation defines the term “dispensing practitioner” for such purposes. **Section 3** of this regulation requires a pharmacist, pharmaceutical technician or dispensing practitioner who is engaged in the compounding of drug products to comply with certain compounding standards. **Section 21** of this regulation requires a

pharmacy to ensure that persons who are engaged in the practice of compounding drug products comply with such compounding standards.

Sections 4 and 5 of this regulation authorize a pharmacist, pharmaceutical technician or dispensing practitioner to deviate from current compounding standards when he or she adds flavoring to an oral drug product or mixes ready-to-use products. **Sections 4 and 5** also require such persons to comply with certain requirements when adding flavoring to an oral drug product or mixing ready-to-use products.

Existing regulations provide that: (1) a licensed pharmacy may practice as an Internet pharmacy only if the pharmacy is certified by the Board; (2) to be certified by the Board, a pharmacy must apply to the Board for certification; and (3) the Board will grant an application for certification if, in relevant part, the pharmacy is certified by the Verified Internet Pharmacy Practice Sites program of the National Association of the Boards of Pharmacy. (NAC 639.426) **Section 6** of this regulation provides instead that the Board will grant an application for certification if the pharmacy is certified by the Digital Pharmacy Accreditation program of the National Association of Boards of Pharmacy.

Existing regulations adopt by reference certain standards and publications that, in general, govern compounding. (NAC 639.670) **Section 20** of this regulation revises the standards and publications adopted by reference to include the most recent versions of such standards and publications and eliminates those that are no longer applicable. **Sections 16-18** of this regulation remove a reference to an obsolete federal standard.

Existing regulations establish certain requirements concerning the labeling of nonsterile compounded drug products. (NAC 639.6703) **Section 22** of this regulation eliminates provisions concerning the labeling of nonsterile drug products that conflict with current compounding standards.

Existing regulations require each pharmacist and pharmaceutical technician who compounds sterile compounded drug products to: (1) pass a media fill test under certain circumstances; and (2) provide a sample for a gloved-fingertip sampling. (NAC 639.67053) **Section 23** of this regulation eliminates such requirements and requires a pharmacy to instead ensure that each pharmacist and pharmaceutical technician comply with the compounding standards established by certain publications adopted by reference in **section 20**.

When compounding a drug product, existing regulations require pharmaceutical staff to follow certain procedures when they breach the seal of a single-dose or multi-dose container. (NAC 639.67057) **Section 24** of this regulation eliminates the requirements for the procedure relating to the breach of a single-dose container, thereby requiring a procedure only for a breach involving a multi-dose container.

Existing regulations describe when a sterile compounded drug product is deemed an immediate-use sterile compounded drug product. (NAC 639.67073) **Section 25** of this regulation eliminates this description.

Existing regulations authorize a pharmacy or pharmacist, under certain circumstances, to prepare and sell compounded drugs without obtaining a license as a manufacturer to compound drugs. (NAC 639.757) **Section 27** of this regulation similarly authorizes a dispensing practitioner to also compound drugs without obtaining a license as a manufacturer to compound drugs under the same circumstances. **Section 27** also revises provisions relating to the substances used to compound drugs to ensure consistency with federal law.

Existing regulations define certain terms relating to the compounding of sterile drug products. (NAC 639.6613, 639.6619, 639.6633, 639.6637, 639.6639, 639.6647, 639.6649, 639.6655) **Section 29** repeals such definitions that conflict with current compounding standards.

Sections 6-11, 13-15, 19, 23 and 28 of this regulation make conforming changes to existing regulations to reflect the renumbering of paragraphs in **section 20**.

Sections 12, 19 and 26 of this regulation make conforming changes to indicate the proper placement of **sections 2-5** in the Nevada Administrative Code.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *“Dispensing practitioner” means a practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption.*

Sec. 3. *A pharmacist, pharmaceutical technician or dispensing practitioner who is engaged in the compounding of drug products in this State shall:*

1. Comply with the provisions of NAC 639.661 to 639.690, inclusive, and sections 2 to 5, inclusive, of this regulation, concerning the drug products he or she compounds and the compounded drug products he or she dispenses;

2. Except as otherwise provided in sections 4 and 5 of this regulation, comply with the compounding standards established in the publications and standards adopted by reference in subsection 1 of NAC 639.670; and

3. Comply with all the requirements of 21 U.S.C. § 353a, as applicable.

Sec. 4. *1. A pharmacist, pharmaceutical technician or dispensing practitioner may add flavoring to an oral drug product at the request of a patient or a legal guardian of the patient, as applicable. A pharmacist, pharmaceutical technician or dispensing practitioner who adds flavoring to an oral drug product pursuant to this subsection shall:*

(a) Make a record contemporaneous with the completion of the mixture, including, without limitation, the ingredients of the oral drug product;

(b) Ensure that the flavor additive does not compromise the stability, safety or efficacy of the dispensed oral drug product; and

(c) Assign the applicable beyond-use date to the oral drug product pursuant to chapter 795 of the United States Pharmacopeia - National Formulary, as adopted by reference in paragraph (b) of subsection 1 of NAC 639.670.

2. Except as otherwise provided in paragraph (c) of subsection 1, a pharmacist, pharmaceutical technician or dispensing practitioner is not required to comply with the compounding standards established in the publications and standards adopted by reference in subsection 1 of NAC 639.670 when he or she adds flavoring to an oral drug product pursuant to subsection 1 of this section.

Sec. 5. 1. *A pharmacist, pharmaceutical technician or dispensing practitioner may mix components of commercially manufactured, ready-to-use products approved by the United States Food and Drug Administration. A pharmacist, pharmaceutical technician or dispensing practitioner who mixes components of commercially manufactured ready-to-use products pursuant to this subsection shall:*

(a) Make a record contemporaneous with the completion of the mixture, including, without limitation, the ingredients of the ready-to-use product;

(b) Follow all mixing instructions approved by the United States Food and Drug Administration; and

(c) Assign the applicable beyond-use date to the ready-to-use product pursuant to chapter 797 of the United States Pharmacopeia - National Formulary, as adopted by reference in paragraph (b) of subsection 1 of NAC 639.670.

2. Except as otherwise provided in paragraph (c) of subsection 1, a pharmacist, pharmaceutical technician or dispensing practitioner is not required to comply with the compounding standards established in the publications and standards adopted by reference in subsection 1 of NAC 639.670 when he or she mixes ready-to-use products pursuant to subsection 1 of this section.

Sec. 6. NAC 639.426 is hereby amended to read as follows:

639.426 1. A licensed pharmacy may practice as an Internet pharmacy only if the pharmacy is certified by the Board pursuant to this section. To be certified by the Board pursuant to this section, a pharmacy must apply to the Board for certification on an application provided by the Board.

2. The Board will grant an application for certification as an Internet pharmacy pursuant to this section if:

(a) The pharmacy is certified by the ~~Verified Internet Pharmacy Practice Sites~~ *Digital Pharmacy Accreditation* program of the National Association of Boards of Pharmacy; or

(b) The Board determines that the pharmacy satisfies the requirements of subsection 3.

3. The Board will grant an application for certification pursuant to paragraph (b) of subsection 2 if the Board determines that the pharmacy:

(a) Is licensed to practice pharmacy in each state in which the pharmacy will practice pharmacy;

(b) Maintains and enforces policies and procedures which ensure that:

(1) The pharmacy is able to establish the authenticity of a prescription which the pharmacy receives;

(2) The pharmacy will not fill any prescription which has been previously filled by another pharmacy, and if the pharmacy fills any prescription, that prescription will not also be filled by another pharmacy;

(3) The identity of the patient and the prescribing practitioner is verified to be authentic;

(4) A prescription is filled in compliance with all applicable federal and state laws;

(5) A patient or the caregiver of the patient may make a complaint to the pharmacy regarding the prescription of the patient, and if such a complaint is made, the complaint will be investigated thoroughly, the results of the investigation will be communicated to the patient or caregiver and, if the investigation reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action will be taken by the pharmacy;

(6) The pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device; and

(7) The pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices;

(c) Obtains and maintains patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes;

(d) Provides review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides;

(e) Maintains controls of its computer system, information concerning patients and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents;

(f) Complies with applicable federal and state laws regarding:

(1) The dispensing of prescription drugs;

(2) Recordkeeping related to the patients served by the pharmacy, the purchase of prescription drugs, and the sale and dispensing of prescription drugs; and

(3) The sale of over-the-counter products, including, without limitation, any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs;

(g) Ships prescriptions to a patient using a secure and traceable means; and

(h) Ships prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

Sec. 7. NAC 639.472 is hereby amended to read as follows:

639.472 A pharmacy must maintain a reference library that includes the following:

1. A current copy of:

(a) All state statutes and regulations relating to the practice of pharmacy and to the sale of drugs and controlled substances; and

(b) The ~~Federal~~ federal Controlled Substances Act ~~(Title II of Pub. L. 91-513, Oct. 27, 1970, 84 Stat. 1242)~~, *21 U.S.C. §§ 801 et seq.*, and the regulations adopted pursuant thereto or

an official publication describing the requirements of that act and the regulations adopted pursuant thereto.

2. The American Hospital Formulary Service, with current supplements, or Facts and Comparisons, with current supplements.

3. At least one current text in one of the following subjects:

(a) Theoretical and practical pharmacy.

(b) Pharmacology.

(c) Therapeutics.

4. A current text relating to each of the following:

(a) Compatibility information, if parenteral admixture is performed by the pharmacy;

(b) Information concerning the interaction of drugs; and

(c) Information concerning antidotes.

5. Current copies of one of the following:

(a) *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670;

(b) *United States Pharmacopeia - Drug ~~Information;~~ Classification;* or

(c) *Remington's Pharmaceutical Sciences*.

6. A current copy of the *United States Food and Drug ~~Administration~~ Administration's Approved Drug Products ~~+~~ with Therapeutic Equivalence Evaluation.*

Sec. 8. NAC 639.5834 is hereby amended to read as follows:

639.5834 The immediate outer shield of the container of a radiopharmaceutical to be dispensed must be labeled with:

1. The name and address of the pharmacy.

2. The name of the prescriber.
3. The date of dispensation.
4. The serial number assigned to the order for the radiopharmaceutical.
5. The standard radiation symbol.
6. The words “CAUTION RADIOACTIVE MATERIAL.”
7. The name of the procedure.
8. The radionuclide and chemical form.
9. The amount of radioactivity and the date and time of the calibration.
10. If the radiopharmaceutical is a liquid, the volume.
11. If the radiopharmaceutical is a solid, the number of items or weight.
12. If the radiopharmaceutical is a gas, the number of ampules or vials.
13. The molybdenum 99 content in accordance with the limitations prescribed in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.
14. The name of the patient or the words “Physician’s Use Only” in the absence of a patient’s name.
15. If the prescription is for a radiopharmaceutical for therapeutic use or use in a blood product, the patient’s name must appear on the label. The requirements of this subsection are met if the name of the patient is readily retrievable from the prescriber upon demand.

Sec. 9. NAC 639.598 is hereby amended to read as follows:

639.598 1. Each wholesaler shall store prescription drugs held in the facility in the manner prescribed in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

2. If there are no specific requirements concerning the temperature at which a prescription drug must be stored, the drug must be stored at a controlled room temperature as defined in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ *(b)* of subsection 1 of NAC 639.670.

3. Each wholesaler shall provide the appropriate manual, electromechanical or electrical equipment to record the temperature and humidity of the area where the prescription drugs are stored.

Sec. 10. NAC 639.601 is hereby amended to read as follows:

639.601 1. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier.

2. A prescription drug whose immediate or sealed outer or secondary container has been opened or used must be identified as such and separated from other prescription drugs until it is destroyed or returned to the supplier.

3. If a prescription drug is returned to a wholesaler by a purchaser or purchasing wholesaler under conditions which cast doubt on the prescription drug's safety, identity, strength, quality or purity, the wholesaler shall destroy the prescription drug or return it to the supplier unless, after conducting an examination, testing or other investigation, the wholesaler determines that the prescription drug complies with the appropriate standards of safety, identity, strength, quality and purity as prescribed in the package insert as approved by the Food and Drug Administration or in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ *(b)* of subsection 1 of NAC 639.670. The wholesaler shall keep a readily

retrievable record of any examination, testing or other investigation conducted and make any records available for inspection by the Board.

4. Unless the reason a prescription drug must be destroyed or returned to the supplier is related to the expiration date of the prescription drug, a wholesaler that is required to destroy a prescription drug or return it to the supplier pursuant to subsection 3 shall maintain a readily retrievable record that includes:

- (a) The name of the prescription drug;
- (b) The lot number and expiration date of the prescription drug;
- (c) The quantity of the prescription drug;
- (d) The name and address of the business that returned the prescription drug to the wholesaler;
- (e) Whether the wholesaler will:
 - (1) Return the prescription drug to the supplier; or
 - (2) Destroy the prescription drug; and
- (f) The reason for the action taken by the wholesaler.

Sec. 11. NAC 639.639 is hereby amended to read as follows:

639.639 1. Each authorized warehouse shall store prescription drugs held in the facility in the manner prescribed in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

2. If there are no specific requirements concerning the temperature at which a prescription drug must be stored, the drug must be stored at a controlled room temperature as defined in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

3. Each authorized warehouse shall provide the appropriate manual, electromechanical or electrical equipment to record the temperature and humidity of the area where the prescription drugs are stored.

Sec. 12. NAC 639.661 is hereby amended to read as follows:

639.661 As used in NAC 639.661 to 639.690, inclusive, *and sections 2 to 5, inclusive, of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 639.6611 to 639.6677, inclusive, *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 13. NAC 639.6617 is hereby amended to read as follows:

639.6617 “Beyond-use date” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

Sec. 14. NAC 639.6627 is hereby amended to read as follows:

639.6627 “Compounding aseptic containment isolator” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

Sec. 15. NAC 639.6629 is hereby amended to read as follows:

639.6629 “Compounding aseptic isolator” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

Sec. 16. NAC 639.6641 is hereby amended to read as follows:

639.6641 “ISO Class 5” means the classification of an atmospheric environment that is made by *ISO 14644 - Cleanrooms and Associated Controlled Environments Package of* the

International Organization for Standardization , ~~based on an adaptation of Federal Standard 209E,~~ as adopted by reference in paragraph (a) of subsection 1 of NAC 639.670, in which the atmospheric environment contains:

1. Less than 3,520 particles that are 0.5 micron or larger in diameter per cubic meter of air;
- or
2. Less than 100 particles that are 0.5 micron or larger in diameter per cubic foot of air.

Sec. 17. NAC 639.6643 is hereby amended to read as follows:

639.6643 “ISO Class 7” means the classification of an atmospheric environment that is made by *ISO 14644 - Cleanrooms and Associated Controlled Environments Package of* the International Organization for Standardization , ~~based on an adaptation of Federal Standard 209E,~~ as adopted by reference in paragraph (a) of subsection 1 of NAC 639.670, in which the atmospheric environment contains:

1. Less than 352,000 particles that are 0.5 micron or larger in diameter per cubic meter of air; or
2. Less than 10,000 particles that are 0.5 micron or larger in diameter per cubic foot of air.

Sec. 18. NAC 639.6645 is hereby amended to read as follows:

639.6645 “ISO Class 8” means the classification of an atmospheric environment that is made by *ISO 14644 - Cleanrooms and Associated Controlled Environments Package of* the International Organization for Standardization , ~~based on an adaptation of Federal Standard 209E,~~ as adopted by reference in paragraph (a) of subsection 1 of NAC 639.670, in which the atmospheric environment contains:

1. Less than 3,520,000 particles that are 0.5 micron or larger in diameter per cubic meter of air; or

2. Less than 100,000 particles that are 0.5 micron or larger in diameter per cubic foot of air.

Sec. 19. NAC 639.6677 is hereby amended to read as follows:

639.6677 “Sterile compounded drug product” means a drug product the preparation and dispensing of which require compounding and which is required to be sterile by either the provisions of chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ *(b)* of subsection 1 of NAC 639.670, or the provisions of NAC 639.661 to 639.690, inclusive, ~~(h)~~ *and sections 2 to 5, inclusive, of this regulation.*

Sec. 20. NAC 639.670 is hereby amended to read as follows:

639.670 1. The Board hereby adopts by reference the following:

- (a) ~~[Federal Standard 209E, “Airborne Particulate Cleanliness Classes in]~~ *“ISO 14644 - Cleanrooms and [Clean Zones,” as revised on September 11, 1992, by the Institute of Environmental Sciences. A copy of this publication may be obtained free of charge at the Internet address <http://www.set3.com/papers/209e.pdf>.*
- ~~—(b) NSF International Standard 49, “Class II (Laminar Flow) Biosafety Cabinetry,” NSF/ANSI 49-2007, 2007 edition. A copy of this standard may be obtained from Techstreet, 3916 Ranchero Drive, Ann Arbor, Michigan 48108, or at the Internet address <http://www.techstreet.com/>, for the price of \$160.~~
- ~~—(e)~~ *Associated Controlled Environments Package of the International Organization for Standardization.” A copy of the standard may be obtained from the American National Standards Institute, 25 West 43rd Street, 4th Floor, New York, New York 10036, by telephone at (212) 642-4900 or at the Internet address <https://webstore.ansi.org>, at a price of \$178.40 for members and \$223.00 for non-members..*

(b) *United States Pharmacopeia - National Formulary*, ~~{2008}~~ 2023 edition, published by the United States Pharmacopeial Convention. A copy of this publication may be obtained from the United States Pharmacopeial Convention ~~{, Customer Service Department, 12601 Twinbrook Parkway, Rockville, Maryland 20852, or}~~ at the Internet address ~~{<http://www.usp.org/products/>,}~~ <https://store.usp.org> through an online subscription, for the price of ~~{~~\$755.

~~—(d)}~~ \$800.

(c) *The Food Chemicals Codex*, ~~{6th}~~ 13th edition, published by the United States Pharmacopeial Convention. A copy of this publication may be obtained from the United States Pharmacopeial Convention ~~{, Customer Service Department, 12601 Twinbrook Parkway, Rockville, Maryland 20852, or}~~ at the Internet address ~~{<http://www.usp.org/products/>,}~~ <http://store.usp.org> through an online subscription, for the price of ~~{~~\$495.

~~—(e) Reagent Chemicals: Specifications and Procedures, 10th edition, published by the American Chemical Society. A copy of this publication may be obtained from the Oxford University Press, 2001 Evans Road, Cary, North Carolina 27513, or at the Internet address <http://www.oup-usa.org>, for the price of \$274.50.~~

~~—(f)}~~ \$375.

(d) Appendix A of *Publication No.* ~~{2004-165, “Alert:}~~ 2016-161, “Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings,” published by the National Institute for Occupational Safety and Health. A copy of this publication may be obtained free of charge by telephone at (800) 232-4636 or at the Internet address ~~{<http://www.cdc.gov/niosh/docs/2004-165/>,}~~ <http://www.cdc.gov/niosh/docs/2016-161/>.

2. The Board will periodically review the standards and publications adopted by reference pursuant to ~~{paragraphs (b) to (f), inclusive, of}~~ subsection 1 and determine within 120 days after

the review whether any change made to those standards or publications is appropriate for application in this State. If the Board does not disapprove a change to an adopted standard or publication within 120 days after the review, the change is deemed to be approved by the Board.

Sec. 21. NAC 639.67013 is hereby amended to read as follows:

639.67013 1. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall ensure that each pharmacist and pharmaceutical technician engaged in the practice of compounding drug products:

(a) Is competent and proficient in compounding the drug products that the pharmacist or pharmaceutical technician will be authorized and expected to compound;

(b) Complies with the provisions of NAC 639.661 to 639.690, inclusive, *and sections 2 to 5, inclusive, of this regulation* concerning the drug products which the pharmacist or pharmaceutical technician compounds and the compounded drug products which the pharmacist or pharmaceutical technician dispenses at the pharmacy; ~~and~~

(c) *Except as otherwise provided in sections 4 and 5 of this regulation, complies with the compounding standards established in the publications and standards adopted by reference in subsection 1 of NAC 639.670; and*

(d) Receives, on an ongoing basis, sufficient training to maintain that competency and proficiency.

2. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall evaluate the competency and proficiency of a pharmacist and pharmaceutical technician:

(a) If the pharmacist or pharmaceutical technician is newly hired or is newly assigned to compound drug products, before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound drug products; and

(b) If the pharmacist or pharmaceutical technician will be assigned to compound drug products that involve a higher level of risk than the drug products which the pharmacist or pharmaceutical technician had previously been trained to compound, before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound those drug products.

Sec. 22. NAC 639.6703 is hereby amended to read as follows:

639.6703 1. Each pharmacist engaged in the practice of compounding nonsterile compounded drug products shall label each nonsterile compounded drug product, including, without limitation, any amount of the nonsterile compounded drug product that is in excess of the amount required by the prescription or chart order and any nonsterile compounded drug product that is compounded in bulk quantities. The label must include, without limitation:

(a) The name of the final compounded drug product or the name of each active ingredient present in the nonsterile compounded drug product and, as appropriate, the concentration of each active ingredient in the final compounded drug product;

(b) The internal control number assigned to the compounded drug product by the pharmacist; and

(c) The beyond-use date of the compounded drug product.

2. ~~Except as otherwise provided in subsection 3 or in the published data or data of the manufacturer, or as otherwise determined to be earlier in the judgment of the pharmacist, the latest beyond use date of a nonsterile compounded drug product is:~~

~~—(a) For nonaqueous liquids and solid formations, not later than the expiration date of the active ingredient present in the nonsterile compounded drug product with the earliest expiration date or 6 months after the date on which the nonsterile compounded drug product was compounded, whichever is earlier;~~

~~—(b) For compounds which contain nonsterile water, not later than 14 days after the date on which the nonsterile compounded drug product was compounded; and~~

~~—(c) For compounds other than those listed in paragraph (a) or (b), not later than the intended duration of the therapy or 30 days after the date on which the nonsterile compounded drug product was compounded, whichever is earlier.~~

~~—3. Except as otherwise provided in subsection 7 of NRS 639.2801, a pharmacy may use a beyond-use date that is later than the dates described in subsection 2 if the pharmacy can prove by appropriate testing or published data that the nonsterile compounded drug product is safe and effective using the extended beyond-use date.~~

~~—4.†~~ Each pharmacist engaged in the practice of compounding nonsterile compounded drug products shall ensure that each nonsterile compounded drug product, including, without limitation, any amount of the nonsterile compounded drug product that is in excess of the amount required by the prescription or chart order, and any nonsterile compounded drug product that is compounded in bulk quantities is stored in the pharmacy in a manner that:

(a) Maintains the efficacy of the nonsterile compounded drug product; and

(b) Ensures that the nonsterile compounded drug product remains free from contamination.

Sec. 23. NAC 639.67053 is hereby amended to read as follows:

639.67053 ~~{1. Except as otherwise provided in subsections 4 and 5, a}~~ **4** pharmacy engaged in the practice of compounding and dispensing sterile compounded drug products shall

require each pharmacist and pharmaceutical technician who compounds sterile compounded drug products to ~~pass a media fill test which must be conducted in the manner~~ *comply with the compounding standards* provided by chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ *(b)* of subsection 1 of NAC 639.670. ~~It~~ *and which must be commensurate to the highest level of risk of compounding sterile compounded drug products that the pharmacist or pharmaceutical technician will be authorized by the pharmacy to perform:*

- ~~—(a) Before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound a sterile compounded drug product that will be administered or dispensed to a patient;~~
- ~~—(b) At least once each year thereafter if the pharmacy authorizes the pharmacist or pharmaceutical technician to compound low-risk sterile compounded drug products or medium-risk sterile compounded drug products; and~~
- ~~—(c) At least twice each year thereafter if the pharmacy authorizes the pharmacist or pharmaceutical technician to compound high-risk sterile compounded drug products.~~

~~—2.— A pharmacy engaged in the practice of compounding and dispensing sterile compounded drug products shall ensure the competency and proficiency of each pharmacist and pharmaceutical technician at the highest level of risk of compounding sterile compounded drug products the pharmacist or pharmaceutical technician is authorized by the pharmacy to perform by:~~

- ~~—(a) Requiring the pharmacist or pharmaceutical technician to provide a sample for a gloved fingertip sampling which must be conducted in the manner provided by chapter 797 of the United States Pharmacopeia—National Formulary, as adopted by reference in paragraph (e) of subsection 1 of NAC 639.670;~~

- ~~—(b) Testing a sample taken from a surface cleaned by the pharmacist or pharmaceutical technician to determine sterility;~~
 - ~~—(c) Ensuring the pharmacist or pharmaceutical technician receives, on an ongoing basis, sufficient training to maintain that competency and proficiency through attending in-house training programs or continuing education courses;~~
 - ~~—(d) Observing the pharmacist or pharmaceutical technician as he or she compounds sterile compounded drug products; or~~
 - ~~—(e) Correcting any error and initiating remedial measures for a pharmacist or pharmaceutical technician to take after an error has been noted with a sterile compounded drug product that was made or verified by the pharmacist or pharmaceutical technician.~~
- ~~—3.— A pharmacy shall make and maintain records concerning all the actions listed in subsection 2 which the pharmacy takes to ensure the competency and proficiency of each pharmacist and pharmaceutical technician who is authorized by the pharmacy to compound sterile compounded drug products.~~
- ~~4.— A sterile compounded drug product that is compounded by a pharmacist or pharmaceutical technician who has not passed the media fill test required by paragraph (a) of subsection 1 may be dispensed and administered to a patient if:~~
- ~~—(a) The managing pharmacist of the pharmacy determines that it is appropriate to dispense and administer the sterile compounded drug product; and~~
 - ~~—(b) The entire compounding process was personally witnessed by a pharmacist or pharmaceutical technician who passed the media fill test.~~

~~—5.— A pharmacy is not required to make a pharmacist or pharmaceutical technician pass a media fill test pursuant to paragraph (a) of subsection 1 if the pharmacist or pharmaceutical technician provides evidence of passing a media fill test:~~

~~—(a) Within the immediately preceding 9 months if the pharmacist or pharmaceutical technician will compound low-risk sterile compounded drug products and medium-risk sterile compounded products; or~~

~~—(b) Within the immediately preceding 5 months if the pharmacist or pharmaceutical technician will compound high-risk sterile compounded drug products.]~~

Sec. 24. NAC 639.67057 is hereby amended to read as follows:

639.67057 1. ~~If, in the course of compounding a drug product, the seal of a single-dose container, including, without limitation, a bag, bottle, syringe or vial of a sterile drug product, is breached, the time and date of the breach must be marked upon the container and the contents of the container may be used:~~

~~—(a) Within 1 hour after the breach of the seal if:~~

~~——(1) The breach occurred in an environment with an air quality that is worse than ISO Class 5; and~~

~~——(2) The container is subsequently stored in an environment with an air quality that is worse than ISO Class 7;~~

~~—(b) Within 6 hours after the breach of the seal if:~~

~~——(1) The breach of the seal occurred and the contents of the container were used in an environment with an air quality that satisfies or exceeds ISO Class 5; and~~

~~——(2) The container is subsequently stored in an environment with an air quality that satisfies or exceeds ISO Class 7; or~~

~~—(c) Within 24 hours after the breach of the seal if the breach occurred in an environment with an air quality that satisfies or exceeds ISO Class 5 and the container remains in an environment with an air quality that satisfies or exceeds ISO Class 5.~~

~~—2.1~~ If, in the course of compounding a drug product, the seal of a multi-dose container is breached:

(a) The container must be stored according to the requirements of the manufacturer; and

(b) The contents of the container may be used within 28 days after the breach of the seal occurred.

~~13.1~~ 2. Any drug product that is not used within the ~~{periods}~~ *period* set forth in subsection 1 ~~for 21~~ may not be used and must be destroyed.

~~14.1~~ 3. If the seal of a single-use ampule is breached or the entire seal has been removed from a multi-use vial and the contents are not used at the time of the breach, the contents may not be used and must be destroyed.

Sec. 25. NAC 639.67073 is hereby amended to read as follows:

639.67073 1. ~~{A sterile compounded drug product is an immediate-use sterile compounded drug product if:~~

~~—(a) The compounded drug product is intended only for the purpose of emergency care or immediate care of a patient;~~

~~—(b) The compounding of the drug product occurs in an environment other than an ISO Class 5 environment and the compounding process consists of simple aseptic measuring and transfer manipulations performed with not more than six sterile nonhazardous commercial drug products and diagnostic radiopharmaceutical drug products, excluding infusion solutions or diluents;~~

~~—(c) The preparation procedure occurs continuously without delays or interruptions and does not exceed 1 hour unless a period longer than 1 hour is required for the reconstitution of the compounded drug product;~~

~~—(d) During compounding and before the administration of the compounded drug product, no part of the drug product or critical surfaces and ingredients of the drug product is directly exposed to contact contamination, including, without limitation, human touch, cosmetic flakes or particulates, blood or other bodily substances of a person or nonsterile inanimate sources; and~~

~~—(e) Except as otherwise provided in paragraph (c), the administration of the compounded drug product begins not later than 1 hour after the start of the preparation of the compounded drug product and the compounded drug product is fully administered as soon as practicable but not longer than 24 hours after the administration of the compounded drug product began or the compounded drug product is disposed of promptly and safely.~~

~~—2.†~~ If an immediate-use sterile compounded drug product is not immediately administered by direct injection into a patient by the person who compounded it, the compounded drug product must bear a label which includes, without limitation:

(a) The name and, if the patient has an identification number, the identification number of the patient;

(b) The name and amount of each ingredient of the compounded drug product;

(c) The initials of the person who compounded the compounded drug product; and

(d) The exact date and time of expiration of the compounded drug product.

~~†3.†~~ **2.** An immediate-use sterile compounded drug product must not be stored for later use.

Sec. 26. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7421 and 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7421, 639.7422 and 639.7423, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648, 639.719 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648, 639.719, 639.7423 and 639.7424, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repack drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, *and sections 2 to 5, inclusive, of this regulation* as if:

- (a) He or she were a pharmacist;
- (b) His or her practice site was a pharmacy; and
- (c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of NAC 639.746, the dispensing practitioners of an oncology group practice or a group of practitioners practicing at a reproductive healthcare center registered pursuant to NAC 639.746 are jointly responsible for ensuring that the requirements of subsection 3 are met.

Sec. 27. NAC 639.757 is hereby amended to read as follows:

639.757 1. A pharmacy , ~~for~~ pharmacist *or dispensing practitioner* is not required to obtain a license as a manufacturer to compound drugs if:

(a) The compounded drugs are prepared in a quantity that is:

- (1) Necessary to fill a prescription or chart order; or
- (2) Reasonably necessary to fill future prescriptions or chart orders based upon the previous history of practitioners and patients who regularly use the pharmacy ~~for~~ *or dispensing practitioner;*

(b) The compounded drugs are not sold or otherwise provided by the pharmacy , ~~for~~ pharmacist *or dispensing practitioner* to any person other than the ultimate user of the drugs ~~for~~ *or* the agent of the ultimate user of the drugs ~~for a practitioner who will be administering the drugs to a patient;~~ *; and*

(c) The compounded drugs are dispensed pursuant to a prescription or chart order . ~~for~~

~~—(d) Except as otherwise provided in paragraph (e) and subsection 2, the active ingredients used to compound the drugs:~~

~~——(1) Have a monograph in and meet or exceed the standards of the United States Pharmacopoeia—National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670;~~

~~——(2) Have been components of drugs approved by the Food and Drug Administration; or~~

~~——(3) Are authorized to be used in pharmacy compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto; and~~

~~—(e) Except as otherwise provided in subsection 2, for an active ingredient used to compound the drugs that does not have a monograph in the United States Pharmacopoeia—National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, the active ingredient is:~~

~~——(1) Prepared by a manufacturer or distributed by a distributor registered with the Food and Drug Administration;~~

~~——(2) Accompanied by a certificate of analysis provided by the manufacturer or distributor of the ingredient; and~~

~~——(3) Prepared to a grade that, at a minimum, satisfies the requirements set forth in:~~

~~——(I) The Food Chemicals Codex, as adopted by reference in paragraph (d) of subsection 1 of NAC 639.670; or~~

~~——(II) Reagent Chemicals: Specifications and Procedures, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, if the active ingredient is a certified analytical reagent, is for use in high pressure liquid chromatography, is for use in spectrophotometric applications or is a primary standard grade for use in standard solutions for analytical purposes.}]~~

2. In compounding a drug product, a pharmacy , ~~or~~ pharmacist ~~{may use an active ingredient that does not satisfy the requirements of paragraphs (d) and (e) of subsection 1 if the pharmacy or pharmacist establishes the purity and safety of the ingredient by reasonable means, satisfactory to the Board, which include, without limitation, analysis of the lot in which the ingredient was packaged, the reputation of the manufacturer of the ingredient and the reliability of the source of the ingredient. A pharmacy shall make and maintain a record of the means that the pharmacy relied upon in determining that an ingredient was pure and safe pursuant to this subsection.}~~ *or dispensing practitioner shall use bulk drug substances in compliance with 21 U.S.C. § 353a, as applicable.*

3. Except as otherwise provided in this subsection, a pharmacy , ~~or~~ pharmacist *or dispensing practitioner* shall not compound a drug that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective. A pharmacy , ~~or~~ pharmacist *or dispensing practitioner* may compound a drug for veterinary use that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective for use in humans if the drug remains available for veterinary use.

~~{4. A pharmacy shall not sell or otherwise provide a compounded drug to a retail pharmacy or a practitioner, except that a pharmacy may sell or otherwise provide a compounded drug to:~~

- ~~—(a) A practitioner who will be administering the drug to a patient; or~~
- ~~—(b) A practitioner or another pharmacy if the compounded drug is:~~
 - ~~——(1) A highly concentrated drug product that is not commercially available; or~~
 - ~~——(2) Needed to fill a particular prescription or chart order in the possession of the receiving pharmacy at the time the receiving pharmacy orders the compounded drug from the compounding pharmacy.~~

~~—5. The quantity of a compounded drug that is sold or otherwise provided to a practitioner or pharmacy pursuant to subsection 4 must not exceed the amount necessary for the practitioner or pharmacy to serve the present needs of the patients of the practitioner or pharmacy.~~

Sec. 28. NAC 639.760 is hereby amended to read as follows:

639.760 1. Dangerous drugs and controlled substances may be returned to the pharmacy which dispensed them, pursuant to subsection 3 of NRS 639.267, if they are packaged in unit doses by the original manufacturer, the packages and the packaging of which conform to chapters 661 and 671 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph ~~(e)~~ (b) of subsection 1 of NAC 639.670.

2. A drug may not be returned to the issuing pharmacy unless its package contains the expiration date of the usefulness of the drug.

3. A person or agency returning the unused drugs and the pharmacy receiving the unused drugs shall maintain a current audit of the drugs which are returned and received on forms approved by the Board. Such forms will be furnished at the expense of the facility or pharmacy.

4. A prescription for a dangerous drug or controlled substance dispensed by a pharmacy that has been removed from the premises of the pharmacy may not be returned to the pharmacy pursuant to subsection 3 of NRS 639.267 for the destruction of the drug or substance, or for the return of the drug or substance to the stock of drugs of the pharmacy, if the dangerous drug or controlled substance is not packaged in a unit dose by its original manufacturer as required by subsection 1.

5. A drug dispensed by a pharmacy to a patient may be returned to the pharmacy to be repackaged or relabeled only if the drug will be dispensed by the pharmacy to the same patient.

6. Nothing in this section establishes any condition of reimbursement, credit or refund of a prescription purchased in a pharmacy.

Sec. 29. NAC 639.6613, 639.6619, 639.6633, 639.6637, 639.6639, 639.6647, 639.6649, 639.6655, 639.67033, 639.67037, 639.6705, 639.67051, 639.67059, 639.67061, 639.67063, 639.67065, 639.67067, 639.67069, 639.67071 and 639.67075 are hereby repealed.

TEXT OF REPEALED SECTIONS

639.6613 “Ante-area” defined. (NRS 639.070) “Ante-area” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

639.6619 “Buffer area” defined. (NRS 639.070) “Buffer area” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

639.6633 “Gloved fingertip sampling” defined. (NRS 639.070) “Gloved fingertip sampling” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

639.6637 “High-risk sterile compounded drug product” defined. (NRS 639.070) “High-risk sterile compounded drug product” means a sterile compounded drug product which is compounded by a pharmacist or a pharmaceutical technician and which satisfies the requirements set forth in NAC 639.67067.

639.6639 “Immediate-use sterile compounded drug product” defined. (NRS 639.070)

“Immediate-use sterile compounded drug product” means a sterile compounded drug product which is compounded by a pharmacist or a pharmaceutical technician and which satisfies the requirements set forth in NAC 639.67073.

639.6647 “Low-risk sterile compounded drug product” defined. (NRS 639.070)

“Low-risk sterile compounded drug product” means a sterile compounded drug product which is compounded by a pharmacist or a pharmaceutical technician and which satisfies the requirements set forth in NAC 639.67061.

639.6649 “Media fill test” defined. (NRS 639.070) “Media fill test” has the meaning ascribed to it in chapter 797 of the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

639.6655 “Medium-risk sterile compounded drug product” defined. (NRS 639.070)

“Medium-risk sterile compounded drug product” means a sterile compounded drug product which is compounded by a pharmacist or a pharmaceutical technician and which satisfies the requirements set forth in NAC 639.67065.

639.67033 Environmental standards. (NRS 639.070) A pharmacy engaged in the practice of compounding nonsterile compounded drug products shall:

1. Designate a specific area of the pharmacy in which nonsterile compounded drug products will be compounded;
2. Ensure that the area described in subsection 1 has adequate space in which to place, in an orderly manner, the equipment and materials that will be used in the compounding process;
3. Ensure that the area described in subsection 1 is cleaned using an antiseptic cleaning method before and after any compounding occurs in the area to prevent cross-contamination

between the previously compounded drug products and any subsequently compounded drug products;

4. Ensure that any equipment used to compound a nonsterile compounded drug product is cleaned after the compounding of that drug product is completed to prevent cross-contamination from occurring when the equipment is used in the compounding process of any subsequently compounded drug products;

5. If the pharmacy compounds both nonsterile compounded drug products and sterile compounded drug products, ensure that none of the equipment which is used to compound nonsterile compounded drug products is used to compound sterile compounded drug products unless the equipment is cleaned and sanitized before the compounding of sterile compounded drug products begins; and

6. Ensure that any employee of the pharmacy who compounds nonsterile compounded drug products washes his or her hands with soap and water or with an antimicrobial agent before and after compounding nonsterile compounded drug products.

639.67037 Safety procedures for storage, handling, compounding and disposal; training required. (NRS 639.070)

1. A pharmacy engaged in the practice of compounding nonsterile hazardous drugs shall:

(a) Store the components of the hazardous drugs separately from all the other inventory at the pharmacy and in such a manner and location as to minimize the contamination of other drugs in and employees of the pharmacy;

(b) Handle the components of the hazardous drugs with caution by using appropriate gloves while distributing, receiving, stocking, inventorying, and preparing for administering and disposing of the components of a hazardous drug or a final compounded drug product;

(c) Ensure that an employee of the pharmacy involved with compounding hazardous drugs wears personal protective equipment, including, without limitation, gowns, face masks, eye protection, double gloves or chemotherapy gloves;

(d) Dispose of all waste relating to compounding hazardous drugs in a manner that complies with any applicable state, federal and local laws and regulations; and

(e) Ensure that any employees of the pharmacy who are known to the pharmacy to be at special risk with regard to the properties of the hazardous drugs are limited from exposure to those drugs.

2. A pharmacy engaged in the practice of compounding nonsterile hazardous drugs and dispensing compounded nonsterile hazardous drugs shall require each pharmacist and pharmaceutical technician who compounds nonsterile hazardous drugs to be trained in the storage, handling, compounding, safety procedures and disposal of such compounded drugs:

(a) Before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound a nonsterile hazardous drug that will be administered or dispensed to a patient; and

(b) At least once each year thereafter.

3. The training required pursuant to subsection 2 must, at a minimum, include information concerning:

(a) Safe manipulation practices that minimize exposure to the hazardous drug and protect employees of the pharmacy from any overt exposure to the hazardous drug;

(b) Procedures for containment, cleaning and disposal with regard to breaks and spills; and

(c) Treatment of employees of the pharmacy with regard to exposure by contact and inhalation.

4. The pharmacy shall make and keep a record of any training given pursuant to subsection 2.

639.6705 Environmental standards. (NRS 639.070)

1. Except as otherwise provided in NAC 639.67059, a pharmacy engaged in the practice of compounding sterile compounded drug products shall provide an ISO Class 5 environment.

2. If a pharmacy uses a laminar airflow hood as its ISO Class 5 environment within which to compound sterile compounded drug products, the pharmacy:

(a) Shall ensure that the laminar airflow hood is located within a room with a buffer area that maintains an ISO Class 7 environment under normal conditions of use.

(b) Shall maintain an ante-area or space in close proximity to any entrance to the room containing the laminar airflow hood that maintains an ISO Class 8 environment under normal conditions of use.

(c) Shall ensure that the room that contains the laminar airflow hood maintains a constant temperature and humidity that:

(1) Ensures the safety and efficacy of the compounded drug products, components and equipment; and

(2) Provides an environment in which the employees of the pharmacy can work comfortably for the duration of the compounding that will be conducted in the room.

(d) Shall require each employee of the pharmacy who enters the buffer area containing the laminar airflow hood to:

(1) Remove all jewelry from his or her hands and arms;

(2) Perform sanitizing scrubbing; and

(3) Wear fresh protective clothing, including, without limitation, gowns, shoe covers or dedicated shoes, and hair covers, in the ante-area or space in close proximity to an entrance to the room and to remove all such items of protective clothing whenever the employee leaves the room. A gown may be used more than once within a 12-hour period if it is removed in the ante-area and is stored in the ante-area until it is used again.

(e) Shall require an employee to wear nonpowdered gloves and a face mask and beard cover, as applicable, before the employee enters the buffer area.

(f) Shall ensure, to the extent practicable, that all items located in or brought into the room containing the laminar airflow hood have nonporous, smooth, impermeable surfaces that:

(1) Can withstand being cleaned repeatedly with a disinfectant; and

(2) Do not shed particles which may become airborne in the room.

(g) Must have floors, walls and ceilings in the room containing the laminar airflow hood that are made of materials that can withstand being cleaned and disinfected repeatedly with solutions and products.

(h) Shall ensure, before any compounding can occur within the laminar airflow hood, that the laminar airflow hood is used according to the manufacturer's directions with regard to starting and using the laminar airflow hood in a manner which ensures that the interior of the laminar airflow hood creates and maintains an ISO Class 5 environment.

(i) Shall ensure that:

(1) The ISO Class 5 environment is cleaned:

(I) At the beginning of each work shift;

(II) Before the compounding of each batch preparation begins;

(III) At least every 30 minutes after the compounding of a sterile compounded drug product has begun during a period of continuous compounding activity;

(IV) After there has been a spill within the ISO Class 5 environment; and

(V) Whenever it is known or suspected that surface contamination exists as a result of a breach in procedure.

(2) The counters and easily cleanable work surfaces in close proximity to the laminar airflow hood and in, or in close proximity to, the buffer area are cleaned at least once each day in which the ISO Class 5 environment is used and whenever a counter or surface may require cleaning as a result of its use throughout the working day.

(3) The floors are cleaned at least once each day in which the ISO Class 5 environment is used and whenever the floors may require cleaning as a result of its use throughout the working day.

(4) The walls, ceilings, storage, shelving and other surfaces that are not easily cleaned are cleaned at least once each month.

3. If a pharmacy uses a barrier isolator cabinet that maintains an ISO Class 5 environment at all times when it is in use as its ISO Class 5 environment within which to compound sterile compounded drug products, the pharmacy shall ensure that:

(a) The barrier isolator cabinet is placed in the pharmacy at a location where:

(1) The compounding may occur without interruption or inconvenience; and

(2) The barrier isolator cabinet will not be compromised by its proximity to air vents, doorways or other pharmacy fixtures or equipment.

(b) Before any compounding may occur within the barrier isolator cabinet, the barrier isolator cabinet is used according to the manufacturer's directions with regard to starting and using the

barrier isolator cabinet in a manner which ensures that the interior of the barrier isolator cabinet creates and maintains an ISO Class 5 environment.

(c) The barrier isolator cabinet is cleaned:

- (1) At the beginning of each work shift;
- (2) Before the compounding of each batch preparation begins;
- (3) At least every 30 minutes after the compounding of a sterile compounded drug product has begun during a period of continuous compounding activity;
- (4) After there has been a spill within the ISO Class 5 environment; and
- (5) Whenever it is known or suspected that surface contamination exists as a result of a breach in procedure.

(d) The counters and easily cleanable work surfaces in close proximity to the barrier isolator cabinet are cleaned at least once each day in which the barrier isolator cabinet is used and whenever a counter or surface may require cleaning as a result of its use throughout the working day.

(e) The floors in close proximity to the barrier isolator cabinet are cleaned at least once each day in which the barrier isolator cabinet is used and whenever the floors may require cleaning as a result of its use throughout the working day.

4. A barrier isolator cabinet that cannot maintain an ISO Class 5 environment at all times when it is being used shall be deemed a laminar airflow hood for purposes of satisfying the requirements of this section.

5. As used in this section, “batch preparation” means the compounding of multiple units of sterile compounded drug products, not for immediate use, in a single process by the same person.

639.67051 Air quality testing and certification. (NRS 639.070)

1. Except as otherwise provided in NAC 639.67059, a pharmacy engaged in the practice of compounding sterile compounded drug products shall test the air in each of its controlled environments to ensure that the environments attain the air quality required by the provisions of NAC 639.661 to 639.690, inclusive, for an ISO Class 5, ISO Class 7 or ISO Class 8 environment, as applicable.

2. The air quality testing required by subsection 1 must be performed randomly with regard to:

- (a) The time of day the air samples are collected;
- (b) The staff who is on duty when the samples are gathered; and
- (c) The locations within the pharmacy from which the samples are collected.

3. A pharmacy engaged in the practice of compounding sterile compounded drug products shall have its ISO Class 5 environment certified pursuant to subsection 4:

- (a) At least twice each year; and
- (b) Before compounding a sterile compounded drug product after:

(1) A substantial change or renovation is made in the room that contains the laminar airflow hood or barrier isolator cabinet;

(2) Sizeable equipment is placed in the room that contains the laminar airflow hood or barrier isolator cabinet;

(3) The laminar airflow hood or barrier isolator cabinet is moved from the location at which the laminar airflow hood or barrier isolator cabinet was most recently tested; or

(4) The laminar airflow hood or barrier isolator cabinet is repaired.

4. The certification required by subsection 3 must be completed by a person who is independent of the pharmacy requesting the certification and who is capable of certifying that the

ISO Class 5 environment can satisfy and maintain the minimum requirements set forth in NAC 639.6641 for air quality under normal conditions of use.

5. A pharmacy engaged in the practice of compounding sterile compounded drug products shall have each of its ISO Class 7 and ISO Class 8 environments tested or certified pursuant to subsection 7 for particulates:

(a) At least twice each year; and

(b) Before compounding a sterile compounded drug product after:

(1) A substantial change or renovation is made in the room that contains the laminar airflow hood or barrier isolator cabinet;

(2) Sizeable equipment is placed in the room that contains the laminar airflow hood or barrier isolator cabinet;

(3) The laminar airflow hood or barrier isolator cabinet is moved from the location at which the laminar airflow hood or barrier isolator cabinet was most recently tested; or

(4) A laminar airflow hood or barrier isolator cabinet is added to or removed from the room that contains the laminar airflow hood or barrier isolator cabinet.

6. The air quality testing required by subsection 5 must be performed randomly with regard to:

(a) The time of day the air samples are collected;

(b) The staff who are on duty when the samples are gathered; and

(c) The locations within the pharmacy from which the samples are collected.

7. The testing or certification required by subsection 5 must be completed by the pharmacy or by a person who is independent of the pharmacy requesting the certification and who is capable of testing or certifying that the ISO Class 7 or ISO Class 8 environment can satisfy and

maintain the minimum requirements set forth in NAC 639.6643 and 639.6645, respectively, for air quality under normal conditions of use.

8. If the pharmacy performs the testing or certification required by subsection 5, the testing or certification process of the pharmacy must be validated semiannually by the managing pharmacist.

9. If any of the results of the air quality testing or certification required by this section exceed the tolerances set forth in NAC 639.6641, 639.6643 and 639.6645, for the particular controlled environment, the pharmacy shall take whatever action is necessary to remediate the deficiency and retest the environment until the environment produces results within the tolerances for the particular controlled environment.

10. The pharmacy shall make and maintain records concerning the air quality testing and certification and any corrections and retesting that were conducted pursuant to this section.

639.67059 Exemptions for certain institutional pharmacies. (NRS 639.070) The Board may, upon application and for good cause shown, waive or modify any requirement set forth in NAC 639.6705 and 639.67051 for an institutional pharmacy engaged in the practice of compounding drug products if the institutional pharmacy serves an institution that:

1. Has less than 100 beds licensed for providing acute care; and
2. Is located in a county:
 - (a) Whose population is less than 100,000; or
 - (b) Whose population is 100,000 or more if the hospital is designated as a rural hospital by the Nevada Office of Rural Health within the University of Nevada School of Medicine.

639.67061 Low-risk sterile compounding: Process and storage. (NRS 639.070)

1. A compounded drug product is a low-risk sterile compounded drug product if:

- (a) The compounded drug product is required to be sterile for its effective administration;
- (b) The sterile compounded drug product is at a low risk of contamination; and
- (c) One or more of the following conditions are present:

(1) The compounding process involves aseptic manipulations that are performed entirely within an environment with an air quality of at least ISO Class 5 and uses only sterile ingredients, products, components and devices;

(2) The compounding process involves only transferring, measuring and mixing manipulations and uses not more than three commercially manufactured sterile drug products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product;

(3) The manipulations needed to compound the drug product are limited to aseptically opening ampules, penetrating sterile stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers or other sterile drug products and containers for storage and dispensing;

(4) The final compounded drug product contains a volume of 15 milliliters or less of a radiopharmaceutical and has an expiration time of 18 hours or less per dosage unit, including, without limitation, a dosage unit of a radiopharmaceutical prepared from an eluate by using a molybdenum-99technetium-99m generator; or

(5) The final compounded drug product contains commercially manufactured cyclotron radiopharmaceuticals which contain preservatives and which have expiration times of 72 hours or less.

2. Unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a low-risk sterile compounded drug product must not exceed:

(a) Forty-eight hours at a controlled room temperature that is at least 20 degrees Celsius (68 degrees Fahrenheit) but not more than 25 degrees Celsius (77 degrees Fahrenheit);

(b) Fourteen days at a temperature that is at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(c) Forty-five days in a solid frozen state that is -10 degrees Celsius (14 degrees Fahrenheit) or colder.

639.67063 Low-risk sterile compounding: Radiopharmaceutical drug products. (NRS 639.070) If a nuclear pharmacy compounds radiopharmaceutical drug products, the nuclear pharmacy shall ensure that, in addition to satisfying the requirements of NAC 639.5828:

1. The radiopharmaceutical compounded drug products are compounded in a vertical laminar airflow hood or Class II type B2 biological safety cabinet that is located in an environment with an air quality of ISO Class 8 or higher;

2. Only shielded vials, syringes and other devices and containers specifically manufactured for use with radiopharmaceutical components are used in the compounding process;

3. Each employee of the nuclear pharmacy who will compound radiopharmaceutical drug products is trained and knowledgeable with regard to compounding, handling, cleaning and any special techniques used with radiopharmaceutical drug products; and

4. Any special equipment or device that is used to compound radiopharmaceutical products, including, without limitation, a molybdenum-99technetium-99m generator, is used, stored and maintained according to the directions of the manufacturer of the equipment or device.

639.67065 Medium-risk sterile compounding: Process and storage. (NRS 639.070)

1. A compounded drug product is a medium-risk sterile compounded drug product if:

(a) The compounded drug product is required to be sterile for its effective administration;

(b) The sterile compounded drug product is compounded using aseptic techniques pursuant to one of the conditions listed in NAC 639.67061 as a condition for a low-risk sterile compounded drug product; and

(c) One or more of the following conditions are present:

(1) Individual or small doses of sterile drug products are combined or pooled to prepare the final compounded drug product that will be administered to multiple patients or to one patient multiple times;

(2) The compounding process includes complex aseptic manipulations other than a single-volume transfer;

(3) The compounding process uses more than three commercially manufactured sterile drug products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product;

(4) The final compounded drug product does not contain broad-spectrum bacteriostatic substances and will be administered over a period which exceeds 24 hours; or

(5) The compounding process requires an unusually long duration, as determined by the managing pharmacist, including, without limitation, the period required to complete dissolution or homogeneous mixing.

2. Unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a medium-risk sterile compounded drug product must not exceed:

(a) Thirty hours at a controlled room temperature that is at least 20 degrees Celsius (68 degrees Fahrenheit) but not more than 25 degrees Celsius (77 degrees Fahrenheit);

(b) Nine days at a temperature that is at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(c) Forty-five days in a solid frozen state that is -10 degrees Celsius (14 degrees Fahrenheit) or colder.

639.67067 High-risk sterile compounding: Process and storage. (NRS 639.070)

1. A compounded drug product is a high-risk sterile compounded drug product if:

(a) The compounded drug product is required to be sterile for its effective administration;

(b) The sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms; and

(c) One or more of the following conditions are present:

(1) One or more of the ingredients or devices used in the compounding process are nonsterile; or

(2) One or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment.

2. Unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a high-risk sterile compounded product must not exceed:

(a) Twenty-four hours at a controlled room temperature that is at least 20 degrees Celsius (68 degrees Fahrenheit) but not more than 25 degrees Celsius (77 degrees Fahrenheit);

(b) Three days at a temperature that is at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(c) Forty-five days in a solid frozen state that is -10 degrees Celsius (14 degrees Fahrenheit) or colder.

639.67069 High-risk sterile compounding: Sterilization. (NRS 639.070)

1. Except as otherwise provided in subsection 5, a pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products shall ensure that each such compounded drug product is sterilized through filtration, by using steam in an autoclave or by dry heat. Except as otherwise provided in subsection 5, a pharmacist engaged in the practice of compounding high-risk sterile compounded drug products shall choose the method of sterilization that ensures the strength, purity, quality and packaging integrity of the final compounded drug product.

2. If a pharmacy sterilizes high-risk sterile compounded drug products using the filtration method, the pharmacy shall:

(a) Use commercially available sterile filters that are:

(1) Pyrogen-free and have a nominal porosity of 0.2 micron or 0.22 micron; and

(2) Certified by the manufacturer to retain at least 10⁷ microorganisms of a strain of *Brevundimonas* (*Pseudomonas*) *diminuta* on each square centimeter of upstream filter surface area under conditions similar to the conditions of sterilization of the high-risk compounded drug products;

(b) Ensure that the filters used have sufficient capacity to permit the sterilization process to be completed rapidly and without compromising the sterility of the filtration process; and

(c) Subject the filtration units to the manufacturer's recommended integrity testing, including, without limitation, the bubble point test, after the filtration of the high-risk sterile compounded drug products is completed.

3. If a pharmacy sterilizes high-risk sterile compounded drug products using steam in an autoclave, the pharmacy shall:

(a) Expose each high-risk sterile compounded drug product to steam at 121 degrees Celsius (250 degrees Fahrenheit) under a pressure of 15 pounds per square inch for the duration of the sterilization process;

(b) Before starting the sterilization process, ensure that plastic, glass and metal devices are wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent microbial penetration after the sterilization of the high-risk sterile compounded drug products is completed;

(c) Ensure that the solutions that will be used to fill the vials which will be steam sterilized are passed through a filter having a porosity of not more than 1.2 microns to remove particulate matter immediately before filling those vials; and

(d) Verify the mass of the container that will be sterilized using steam in an autoclave to ensure that the container will be sterile after the period of exposure in that autoclave.

4. If a pharmacy sterilizes high-risk sterile compounded drug products using dry heat, the pharmacy shall ensure that:

(a) The heated air is filtered and evenly distributed by a blower throughout the chamber or oven used for the sterilization process; and

(b) The chamber or oven used for the sterilization process is equipped with accurate temperature controls and a timer.

5. A pharmacy may only use dry heat as a method of sterilization for a high-risk sterile compounded drug product if the final high-risk sterile compounded drug product would be damaged by moisture or is impermeable to moisture.

639.67071 High-risk sterile compounding: Testing of certain drug products. (NRS 639.070)

1. A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for injection into the vascular system or central nervous system shall test a quantity of the high-risk sterile compounded drug product for:

(a) Sterility using a membrane filtration method or an equivalent method, as determined by the Board, before any of the compounded drug product may be administered or dispensed to a patient; and

(b) Excessive bacterial endotoxins using an appropriate test, as determined by the Board, for the particular product at issue before any of the compounded drug product may be administered or dispensed to a patient.

2. A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for inhalation or ophthalmic use shall test a quantity of each such high-risk sterile compounded drug product for sterility.

3. The provisions of subsections 1 and 2 apply only to high-risk sterile compounded drug products:

(a) Compounded in groups of more than 25 identical individual single-dose packages;

(b) Compounded in multiple-dose vials for administration to multiple patients; or

(c) That will be exposed for a period of more than:

(1) Twelve hours to temperatures of at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(2) Six hours to temperatures exceeding 8 degrees Celsius (46 degrees Fahrenheit) before the compounded drug product is sterilized.

4. If any high-risk sterile compounded drug product tested pursuant to this section tests positive for antimicrobial growth or endotoxin production, the high-risk sterile compounded drug product must not be administered or dispensed to a patient.

639.67075 Immediate-use sterile compounding: Compounding standards. (NRS 639.070)

1. An immediate-use sterile compounded drug product that contains three or less commercial sterile drug products that will be stored more than 1 hour before administration is begun must comply with all compounding standards applicable to low-risk sterile compounded drug products.

2. An immediate-use sterile compounded drug product which contains more than three commercial sterile drug products or which requires complex manipulations or complex preparation must comply with all compounding standards applicable to medium-risk sterile compounded drug products.

3. An immediate-use sterile compounded drug product that contains one or more nonsterile ingredients or components must comply with all compounding standards applicable to high-risk sterile compounded drug products.

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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. Licensing Activities Report**
- F. Citations & Fines issued pursuant to NRS 632.2895**
- G. Licensing Update**

July 2024 Temporary License since last Board Meeting

Name	License Type
Kenneth Shin	24224
Venia Horvath	24200
Sean Domingo	24186
Noel Figueroa	24187
Ngan Pham	24225
Casey Zakrzewski	24199
Sybil Schaer	24195
Kendra Hagood	24191
Tan Nguyen	24193
Kevin Johns	24185

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R 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 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22; 07/05/22: under Dave review; 10/12/23: Included in R100-23 (Executive Order Regs)				
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22	05/12/23: to Dave/ Yenh; 05/26/23: Under review by Yenh/Peter; 05/30/23: Hold till final rule on state specific DEA registration requirement.	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639.694: DME Administrator for DME Inventory at a Licensed Hospital	09/07/23	09/12/23	R058-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24

NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
NAC 639: Administrative Fine in Lieu of Disciplinary Action	09/07/23	09/12/23	R057-23	10/09/23	11/02/23	12/07/23	12/22/23	2/27/24
NAC 639: Protocol for RPH to Treat OUD (AB156)	09/07/23	09/12/23	R059-23	10/19/23	11/02/23	12/07/23	12/22/23	2/27/24
Regulations relating to Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto.	10/11/23	10/18/23	R100-23	3/6/24	3/14/24; 4/9/24	5/30/24	4/18/24 - Early Review Sent Inform and SBIMPACT to LCB 6/6/24	6/14/24
NAC 453: The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I.	10/11/23	10/18/23	R101-23	11/08/23 - To Dave/ Yenh for review.	3/14/24	4/18/24	4/25/24	6/20/24
NAC 453: Add Zuranolone to Schedule IV	12/07/23	12/13/23	R144-23	01/03/24	2/6/24	3/7/24	3/18/24	4/19/24

NAC 639: The proposed amendment ensures proper and adequate safeguards for registered nurses who participate in certain public health programs or certain mental health services.	01/18/24	2/6/24	R013-24	2/26/24	3/14/24; 4/9/24	5/30/24	4/18/24 - Early Review Sent Inform and SBIMPACT to LCB 6/10/24	6/14/24
NAC 639: The proposed amendment removes various provisions relating to compounding which are in conflict with current United States Pharmacopeia compounding standards.	01/18/24 03/07/24	3/12/24	R053-24	5/13/24 – To Dave/Yenh for review	6/18/24	7/18/24		
NAC 453: The proposed amendments relate to controlled substances adding tianeptine, hallucinogenic substances and fentanyl related substances to the controlled substances listed in Schedule I.	3/7/24	3/12/24	R054-24	4/1/24	4/9/24	5/30/24	6/6/24	6/20/24

A REGULATION relating to pressurized stocking. Allowing pressurized stocking to be provided without a prescription in certain circumstances.	3/7/24	3/12/24	R052-24	4/1/24	4/9/24	5/30/24	6/10/24	6/20/24
The proposed amendments establishes the registration requirements for certified registered nurse anesthetist, under the supervision of a physician licensed pursuant to chapter 630 or 633 or NRS, to order, prescribe, possess, and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.	3/7/24	3/12/24	R051-24	4/10/24	4/24/24	5/30/24	6/10/24	6/20/24
Amendment to Nevada Administrative Code (NAC) 639.708. The proposed amendments clarifies record keeping requirements of counseling by a pharmacy.	4/18/24	4/23/24	R085-24	6/03/24 – To Dave/Yenh for Review 6/25/24 – Sent revised version to Yenh/Dave				

Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To YenH/Dave for review				
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Citations & Fines issued pursuant to
NRS 639.2895
(Since last Board Meeting)

- Cease & Desist/Citation –
 - Unlicensed Practice:
 - Other: 1
- Citation & Fine –
 - Unlicensed Practice:
 - Misfill:
 - Other: 74

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